168-22.025-433

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-40

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 75421

Primary Registration District No. 2 1 4 Registered No. 42

FULL NAME OF CHILD Helena Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov (Month)

FATHER		MOTHER	
FULL NAME	Oscar Raymond Johnston	FULL MAIDEN NAME	Ethel McL
RESIDENCE	Kooskia	RESIDENCE	Kooskia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Clearwater Minn	BIRTHPLACE	Kooskia
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellia B Wilson

Nurse (Physician or midwife)

Address Spring Canyon Idaho

Given names added from a supplemental report

K ..... 19.....

Filed Dec 31 19 19 J M Verberkmoes Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-12X025-263

PLACE OF BIRTH

County of Jefferson

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-6-5-17

Registration District No. 106 File No. 75422

Primary Registration District No. 2184 Registered No. 46

FULL NAME OF CHILD Leo Richard Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		One	Yes	Dec 24 1919

FATHER		MOTHER	
FULL NAME	Walter Lee Hill	FULL MAIDEN NAME	Beulah May Rollenborn
RESIDENCE	Gifford Ida	RESIDENCE	Gifford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	VV	AGE AT LAST BIRTHDAY (Years)	VV
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 1919

J. M. Weberknecht
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/27/41 L. B.

847-117.025-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—22m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 75423

Primary Registration District No. 2184 Registered No. 45

FULL NAME OF CHILD Wallis Fredith Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		One	Yes	Dec 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert James Hughes	Alice Pearl Foss
RESIDENCE	Stites	Stites
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Nebraska	Wisconsin
OCCUPATION	Stage driver	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Wentworth M.D.

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 19 19 J. M. Verbeke Registrar

556-204-017-3 [redacted]

PLACE OF BIRTH

Form V. S. Nov 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Winsper P.O.

Registration District No. 125

File No. 75424

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital Home WILMA GLADYS

FULL NAME OF CHILD Daisy Newman

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12 4 1917

FATHER		MOTHER	
FULL NAME	Gus Newman	FULL MAIDEN NAME	Daisy Cowan
RESIDENCE	Winsper P.O. Ida.	RESIDENCE	Winsper P.O. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Howard Young

Physician (Physician or midwife)

Address Dubois Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 16 1917

C E Jones M D Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Mineral }

APR 5 19

Certificate No. 75424

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Daisy Newman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 4, 1919 (DATE OF EVENT)
in Winnemucca, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Daisy Newman	Wilma Gladys Newman

Subscribed and sworn to before me this 31st
day of March, 19 43

Notary Public, residing at Hawthorne, Nevada.

My commission expires April 4, 1945.
(SEAL)

Signed Jas Newman Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

181 F Street, Hawthorne,
(STREET ADDRESS, CITY, STATE) Nevada.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Mineral }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of March, 19 43

Notary Public, residing at Hawthorne, Nevsda.

My commission expires April 4, 1945.
(SEAL)

Signed Daisy Newman Mother.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

181 F Street, Hawthorne, Neva
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

133-108-017-736

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—Rev. 6-1-17

PLACE OF BIRTH

County of Clark

City of Dubois P.O.

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75425

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 8 1917

FATHER		MOTHER	
FULL NAME	John Allen	FULL MAIDEN NAME	Ada Glover
RESIDENCE	Dubois P.O.	RESIDENCE	Dubois P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O E James M.D.

(Physician or midwife)

Address Dubois Idaho

Filed Dec 8 1917

O E James M.D. Registrar

949-223-017-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125 — File No. 75426

Primary Registration District No. 2203 — Registered No. .....

FULL NAME OF CHILD Nettie Della Zuriffel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 23 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Zuriffel	Hermina E. Felix
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	21
BIRTHPLACE	Idaho	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 27 1917 — C E Jones M D Registrar

Dup of 1919-D74-550

766-111-025-869

PLACE OF BIRTH

County of Ada

City of Nampa

No. ____ St.

Hospital ____

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

75427

Registration District No. 47

File No. 69

Primary Registration District No. ____

Registered No. 2124

FULL NAME OF CHILD ROLAND HARRISON Powers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 11 1919

FATHER

FULL NAME: Glenn Harrison Powers

RESIDENCE: Nampa Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lucile Genevie York

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Observatory Ida

OCCUPATION: Home Keeper

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2nd

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 80 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

1-3-20

Albert Huff Registrar

Filed 1-3-1920 Albert Huff Registrar

S-Y-CO. 36071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 2[illegible] 194[illegible]
County of Twin

Certificate No. 75427
Date Filed Jan. 23, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John A. Powers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 11, 1919 (DATE OF EVENT)
in Cottonwood (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 23, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	John A. Powers	Roland Harrison Bowers

Subscribed and sworn to before me this 23
day of Jan 19 42
Eugene Sanders
Notary Public, residing at Cevagraft
My commission expires May 25 1942
(SEAL)

Signed Inula G. (Mrs.) Powers
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Moscow Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on JAN 26 1942 By .....
(REGISTRAR'S SIGNATURE)

5 1942

345-104-031-766

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Lewis — Amended 10/16/74 — CERTIFICATE OF BIRTH — 75428

City of Nezperce — Registration District No. 47 — File No. 68

No. ____ St. — Primary Registration District No. ____ — Registered No. 2124

Hospital ____

FULL NAME OF CHILD Norman Leroy Lundeby

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 4 1914

	FATHER	MOTHER
FULL NAME	John Lundeby	Altamy Towers
RESIDENCE	Nezperce Ida	Nezperce Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	50 (Years)	37 (Years)
BIRTHPLACE	Norway	Neb.
OCCUPATION	Farmer	Home Keeper

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.15 P.M. on the date above stated.

(Signature) Thos. F. Gustafson

(Physician or midwife)

Address Nezperce Idaho

Filed 1-3 1920 — Albert Huff — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

1-3 1920 — Albert Huff — Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1974

AUG 2 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 15 3 17 AM '74

State of IDAHO
County of LEWIS } ss.

Certificate No. 75428

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Normie Leroy Lindaby (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1919 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Normie Leroy Lundaby	Norman Leroy Lundeby
father's last name	Lundaby	Lundeby
date of birth	October 3, 1919	October 4, 1919

Subscribed and sworn to before me this 1ST day of SEPTEMBER, 19 74

Signed Cecelia J. Knutson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at NEZPERCE, IDAHO
My commission expires 3/7/75
(Seal)

NEZPERCE, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of LEWIS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st. day of September, 19 74

Signed Lavina Knutson
(Signature of Any Credible Person)

Stella F. Hull
Notary Public, residing at Nezperce, Idaho
My commission expires 5-1-76
(Seal)

Nezperce, Idaho
(Street Address, City, State)

FORM DH 80. 159 CL 8/28/74 nm

Marriage record for John P. Lundeby and Altany Powers marriaed on May 5, 1906 viewed by V. S.

OCT 16 1974

Family record gives name as Norman Leroy Lundeby born on Oct. 4, 1919. father's name given as John P. lundeby and mother as Altany Lundeby. viewedby V. S.

Certif. of Baptism gives name as Norman Leroy Lundeby son of John Lundeby and Alteny. born on Oct. 4, 1919 and Baptized Dec. 7, 1919. viewed by V. S.

314223-031-643

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75429

PLACE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 67

No. .... St.

Primary Registration District No. ....

Registered No. 2124

Hospital ....

FULL NAME OF CHILD Johanna Louise Lampoltshamer

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov-23-1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Frank J. Lampoltshamer	FULL MAIDEN NAME: Mary Theresa Fuchs
RESIDENCE: Nezperce Ida	RESIDENCE: Nezperce Ida
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Spokane Wash
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

1-3-1920

Albert Huff
Registrar

Address Nezperce Idaho

Filed 1-3-1920

Albert Huff
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 19

NOT DUPLICATES BUT mothers have same name
DUP OF 19-288855

417-118-051-295

PLACE OF BIRTH

County of Lemhi

City of Nezperce

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

75430

Registration District No. 47 File No. 66

Primary Registration District No. _____ Registered No. 2124

FULL NAME OF CHILD Richard Walter Maxwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 18 1919

FATHER	MOTHER
FULL NAME James Robert Maxwell	FULL MAIDEN NAME Elsie Fay Sisemore
RESIDENCE Nezperce	RESIDENCE Nezperce Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Palouse Wash	BIRTHPLACE Nezperce Idaho
OCCUPATION Laborer	OCCUPATION Home keeper

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gustus

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

1-3 1920

Albert Huff Registrar

Filed 1-3 1920 Albert Huff Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1962

419-1-11-03 1255

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

75431

Registration District No. 47 File No. 65

Primary Registration District No. _____ Registered No. 2124

FULL NAME OF CHILD Albert Ray Marshal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 11 1919

FATHER		MOTHER	
FULL NAME	Omar D Marshall	FULL MAIDEN NAME	Retta M Beardsley
RESIDENCE	Nezperce Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Home Maker

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

DECEASED

If there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Graves M.D.

(Physician or midwife)

Given names added from a supplemental report.

1-3 1920 Address Nezperce Idaho

Albert Huff Registrar Filed 1-3 1920 Albert Huff Registrar

8-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 0 1941
NOV 8 1962
NOV 1 6 2007

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75432

County of Lemhi

City of Nezperce Registration District No. 47 File No. 64

No. ____ St.

Primary Registration District No. ____ Registered No. 424

Hospital ____

FULL NAME OF CHILD Lawrence Willard Lehr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 21 1919

FATHER	MOTHER
FULL NAME Philip Lehr	FULL MAIDEN NAME Mary Media Powers
RESIDENCE Nezperce Idaho	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 48 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Germany	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

(Signature) J. F. Gist M. D.

(Physician or midwife)

Address Nezperce Idaho

Filed 1-3 1920 Albert Huff Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

1-3 1920

Albert Huff Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ORIGIN RESERVED FOR BINDING

dup of 1919-313599

124-124-031-915

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75433

Registration District No. 47 File No. 63

Primary Registration District No. _____ Registered No. 2124

FULL NAME OF CHILD Junius Alexander Akin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 24 1919

FATHER	MOTHER
FULL NAME Junius Whitmore Akin	FULL MAIDEN NAME Edna Martha Parvens
RESIDENCE Nezperce Ida	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Ft Wms - Wash
OCCUPATION Veterinary	OCCUPATION Housekeeper

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

Nezperce Idaho (Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

1-3 1920 Albert Huff Registrar

Filed 1-3 1920 Albert Huff Registrar

S-Y-CO. 38075

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-110-031-455

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

75434

Registration District No. 47 File No. 62

Primary Registration District No. _____ Registered No. 217

FULL NAME OF CHILD Leo Columbus Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 11 1919

	FATHER	MOTHER
FULL NAME	George Harrison Gibson	FULL MAIDEN NAME Sybil Lula Meeks
RESIDENCE	Nezperce Idaho	RESIDENCE Same
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years) 19
BIRTHPLACE	Ark.	BIRTHPLACE Texas
OCCUPATION	Laborer	OCCUPATION Home Maker

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

1920

1-3

Filed 1-3 1920 Albert Huff Registrar

S-Y-CO. 38071 A Huff Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15K.225.J31-617

PLACE OF BIRTH

Amended 6-25-56

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 44 File No. 75435

Primary Registration District No. ..... Registered No. 2124

FULL NAME OF CHILD LOUISE AUDREY ANDERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			YES	Oct. 25 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

FATHER	MOTHER
FULL NAME: Clyde Roy Anderson	FULL MAIDEN NAME: Bessie Maud Fagg
RESIDENCE: Vollmer, Ida.	RESIDENCE: Vollmer, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Washington
OCCUPATION: Ware House Employee	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

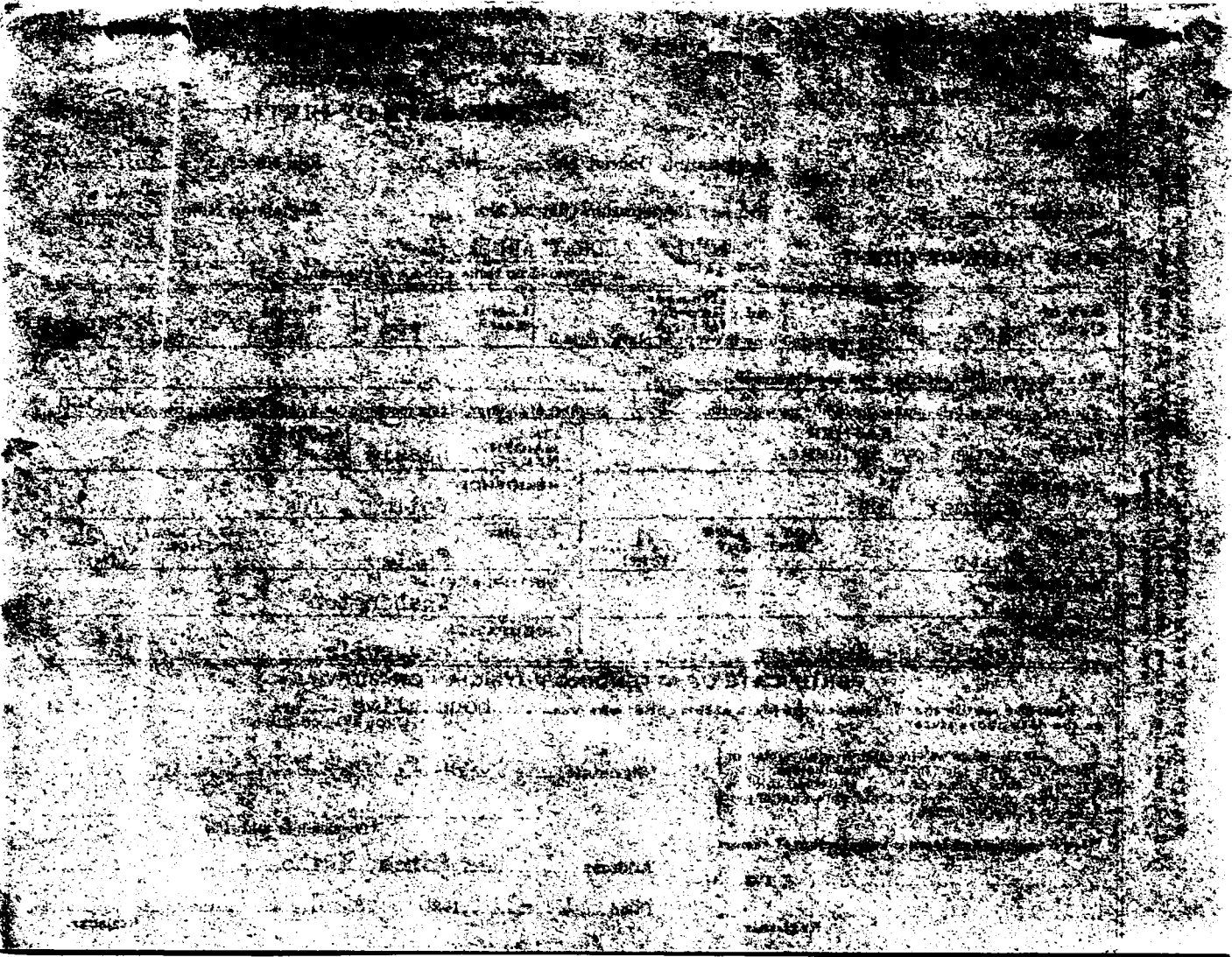
(Signature) John F. Gist M.D.

(Physician or midwife)

Address Nez Perce, Idaho

Filed 1-3 1920 A. Huff Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King

Certificate No. 75435

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nellie May Anderson (Name on Original Certificate) who was born (Was Born or Died) on October 25, 1919 (Date of Event)
in Vollmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on November 7, 1941 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Nellie May	Louise Audrey Anderson

Certificate of Baptism Viewed by Vital Statistics Nov. 6, 1941

Subscribed and sworn to before me this 17th day of May, 1956

Notary Public, residing at Seattle
My commission expires March 17, 1959
(Seal)

Signed Mrs Bessie Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1102 E. Denny Seattle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1956

Notary Public, residing at Portland Or
My commission expires July 13 1956
(Seal)

Signed Clyde R Anderson
(Signature of Any Credible Person)
1322 NE Dekum Portland Or
(Street Address, City, State)

FORM DPH 55. 155

331-104-031-689

PLACE OF BIRTH

County of Lemhi

City of Mayence

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

75436

Registration District No. 47 File No. 60

Primary Registration District No. ____ Registered No. 2124

FULL NAME OF CHILD George Ervin Clark

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 4 1919

FATHER	MOTHER
FULL NAME Clinton Clark	FULL MAIDEN NAME Hazel Reba Whitsel
RESIDENCE Mayence Idy	RESIDENCE Mayence Idy
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Hope Idaho	BIRTHPLACE Troy Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 nd

Number of children of this mother now living, including present birth 2 nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was C. Clark (Born alive or stillborn) at 3:00 P. M. on the date above stated.

(Signature) J. Tom F. Gantt M.D.

(Physician or midwife)

Address Mayence Idaho

Filed 1-3- 1920 Albert Huff Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

1-3 1920

A. L. Huff Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1955

NOV 28 1942

DEC 14 1956

3/19/41 L. B.

547118·031-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 4-5-17

PLACE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75437

Registration District No. 30 File No. .....

Primary Registration District No. 2129 Registered No. 98

FULL NAME OF CHILD Mark Frank Edgington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		—	Yes	12-18-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Nelson Edgington	Fanny Mary Forgeil
RESIDENCE	Ilo Idaho	Ilo Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	34
BIRTHPLACE	Iowa	Wisconsin
OCCUPATION	Prof Farm Products	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was white alive (Born alive or stillborn), at 6309 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Dunbar MD

(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/26 1920 P E Dunbar

Registrar

APR 2 0 1942

795-219-031-415

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

County of Lewis

City of GOAD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6V File No. 75438

Primary Registration District No. 2129 Registered No. 29

FULL NAME OF CHILD Barbara Lee Presnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	12-19-19

	FATHER	MOTHER
FULL NAME	Glenn Franklin Presnell	FULL MAIDEN NAME Francelia Naomi Davis
RESIDENCE	Gd R-FD.	RESIDENCE Gd R-FD.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE Adair Co Okla.
OCCUPATION	teacher	OCCUPATION housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Dunbar M.D.

(Physician or midwife)

Address Gd Colo

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 19 19 O. E. Dunbar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942
MAR 25 1942
MAR 26 1975
JUL 7 1989

V33-22410 31-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 60 File No. 75439

Primary Registration District No. 2129 Registered No. 30

FULL NAME OF CHILD Ella Margaret McClary

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	12-24-19

	FATHER	MOTHER
FULL NAME	Robert J McClary	FULL MAIDEN NAME Gertrude Beam
RESIDENCE	Ilo R.F.D.	RESIDENCE Ilo R.F.D.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	34. (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE Kansas
OCCUPATION	Rancher	OCCUPATION housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlop M.D.

(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12/26 1919 P. E. Dunlop

Registrar

AUG 20 1997

791-130-031-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Ilo R.F.D. — *Registration District No.* 30 — **File No.** 75410

No. .... St. — *Primary Registration District No.* 7129 — **Registered No.** 31

Hospital ....

FULL NAME OF CHILD Walter Edward Grant

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	Dec (Month) 30 (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. Toll Grant	FULL MAIDEN NAME	Nancy Allie Hoss
RESIDENCE	Ilo R.F.D.	RESIDENCE	Ilo R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

.................................19......

Address Ilo Idaho.

....
Registrar

Filed 1/3 1920 R E Dunlap
Registrar

P.C. 64-41/41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

[redacted]-008-96

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

Form V. S. [illegible]

CERTIFICATE OF BIRTH

County of Boise

City of Garnet [illegible] Registration District No. 75 File No. 9 754

No. _____ St.

Primary Registration District No. 1 Registered No. 2

Hospital _____

FULL NAME OF CHILD Chas. Edgar Godard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
boy				Yes.	Dec.	17	19

	FATHER	MOTHER
FULL NAME	Harlow Lyman Godard	Full Maiden Name: Grace Dorothy Godard
RESIDENCE	Granite Creek Ida	Granite Creek Idaho.
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Col.	Col.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

(Signature) A. G. Fitz M.D.

Physician

(Physician or midwife)

Address Garnet Hwy Idaho.

Filed Feb. 31 19 14 Mrs. P. J. Evans Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

Mrs. P. J. Evans Registrar

[redacted]

SEP 30 [redacted]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Record

City of Placerville Registration District No. 12 File No. 1 75442

No. ..... St.

Primary Registration District No. ..... Registered No. 1

Hospital .....

FULL NAME OF CHILD Archie Forrest Cahill

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	Dec. 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie Lawrence Cahill	Eliese B. Cahill
RESIDENCE	Placerville	Placerville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. G. Fitz

Physician

(Physician or Midwife)

Address Quartz Mtn Idaho

Filed ..... 19..... Registrar

DEC 2 2 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-22-578-55

PLACE OF BIRTH

County of Kootenay

City of

No. St.

Hospital

STATE BUREAU OF VITAL STATISTICS

Form V. S. No.

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 75443

Primary Registration District No. 2057 Registered No. 735

FULL NAME OF CHILD Not yet named Burke

Sex of Child: Female | Twin, Triplet or other? Alone | and Number in order of birth: 7th | Legitimate? Ye | Date of Birth: 8 (Month) 22 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Carl August Burke

RESIDENCE: 6 miles East Fruitvale Road

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: North Dakota

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Mary Magnelsen

RESIDENCE: 6 miles E Harrogton Wash

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alone (Born alive or stillborn) at 4.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

L. D. Drennan Registrar

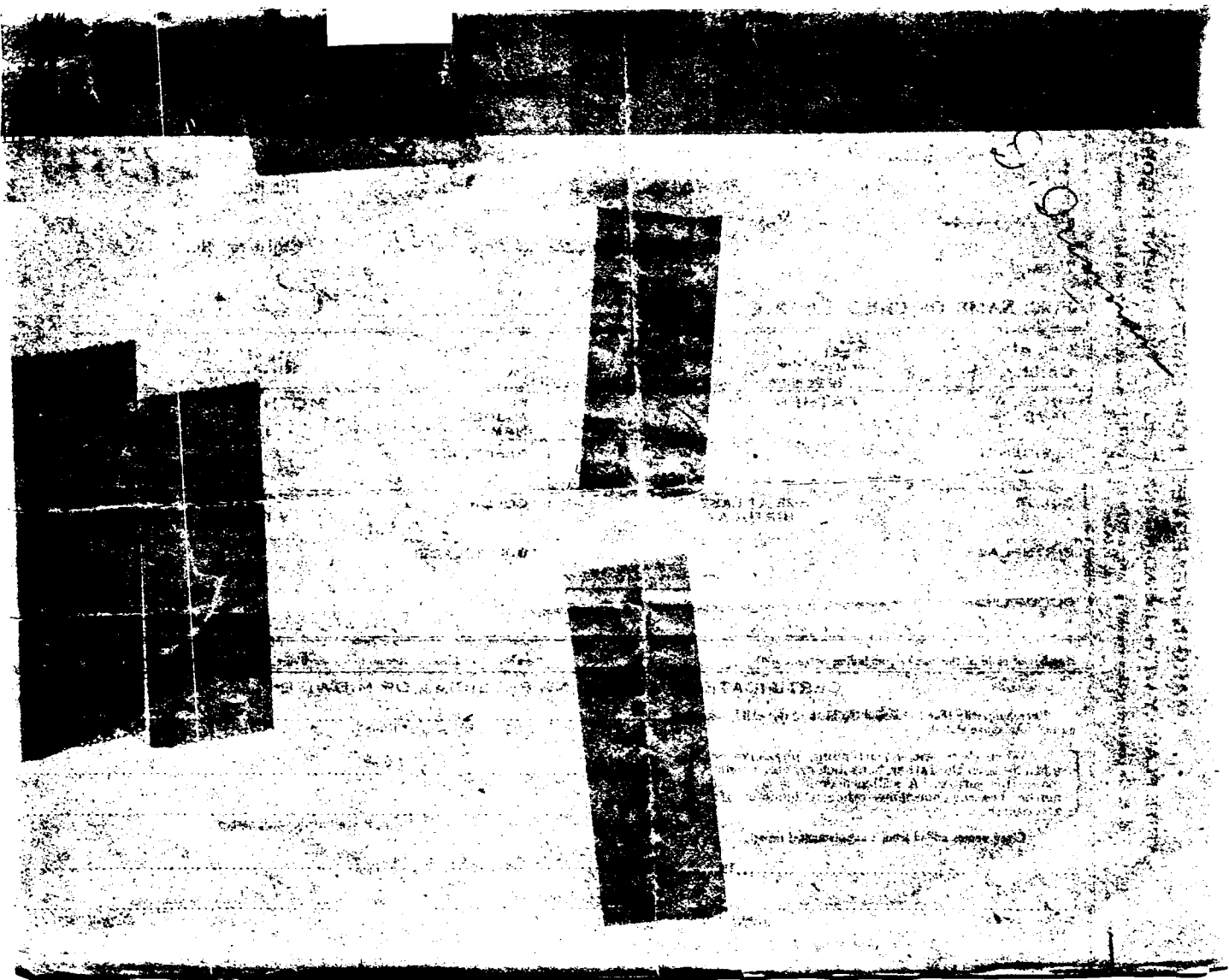
S-Y CO. 24856

(Signature) J. D. Leahy

(Physician or midwife)

Address Harrogton Wash

Filed Dec 10 1919 W. D. Drennan Registrar



843-129.028-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75444

County of Kootenai

City of Coeur d'Alene — Registration District No. 30 — File No.

No. 5 Mile Sw Left St. — Primary Registration District No. 2051 — Registered No. 736

Hospital Residence

FULL NAME OF CHILD ~~Not Named~~ Dale Clayton Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M	S	8	yes	Dec	19	19

FATHER	MOTHER
FULL NAME J. A. Hunt	FULL MAIDEN NAME Caroline Hunt
RESIDENCE Near Bellgrove Ida	RESIDENCE Near Bellgrove Ida
COLOR W	AGE AT LAST BIRTHDAY 40 (Years)
COLOR W	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Minn	BIRTHPLACE Swedish
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. E. Wentworth, M.D.

604 Sherman Ave (Physician or midwife)

Address Coeur D Alene Ida

Filed 1/10 1920 A. A. Greenman Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

443-20-7028-819

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75445
Local Reg. No.
Reg. Dist. No. 30

Amended 827/75

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Bessie
b. (Middle): Irene
c. (Last): Mullen

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec 7, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): James
b. (Middle):
c. (Last): Mullen

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): England

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Vera
b. (Middle):
c. (Last): Harmon

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Coeur d'Alene, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1/10/20

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a ~~standard serological~~ test for syphilis performed? ~~YES~~ ____ ~~NO~~ ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 6 AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
AUG 25 4 04 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75445

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jessie E. Mullen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1919 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts) Dec 7, 19
child's name + date	Jessie E. Mullen	Bessie Irene Mullen

Subscribed and sworn to before me this 21 day of August, 1975.

Notary Public, residing at Coeur d'Alene
My commission expires 6-3-77
(Seal)

Signed Vera M Mullen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 452 Coeur d'Alene Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of August, 1975.

Notary Public, residing at Coeur d'Alene
My commission expires 6-3-77
(Seal)

Signed Bessie Mullen Litterman
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8/18/75

Family Bible recordxfxx gives name as Bessie Irene Mullen born Dec 7, 1919 at Coeur d'Alene, Idaho. married june 1940. to William W. Bitterman. viewed by V. S.

High school Diploma from Coeur d'Alene, High schoo, Coeur d'Alene, Idaho gives name as Bessie Irene Mullen. dated Mau 25, 1938. viewed by V. S.

465-110-038-666

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Rev. 6-17

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 75446

No. ..... St. Primary Registration District No. 1051 Registered No. 739

Hospital .....

FULL NAME OF CHILD Robert Montausdeau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes.	Dec 10 1919

FATHER

FULL NAME Ulysse S. Montausdeau

RESIDENCE Coeur d'Alene

COLOR W AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Switzerland

OCCUPATION Day Labor

MOTHER

FULL MAIDEN NAME Celia Woodford

RESIDENCE Coeur d'Alene

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Ida.

OCCUPATION Hse

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Greenwood M.D.

(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/7 1920 A. O. Greenwood

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-204-028-964

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ...Kootenai...

City of ...Coeur D'Alene... Registration District No. 30 File No. 7547

No. 5th St. Primary Registration District No. 1051 Registered No. 738

Hospital .....

FULL NAME OF CHILD ...Marion H. Hartman...

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Dec 4 1919

FATHER

FULL NAME: Wilbur Hartman

RESIDENCE: Cd'A, Idaho

COLOR: W AGE AT LAST BIRTHDAY: 49 (Years)

BIRTHPLACE: Penn.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ocie Rodgers

RESIDENCE: Cœur d'Alene

COLOR: W AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Mo

OCCUPATION: Hse

Number of child of this mother, including present birth ...2... Number of children of this mother now living, including present birth ...2...

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ...Alive... (Born alive or stillborn) at ...12 P... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ...L. L. Dressendorfer M.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address .....

.....
Registrar

Filed 1/10 19 20 ...A. D. Greenwood...
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-D79-395

Z NAMES

[redacted]

City of Troy

No. ____ St. Registration District No. 64 File No. 7548

Hospital ____ Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Ruth Elaine Matthew

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Yes	Dec. 13, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Harry Virgil Matthew	FULL MAIDEN NAME: Amy Leala Swires
RESIDENCE: Moscow, Idaho	RESIDENCE: Moscow, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Teacher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Mrs. Kristina Liden

(Physician or midwife)

Address Troy, Idaho

Filed Dec. 27, 1919 J. E. Pickerd

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

K

JUN 1 8 1959

271-127-024-414

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form No. 11-C—25m-9-8-17

Registration District No. 64

File No. 7544

Primary Registration District No. 2144

Registered No. .....

FULL NAME OF CHILD Albert Homer Sparks

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 23 1917

FATHER		MOTHER	
FULL NAME	Grant L. Sparks	FULL MAIDEN NAME	Florence Hanna
RESIDENCE	Troy Ida	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Macall

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

Dec. 26, 1917

J. E. Pickerd Registrar

Filed Dec 26 1917

J. E. Pickerd Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-102-020-954

PLACE OF BIRTH

County of Elmore

City of Elmore Emg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36

Primary Registration District No. 2021

File No. 75450

Registered No. .....

FULL NAME OF CHILD ... Melvin Pasborg

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	4	yes	Dec 7nd (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James A. Pasborg	FULL MAIDEN NAME	Emma Zinman
RESIDENCE	Elmore Emg. Idaho	RESIDENCE	Elmore Emg. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Lab. Native Engmir	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 4 ... Number of children of this mother now living, including present birth ... 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Dec. 2nd 1919, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Phys.
(Physician or midwife)

Address Elmore Emg. Idaho

Filed Dec. 10 1919 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-105-020-315

PLACE OF BIRTH

County of Elmore

City of Elmore's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 75451

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Ralph Atwell Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	5		Dec 5 1919

FATHER	MOTHER
FULL NAME: Forest Carpenter	FULL MAIDEN NAME: Laura Caughe
RESIDENCE: Elmore's Ferry Idaho	RESIDENCE: Elmore's Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Boilermaker helper	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Dec 5 1919, at 9 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D. Phys.

(Physician or midwife)

Address Elmore's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 10 1919 J. W. Davis Registrar

466-110-020-566

PLACE OF BIRTH

County of Elmore

City of Elmore Emy.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

Registration District No. 35

File No. 75452

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD ..... Louis Arthur Mooney .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2	yes	Dec. 10 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Arthur Mooney	FULL MAIDEN NAME	Hulin Cowran
RESIDENCE	Elmore Emy Idaho	RESIDENCE	Elmore Emy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	America	BIRTHPLACE	American
OCCUPATION	Lace Finisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive on the date above stated. Dec. 10 1919, at 5:45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Phys.

(Physician or midwife)

Address Elmore Emy. Idaho

Filed Dec. 24. 1919 J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

394-128-020-763

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry — Registration District No. 35 — File No. 75453

No. ..... St. — Primary Registration District No. 2021 — Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Robert Gatewood~~ WALTER LEE CRUM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	4	yes	Dec. 28th 1917

FATHER		MOTHER	
FULL NAME	William Crum	FULL MAIDEN NAME	Mabel Potter
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	R.R. Baksman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. Dec. 28. 1917, at 2 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Phys.
(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Dec. 31. 1917 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 75453

FEB 7 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Ben Crum (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Dec 28 1919 (DATE OF EVENT) in Glenns Ferry Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Ben Crum	Walter Lee Crum

Subscribed and sworn to before me this 3rd day of February, 19 42

Robert E. Alexander
Notary Public, residing at Sacramento

My commission expires 6-1-45
(SEAL)

NOTARY PUBLIC IN & FOR THE COUNTY OF SACRAMENTO STATE OF CALIFORNIA

Signed Mrs Mabel Crum Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on FEB 7 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1942

296-213-038-493

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 75454

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Wilma Alice Brown

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		2nd	yes	Dec 13 1919

FATHER	MOTHER
FULL NAME James T. Brown	FULL MAIDEN NAME Maggie Miller
RESIDENCE Fruitland	RESIDENCE Fruitland
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Colorado
OCCUPATION laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Paxton M.D.

(Physician or midwife)

Address Fruitland Idaho

Given names added from a supplemental report.

..... 19.....

Filed Dec 13 1919 L. L. Paxton

..... Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1945

296-113-038-493

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—45m-9-8-15

Registration District No. .....

File No. 75455

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Wilbur Fredrick Brown

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1st	yes	Dec 13 1919

FATHER		MOTHER	
FULL NAME	James T Brown	FULL MAIDEN NAME	Maggie Miller
RESIDENCE	Fruitland ~~33~~	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	~~Nebraska~~ Kansas	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

(Signature) L. L. Paxton M.D.

(Physician or midwife)

Address Fruitland Idaho

Filed Dec 13 1919 L. L. Paxton

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/7/41 L. B.

242211-001-852

PLACE OF BIRTH

55

County of Ada

City of Boise

No. ..... St.

Hospital 524 So 15

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75456

Primary Registration District No. 1004 Registered No. 583

FULL NAME OF CHILD Irma Roberta Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	June 11 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME William Malcom Buchanan	FULL MAIDEN NAME Adah Hesser
RESIDENCE Boise Ida	RESIDENCE Boise
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Nebraska
OCCUPATION Grocery Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Live (Born alive or stillborn) at 3:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-4 1919 L R Yeaman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 22 1961

453-209.001-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 11 Albanus St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75457

Primary Registration District No. 1004 Registered No. 564

FULL NAME OF CHILD Donna Maron DeTarpper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 9 19

FATHER		MOTHER	
FULL NAME	Fred DeTarpper	FULL MAIDEN NAME	Pearl Packer
RESIDENCE	1619 Ave B	RESIDENCE	1619 Ave B
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Ark.
OCCUPATION	Baker	OCCUPATION	H-W

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 1:30 A M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address .....

Filed 12-4 19 19

[signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

dup of 1919-31528f3

242-206-001-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 75458

Primary Registration District No. 1004 Registered No. 565

FULL NAME OF CHILD Jessie C. Kuster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	11 — 6 — 1919

FATHER		MOTHER	
FULL NAME	John P. Kuster	FULL MAIDEN NAME	Nellie E. Cooper
RESIDENCE	R. D. #1, Eagle, Idaho	RESIDENCE	R. D. #1, Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11⁰⁰ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. V. Brayton

(Physician or midwife)

Address Boise, Idaho

Filed 12/3 19 19 L. R. Foman

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-122-001-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 75459

No. 1011 North 9th St. Primary Registration District No. 1004 Registered No. 566

Hospital St Alphonsus

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 22 1919

FATHER	MOTHER
FULL NAME Frank Lewell D'Amant	FULL MAIDEN NAME Ella Mae Dennis
RESIDENCE 1011 North 9th St. Boise	RESIDENCE 1011 North 9th St. Boise
COLOR white	AGE AT LAST BIRTHDAY 45 (Years)
COLOR white	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE California	BIRTHPLACE Emmetsburg Iowa
OCCUPATION Stock raising	OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ____ M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) Emma Coleman

(Physician or midwife)

Address ____

Filed 12/3 19 19 L. E. Forman Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-224-001-763

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1115 S. 13 St.

Registration District No. 2 File No. 75460

Primary Registration District No. 1004 Registered No. 567

Hospital

FULL NAME OF CHILD Antonio Mueller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Nov. 24 19

FATHER	MOTHER
FULL NAME Mike Mueller	FULL MAIDEN NAME Ida Golse
RESIDENCE 1115 S. 13,	RESIDENCE 1115 S. 13
COLOR W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Boarding house	OCCUPATION Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1.05a M. on the date above stated.

(Signature) H. M. Robertson

(Physician or midwife)

Address

Filed 12-20 1919 H. E. Herman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

PLACE OF BIRTH
849-227-001-3
County of Ada
City of Boise
No. [redacted] Street
Hospital St Lukes

OF IDAHO
VITAL STATISTICS
ATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

File No. 75461

Primary Registration District No. 1004

Registered No. 568

Full Name of Child Florence Maxine Hurst

SEX OF CHILD	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fem		1	yes	11 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin L. Hurst	Ruth C. Haywood
RESIDENCE	Ustick	Ustick
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Missouri	Texas
OCCUPATION	Rancher	Housekpr

Child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Brooks

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 11-28 19 19 L O Jennen

Registrar

AUG 2 9 1969

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 24 11 55 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Orange } ss.

Certificate No. 75461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hurst (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Pages from Birthday Book Nov. 27, 1919 (Bible Record, Insurance Policy, Etc.) prepared on June 10, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Florence Maxine Hurst

Subscribed and sworn to before me this 7th day of November, 1975

Notary Public, residing at Laguna Hills, California
My commission expires June 26, 1978
(Seal)

Signed Melvin L. Hurst
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
204 East Rosewood Court
Ontario, California 91764
(Street Address, City, State)

OFFICIAL SEAL
CHARLOTTE MACY
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires June 26, 1978

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Orange

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 1975

Charlotte Macy

Notary Public, residing at Laguna Hills, California
My commission expires June 26, 1978
(Seal)

Signed Marie H. Roberts
(Signature of Any Credible Person)
14-E Via Castilla
Laguna Hills, Calif. 92653
(Street Address, City, State)

FORM DH 60-155 CL 8/5/75 ret'd $10 check

Diploma from Watsonville Union High school , Watsonville, Calif ~~x~~ gives name as Florence Maxine Hurst. dated June 10, 1937. viewed by V
S

NOV 26 1975

American Legion Certificate of School Award gives name as Florence Maxine Hurst of Watsonville Union High School. ~~dated~~ from Post No 121 signed by Edw . H. Lorenson. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-129-001-593

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75462

County of Ada

City of Boise

Registration District No. 2

File No.

No. 2708 Bannock St.

Primary Registration District No. 1004

Registered No. 569

Hospital

FULL NAME OF CHILD ~~Infant~~ Chaney, Alvin Benton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 24 191 7

FATHER		MOTHER	
FULL NAME	Oscar F Chaney	FULL MAIDEN NAME	Violet Nichols
RESIDENCE	2708 Bannock	RESIDENCE	2708 Bannock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Colorado
OCCUPATION	Truck Driver	OCCUPATION	Home work

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5-10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Washer

(Physician or ~~midwife~~)

Address 303 Mc Carty Blk

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-6 19 17 L E Thomas Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 75462

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Non given	Alvin Benton Chaney

Subscribed and sworn to before me this 17th day of May, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

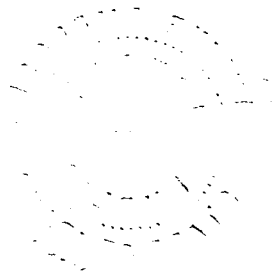
Signed Violet Chaney

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

MAY 17 1943



763128-001-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 75463

Primary Registration District No. 1004

Registered No. 570

Hospital .....

FULL NAME OF CHILD Cecil Patter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-28-1919

FATHER		MOTHER	
FULL NAME	Joel Patter	FULL MAIDEN NAME	Mary Douglas
RESIDENCE	Ola Idaho	RESIDENCE	Ola Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt O. Riggs M.D.
(Physician or midwife)

Address 1622 Washington St. Boise

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-29-1919

H. C. Furman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z POTTER

dup of 1919-327531

NOT

296.229.001-863

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-4-17

75464

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 571

FULL NAME OF CHILD Hal Wade Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 29, 1919

FATHER

FULL NAME: William Allen Brooks

RESIDENCE: Middleton Ida

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: State of Wash.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mable Holcomb

RESIDENCE: Boise Ida

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Nov. 29, 1919, at 6:15 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Jno R. Rumsey

(Physician or midwife)

Address Boise Ida

Filed 12-6-19 L. L. Gorman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1971

386-129.001-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Form V. S. No. 11-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75465

Primary Registration District No. 1004 Registered No. 572

FULL NAME OF CHILD Clark Thomson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Thomson	Mary Clark
RESIDENCE	Grand view	Idaho City
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	27
BIRTHPLACE	Scotland	Scotland
OCCUPATION	Stockman	Housewife

Number of child of mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (or stillborn) Nov 29-1919, at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Numan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise Ida

Filed 12-6 19 19

Registrar

JUN 7 1962

753-230-001-236

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75466

Primary Registration District No. 1004 Registered No. 573

FULL NAME OF CHILD Iris Blanch Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 30 1919

FATHER		MOTHER	
FULL NAME	Walter L Peterson	FULL MAIDEN NAME	Ida Stolting
RESIDENCE	408 Ofarrell	RESIDENCE	408 Ofarrell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Mich
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Hand M.D

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-4 19 19 P Gorman

Registrar

MAR 4 1942
NOV 15 1950

635-102-001-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 423 S. 12th St.

Hospital ———

Registration District No. 2

Primary Registration District No. 1004

File No. 75467

Registered No. 574

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 — 2 — 1919

FATHER		MOTHER	
FULL NAME	Lloyd G. Fletcher	FULL MAIDEN NAME	Hazel L. Peters
RESIDENCE	423 S. 12th St. Boise	RESIDENCE	423 S. 12th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Pool Hall Attendant	OCCUPATION	Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braptan

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12/3 1919 L. Glenman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 04-345

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 75468

Registered No. 575

Full Name of Child Bayard Franklin Griffin

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 12 (Month) 2 (Day) 19 (Year)	

FATHER

FULL NAME: Bayard F. Griffin

RESIDENCE: 1305 N 22nd St

COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Jeweler.

MOTHER

FULL MAIDEN NAME: Eleanor Cunningham

RESIDENCE: 1305 N 22nd St

COLOR: W. AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or dead) on the date above stated, at 2.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingill

(Physician or midwife)

Given names added from a supplemental report

....19....

Registrar

Address ....

Filed 12/6 19 19 H. L. Forman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-103-001-966

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75469

Primary Registration District No. 1004 Registered No. 576

FULL NAME OF CHILD James Rowland Kincaid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	12 - 3 - 1919

FATHER		MOTHER	
FULL NAME	Earl S. Kincaid	FULL MAIDEN NAME	Alice Rowland
RESIDENCE	Parma, Idaho	RESIDENCE	Parma Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Telephone Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Gallman M.D.

(Physician or midwife)

Address 429 Idaho Boise

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-5 1919

Registrar

JAN 9 1943

261-205-001-693
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 75470

No. St.

Primary Registration District No. 1004 Registered No. 577

Hospital St. Alphonsus

FULL NAME OF CHILD Viola Swan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 3 1919

FATHER		MOTHER	
FULL NAME	J. W. Swan	FULL MAIDEN NAME	Georgia Wellsite
RESIDENCE	Notus, Ida.	RESIDENCE	Notus, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. Hays

M.D. (Physician or midwife)

Address 622 Warm Springs Ave

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12-6 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1953

955-107.001-756

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ..... Bois .....

City of ..... Bois .....

No. ..... St.

Hospital ..... St. Alphonsus .....

Registration District No. ..... 2 ..... File No. 75471

Primary Registration District No. ..... 1004 ..... Registered No. ..... 528 .....

FULL NAME OF CHILD ..... Ivars James Howard .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yo	12 3 19 6

FATHER	MOTHER
FULL NAME: Ivars Bert	FULL MAIDEN NAME: Lewis, Eva
RESIDENCE: Regina Ida	RESIDENCE:
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY (Years): 32	AGE AT LAST BIRTHDAY (Years): 32
BIRTHPLACE: Southworth Kansas	BIRTHPLACE: Louisville, Miss
OCCUPATION: farmer	OCCUPATION:

Number of child of this mother, including present birth ..... 2 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... (Born alive or stillborn), at 5:10 P.M. on the date above stated.

(Signature) ..... L. Isaac V. Genovese .....

(Physician or ~~midwife~~)

Address ..... Overland Bldg .....

Filed 12-10 19 19 ..... L. B. Jones .....
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-103.001-296

Form V. S. No. 11-O—25m-6-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

"Caesarian"

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 75472

Primary Registration District No. 1004

Registered No. 579

FULL NAME OF CHILD Robert Everett Sweet

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Dec 3 19 19

FATHER		MOTHER	
FULL NAME	Homer Randall Sweet	FULL MAIDEN NAME	Maurine Brown Sweet
RESIDENCE	Roswell Ida	RESIDENCE	Roswell
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Home duties

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was "Caesarian" Dec 3 1919, at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Summers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise Ida

Filed 12-10 19 L R Foman

Registrar

JUL 6 1942

792-209.001-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1FB—25m-6-5-17

Registration District No. 2

File No. 75473

Primary Registration District No. 1004

Registered No. 580

FULL NAME OF CHILD Geneva Gibbs

Sex of Child female

~~Twin~~ ~~Triplet~~ ~~or other?~~ and Number in order of birth 1
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec 9 1919
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME J W Gibbs	FULL MAIDEN NAME Agnes Leinder
RESIDENCE Jordan Valley	RESIDENCE Jordan Valley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on the date above stated. Dec 9th 1919, at 9 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Numbers
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-10 1919

Registrar

AUG 3 1972

APR 10 1942

792.209.001-792

Form V. S. No. 11-C—25m-6-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75474

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 581

FULL NAME OF CHILD Teresa Gibbs

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	Dec 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W R Gibbs	Agnes Gibbs
RESIDENCE	Boise Valley	Boise Valley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 9 1919 at 9:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W R Simmons

(Physician or midwife)

Address Boise

Filed Dec 10 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-196-001-495

PLACE OF BIRTH

County of Ada

City of Boise

No. 1612 N. 5 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 75475

Registered No. 582

Full Name of Child William Paul Hart

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	DEC. 1 1919

FATHER		MOTHER	
FULL NAME	Elmer Paul Hart	FULL MAIDEN NAME	Esther Christian Minton
RESIDENCE	1222 N. 15 St	RESIDENCE	1222 N 15 St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M. D. (Physician or midwife)

Address 417 Overland Bldg Boise Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 12-19 1919 L. E. Jerman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

JUL 7 1975

STATE OF ILLINOIS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered

Registration District No.

(If Hosp.) Registration Number

No. St.

City

County

Full Name of Child

SEX OF CHILD	Twin, triplet, or other?	Number in order of birth	Legitimate?	DATE OF BIRTH
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDANCE (IF OTHER THAN PHYSICIAN)

I hereby certify that I attended the birth of this child, who was ..... at .....

on the date above stated

(Signature) .....

(Physician or midwife)

Address .....

Filed ..... 19 .....

Registrar

Given names added from a supplemental report

19 .....

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

236-129-001-981

PLACE OF BIRTH

County of Ada

City of Boise

No. 5th & State St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 75476

Primary Registration District No. 1004

Registered No. 583

Full Name of Child Vergil Edwin Story

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Dec. 29, 1918

FATHER

FULL NAME: John Elmer Story

RESIDENCE: Caldwell Idaho R 8 #1

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Ada May Ryals

RESIDENCE: Caldwell Idaho R D #1

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M. D.

(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Given names added from a supplemental report

.....19....

.....
Registrar

Filed 12-10 1919

L. A. Yeoman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-206-001-193

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 412 State St.

Registration District No. 2

File No. 75477

Primary Registration District No. 1004

Registered No. 584

Hospital St. Alphonsus

FULL NAME OF CHILD Dorothy Maryonie Barron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	11 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy S. Barron	Martha A. Artz
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Nebr.	Ills
OCCUPATION	carpenter	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. F. Thual

Physician

(Physician or midwife)

Address Meridian

Filed 12-10-19 L. E. Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

679-217-001-854

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 75478

No. 412 State St. — Primary Registration District No. 1004 — Registered No. 585

Hospital St. Alphonsus

FULL NAME OF CHILD Linda Belle Ophir

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	10 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry J. Ophir	Emma C. Hedges
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Nebr	Nebr.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or not alive) at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. F. Neal

Physician

(Physician or midwife)

Address Meridian

Filed 12-10 1919 L. Johnson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 [redacted]

296-201-001-434

Form V. S. No. 11-C—Rev. 6-8-37

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 412 State St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7547 9

Primary Registration District No. 1004 Registered No. 586

FULL NAME OF CHILD Edith Viola Krough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	11 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis J. Krough	Vada E. Ulmer
RESIDENCE	Meridian	Meridian
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Oregon	Mo
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Neal, Physician

(Physician or midwife)

Address Meridian R 2

Filed 12-10-1919 L. Thomas, Registrar

Given names added from a supplemental report.

.....19.....

.....
Registrar

194-124 001-5-96

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 75480

Primary Registration District No. 1004

Registered No. 587

Hospital St. Alphonsus

FULL NAME OF CHILD Gilbert Erwin Armstrong

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	Nov. 24 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Sampson B. Armstrong	FULL MAIDEN NAME: Irene Alice Erwin
RESIDENCE: Barber Idaho	RESIDENCE: Barber Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Sawmill	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed 12-13 1919 L. M. Furman

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IC

APR 27 1943

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 10 9 22 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 75480
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Gilbert Erwin Armstrong (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 2, 1919 (Date of Event)

in Boise (ADA) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's birthdate	November 2, 1919	November 24, 1919

Subscribed and sworn to before me this 10th day of December, 1981.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

x Mrs Debbie E. C. Armstrong
Signature of Applicant

1431 Shamrock Boise Ida 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of birth of child, Robert Glenn Armstrong gives name as Gilbert E. Armstrong as father born November 24, 1919, in Boise, Idaho. Hospital Record issued by the St. Alphonsus Hospital, Boise, Idaho
Viewed by V.S.

Honorable Discharge gives name as Gilbert E. Armstrong, # 2092 6055 born November 24, 1919, in Idaho. Discharged December 31, 1942 from the National Guard of the United States.
Viewed by V.S.

DEC 1981

249-213-001-137

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-6-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. St.

Registration District No. 2

File No. 75481

Primary Registration District No. 1004

Registered No. 588

Hospital St. Alphonsus

FULL NAME OF CHILD Violet Lee Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Oct. 13 1917

FATHER		MOTHER	
FULL NAME	Leon Smith	FULL MAIDEN NAME	Vera Allen
RESIDENCE	821 East Bannock Boise Idaho	RESIDENCE	Boise Idaho
COLOR	Black	COLOR	Mulatto
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Boulder, Colorado	BIRTHPLACE	Clarksville, Tennessee
OCCUPATION	Waiter and Porter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) in Boise at 1 P. M. on the date above stated.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed 12-13-1917

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1969

413-131-001-736

PLACE OF BIRTH

Form V. S. No. 11-C 25m-8-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. ..... St.

Registration District No. 2

File No. 75482

Primary Registration District No. 1004

Registered No. 589

Hospital. St. Alphonsus.

FULL NAME OF CHILD ~~Stewart~~ Lewis MacKenzie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Oct. 31, 1919

FATHER		MOTHER	
FULL NAME	D. S. MacKenzie	FULL MAIDEN NAME	Elaine Glover
RESIDENCE	510 W. 12th Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Stanoway, Wisconsin	BIRTHPLACE	Jorden Valley, Oregon
OCCUPATION	Sheep man	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. P. McCall M.D.

(Physician or midwife)

Address Boise Idaho

Filed 12-13 1919 L. K. Jones Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 15484

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Stewart Lewis Mackenzie (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 31, 1919 (DATE OF EVENT)
in St. Alphonsus Hospital (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Stuart Lewis Mackenzie	Stewart Lewis Mackenzie
Birth Date	Nov. 2, 1919	Oct. 31, 1919

Subscribed and sworn to before me this 3 day of February, 19 42

W. A. Broadhead

Notary Public, residing at Boise Ida

My commission expires Oct 23, 1942

(SEAL)

Signed Stewart Lewis Mackenzie
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Hotel Olympian, Olympia, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge and belief.

Subscribed and sworn to before me this 2nd day of February, 19 42

W. A. Broadhead

Notary Public, residing at Boise, Ida

My commission expires Oct 23, 1942

(SEAL)

Signed Duncan D. Mackenzie
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

71 Ranch Rockville, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 9 1942

MAY 25 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-220-001-364

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75483

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 590

Hospital St. Alphonsus

FULL NAME OF CHILD Mary Ann Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		yes	Nov. 20 1919

FATHER		MOTHER	
FULL NAME	P. C. Ray	FULL MAIDEN NAME	Minnie Coughlin
RESIDENCE	706 N. 19th. Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Atlanta Ga	BIRTHPLACE	Georgetown, Colorado.
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCallo M. D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

19

Registrar

Filed 12-13 1919 L. H. Gorman

Registrar

APR 23 1942

FEB 10 1964

415-128-001-533

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75484

County of ....ADA.....

City of .....BOISE.....

No. ..... St.

Registration District No. .....2..... File No. .....

Primary Registration District No. ...1004..... Registered No. ...591.....

Hospital .St. Alphonsus

FULL NAME OF CHILD .....Edward Timothy Manning.....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 25 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno J. Manning	Annie Ellis
RESIDENCE	Middleton, Idaho	Middleton, Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 46	White /
BIRTHPLACE	Ireland	Roseville, Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth ..4.... Number of children of this mother now living, including present birth ..3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....born alive.... (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ....L. P. McCalla M.D.....

.....(Physician or midwife)

Address .....Boise, Idaho.....

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12-13 1917

L. R. Gorman
Registrar

5/14/41 L. B.

349-10 Book-892

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 75485

Registered No. 592

FULL NAME OF CHILD Howard Allen Turner

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	Dec. (Month) 15 (Day) 1917 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: H. A. Turner	FULL MAIDEN NAME: Alta Hibbs
RESIDENCE: 1304 East Jeff Boise, Idaho	RESIDENCE: Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Lewiston, Idaho
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) L. L. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed 12-13 1917

H. Gorman
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1949

469.209.001-892

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 75486

No. ____ St.

Hospital St. Alphonsus — Primary Registration District No. 1004 — Registered No. 593

FULL NAME OF CHILD norene Velma Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 9 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Vern Morgan	Evelyn Norene Hibbs
RESIDENCE	17th & Gore Boise Idaho	328 South 17th Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	17
BIRTHPLACE	Kansas	Davis County, Missouri
OCCUPATION	Salesman	Sales lady at Bakery

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1.45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe L Ward

Physician

(Physician or midwife)

Address ____

Given names added from a supplemental report.

19____

Registrar

Filed 12-11 19 19 — C. Gorman

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1948

259-110-001-715

PLACE OF BIRTH

County of Ada

City of Boise

No. 210 So. 9th St.

Hospital Res.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75487

Primary Registration District No. 1004 Registered No. 594

Full Name of Child Richard Bermensolo

SEX OF CHILD: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

DATE OF BIRTH: 12 (Month) 10 (Day) 19 (Year)

FATHER

FULL NAME: Louis Bermensolo

RESIDENCE: 1323 Idaho St.

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Spain

OCCUPATION: Shopkeeper

MOTHER

FULL MAIDEN NAME: Benanchia Garricoa

RESIDENCE: 1323 Idaho St.

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Spain

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Pettenger M. D.

Overland Bldg.

(Physician or midwife)

Address

Given names added from a supplemental report

....., 19....

Registrar

Filed 12-11-19 L. P. Gorman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY

7-16-41

OCT 21 1950

APR 24 1972

OCT 12 1950

PLACE OF BIRTH
118-208-891-353
County of Ada

City of Boise

No. ____ St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75488

Primary Registration District No. 1004 Registered No. 595

Full Name of Child Mary Joyce

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fe.				yes	12-8-19

FATHER

FULL NAME Frank Joyce

RESIDENCE Caldwell Idaho

COLOR W. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Spain

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Figuera Letemendia

RESIDENCE Caldwell Id

COLOR W. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Spain

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pulling M.D.

Caldwell Ida

(Physician or midwife)

Given names added from a supplemental report

....., 19....

Registrar

Address .....

Filed 12/11, 19 19 L. A. Foreman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1949

795-217.001-313

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1005

File No. 75489

Registered No. 596

Full Name of Child Bette E. Green

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female				Yes	12 17 19

FATHER		MOTHER	
FULL NAME	Dengil G. Green	FULL MAIDEN NAME	Phoebe S. Caldwell
RESIDENCE	1703 - N - 17	RESIDENCE	1703 - N - 17
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	1703 - N - 17 Alka	BIRTHPLACE	Va.
OCCUPATION	Mechanic	OCCUPATION	Home mfr.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive [illegible]born) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earle [illegible]

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12/24 19 19 L. C. Forman Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 75489

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on 12-17-19 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Bette E.

Subscribed and sworn to before me this ..... day of October, 19 56

Notary Public, residing at Eagle Idaho
My commission expires Sept 1960
(Seal)

Signed Phoebe E. Dahlenker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of October, 19 56

Notary Public, residing at Eagle Idaho
My commission expires Sept. 1, 1960
(Seal)

Signed Theodore L. Schlenker
(Signature of Any Credible Person)

..... (Street Address, City, State)

QCI 1 1955

NOV 8 1972

4Y6-219-001-291

PLACE OF BIRTH

Form V. S. No. [illegible]

BUREAU [illegible] STATISTICS

CER[illegible] F BIRTH

File No. 75490

Registered No. 597

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. [illegible]

Primary Registration District [illegible]

Full Name of Child BERNEICE M. DUFFY

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female				12/18

FATHER		MOTHER	
FULL NAME	Mathew Duffy	FULL MAIDEN NAME	Emma Seaman
RESIDENCE	1314 - N. 15 St	RESIDENCE	1314 - N. 15
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Florida	BIRTHPLACE	Utah
OCCUPATION	Chef	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J Earl Hall M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12/24 1919

L. A. Seaman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Wasco } ss.

Certificate No. 75490

Date Filed Aug., 22, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Berneice M. Duffy (Name on Original Certificate) who was born (Was Born or Died) on Dec., 19, 1919 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Idaho State records (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Berneice M. Duffy

Subscribed and sworn to before me this 22nd
day of August, 1942

Notary Public, residing at The Dalles, Ore.

My commission expires Oct., 1, 1945
(Seal)

Signed Mrs M. Duffy.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

103 East 3rd., The Dalles, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

AUG 26 1942

AUG 27 1992

8S7-218-001-364

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

IDAHO

BUREAU [redacted] STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—2m-4-15-18

75491

Registration District No. _____ File No. _____

Primary Registration District No. 1004 Registered No. 598

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	12 11 1918

FATHER		MOTHER	
FULL NAME	James L. Hewish	FULL MAIDEN NAME	Rosa Todd
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kans.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address _____

Filed 12/24/19 L. R. Foreman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

[redacted]

DUP OF 1919-D66-199

449-27001-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

November 1, 1946

Registration District No. 2

File No. 75492

Primary Registration District No. 1004

Registered No. 599

FULL NAME OF CHILD Marion Christine Murphey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	December 17, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Harvey H. Murphey	FULL MAIDEN NAME: Hulda Martin
RESIDENCE: Boise, Idaho R.D.#2	RESIDENCE: Boise, Idaho, R.D.#2
COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Sweden
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) P. P. French

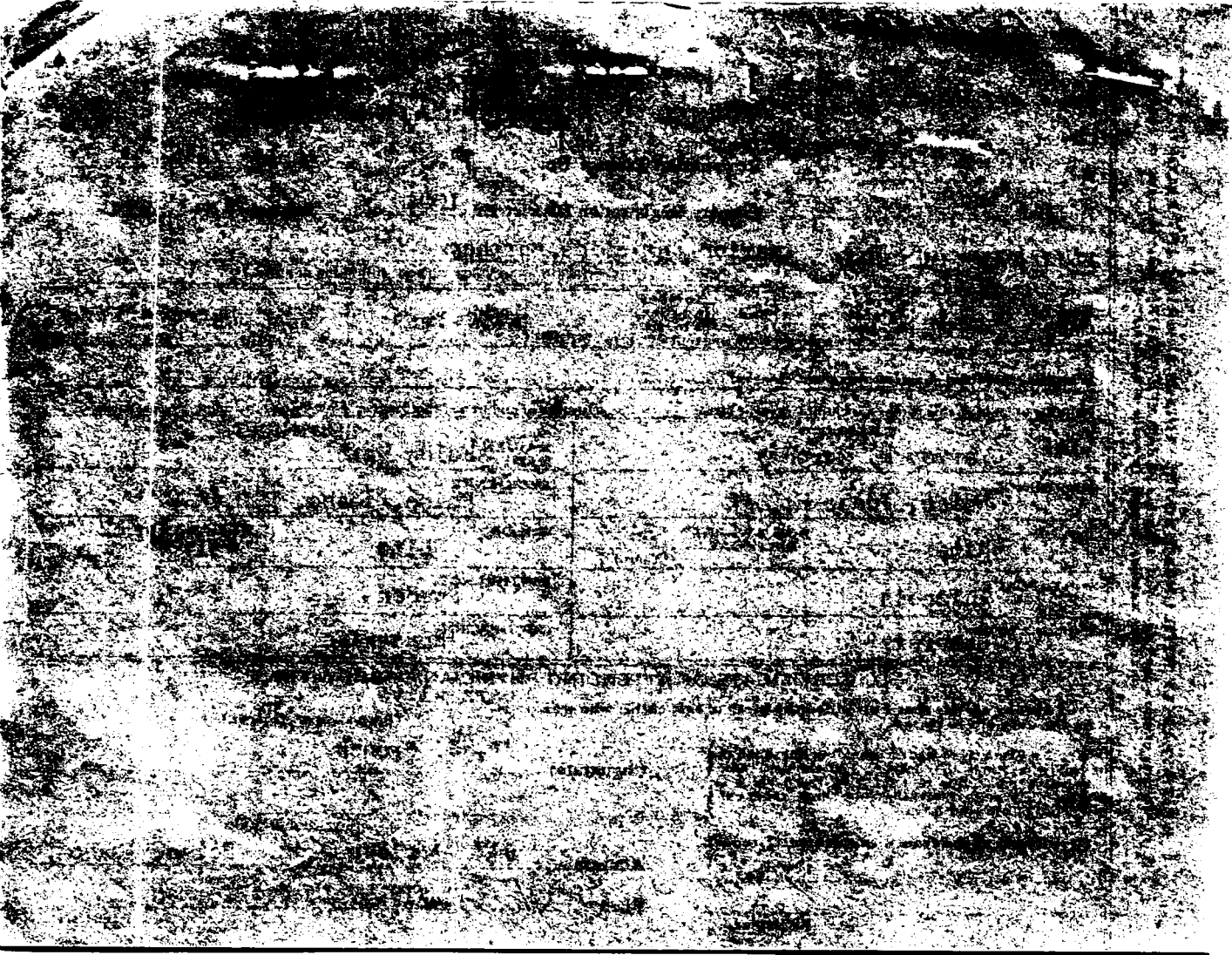
(Physician or midwife)

Address 417 Overland Bldg. Boise, Idaho

Filed 12/19/ 1919 L. P. Pferman

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 75492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Barbara Christine Murphy (Name on Original Certificate) who was born (Was Born or Died) on Dec 17, 1919 (Date of Event)
in Boise, Idaho (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers Knowledge (Bible Record, Insurance Policy, Etc.) prepared on Oct. 14, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Murphy	Murphey
First Name	MARIAN	MARION

Subscribed and sworn to before me this 14th day of October, 1946

H. D. Abbs
Notary Public, residing at Boise Idaho
My commission expires January 23, 1948
(Seal)

Signed X Harry D. Murphey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4722 Gage St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October 1946

Vina A. Giffin
Notary Public, residing at Boise, Idaho
My commission expires Jan. 22, 1950
(Seal)

Signed William E. Randall
(Signature of Any Credible Person)
1301 E. State Boise Idaho
(Street Address, City, State)

JUL 22 1964

1946

1946

453-103-001-763

amended 6-27-62

(Be sure the information is complete and accurate)

State File No. 75493

Local Reg. No. 600

Reg. Dist. No. 2

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Ada	a. STATE: Idaho b. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): St. Luke's	d. STREET ADDRESS (If rural, give location): 916 Fort St.

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Elbert	Sumner	Delana Jr.

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	December 3, 1919

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Elbert	Sumner	Delana	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS	Iowa	Lawyer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Mildred	Velva	Potect	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Oregon	1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
I hereby certify that this child was born alive on the date stated above.	J. Springer	M. D. [X] MIDWIFE [ ] OTHER (Specify)
	18c. ADDRESS	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
12-20-19	L.P. Firman	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Roll of Attorneys of Supreme Court gives name as Sumner Delana. Dated June 6, 1949.
Viewed by W.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 75493

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elbert Sumner Delano Jr. (Name on Original Certificate) who was born (Was Born or Died) on Dec 3, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Elbert Sumner Delano Jr.	Elbert Sumner Delana Jr.
Father's Name	Elbert Sumner Delano	Elbert Sumner Delana

Subscribed and sworn to before me this 26th day of
January, 1962
Mary Jean Parkinson
Notary Public, residing at Boise, Idaho
My commission expires 12-5-1964
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of
January, 1962
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

1301 North 19th St Boise Ada Co
(Street Address, City, State)

FORM DH 60-153

Own child's birth certificate, File #49-799, gives name as Elbert Sumner Delana, Jr. viewed by V.S.

A sister's birth certificate, File #37935, gives father's name as Elbert S. Delana. viewed by V.S.

Roll of Attorneys of Supreme court gives fathers name as Elbert S. Delana. Dated May 17, 1911. Viewed by V.S.

249-108001-168

PLACE OF BIRTH

County of Ada

City of Boise

No. 1711 N. 14 St.

Hospital ———

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75494

Primary Registration District No. 1004 Registered No. 601

FULL NAME OF CHILD CALVIN WEST SMITH, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	yes	12 8 1919

FATHER		MOTHER	
FULL NAME	Alvin W. Smith	FULL MAIDEN NAME	Ora Johnson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. Allan Calloway

Physician (Physician or midwife)

Address Boise

Filed 12/24 1919 L. C. Truman Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of McDonald }

Certificate No. 75494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for none (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec 8 1919 (DATE OF EVENT) in 1711 N 14th Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Calvin West Smith Jr.

Subscribed and sworn to before me this 28 day of April, 19 42

R S Rayne

Notary Public, residing at Pineville, Mo

My commission expires Nov. 25, 1943

(SEAL)

Signed Calvin W Smith (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of McDonald }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 19 42

R S Rayne

Notary Public, residing at Pineville Mo

My commission expires Nov 25, 1943

(SEAL)

Signed Elsie Rayne

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pineville, Mo.

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By

(REGISTRAR'S SIGNATURE)

MAY 4 1948

SEP 9 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-207-001-296

PLACE OF BIRTH

Form V. S. No. H-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75495

County of Ada

City of Boise — Registration District No. 2 — File No.

No. 1411 W. 18 St. — Primary Registration District No. 1004 — Registered No. 602

Hospital

FULL NAME OF CHILD Loretta Maye Mann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	and	yes.	Dec. 7 1919

FATHER		MOTHER	
FULL NAME	W. G. Mann	FULL MAIDEN NAME	Laura M. Bross
RESIDENCE	1411 W 18	RESIDENCE	1411 W 18
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Forest Service	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.05 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/20/19 [signature]

Registrar

7-1-41

415-207-001-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1411 N. 18 St.

Registration District No. 2 File No. 75496

Primary Registration District No. 1004 Registered No. 603

Hospital

FULL NAME OF CHILD Margaret Gaye Mann

Sex of Child	Twin Triplet or other?	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	and	yes.	Dec 7- 1919

FATHER		MOTHER	
FULL NAME	W. G. Mann.	FULL MAIDEN NAME	Laura M. Brose.
RESIDENCE	1411 N 18th St.	RESIDENCE	1411 N. 18
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Forest Service man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura M. Brose

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed Dec 20 1919 L. O. Freeman

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-202-001 386

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75497

County of Ada

City of Boise

No. 1412 N. 6 St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 604

Hospital

FULL NAME OF CHILD MARGARET HARIETT MARTIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes.	Dec 2 1919

FATHER		MOTHER	
FULL NAME	W. H. Martin.	FULL MAIDEN NAME	Mary Thomas.
RESIDENCE	1412 N 6.	RESIDENCE	1412 N 6.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Ore
OCCUPATION	Engineer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Doctor

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Dec 26 19 19

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 75497

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Margaret Harriett Martin

Subscribed and sworn to before me this 25 day of May, 1942

J. W. Boyd

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Mary H Thomas Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

456-108001-353

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1211 Y River St.

Registration District No. 2 File No. 75498

Primary Registration District No. 1005 Registered No. 605

Hospital

FULL NAME OF CHILD John Albert De Witt

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes.	Dec. 8 (Month) (Day) 191.9 (Year)

FATHER		MOTHER	
FULL NAME	Albert De Witt.	FULL MAIDEN NAME	Alice M. De Celoedt.
RESIDENCE	Meridian	RESIDENCE	Meridian.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Belgium.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [signature]

(Physician or midwife)

Address

Filed Dec 10 19 [signature] Registrar

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1966

DEC 5 1942

293-219-001-762

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St. Lukes

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 75499

Primary Registration District No. 1004 — Registered No. 606

Full Name of Child Helen Nora Kitchen

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Dec 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl C. Kitchin	Nora Goslow
RESIDENCE	Cabarton Idaho	Cabarton Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Michigan	Michigan
OCCUPATION	Lumberman	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. P. French
(Physician or ~~midwife~~)

Address 417 Overland Bldg. Boise Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12/22 1919 L. A. Gorman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. [illegible]

(If born in hospital or institution give name.) Prim. Registration District No. [illegible]

2. FULL NAME OF CHILD BETTY ANN BAIRD

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
FEMALE	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	____	DEC. 15, 1919

FATHER	MOTHER
9. Full name: Edgar J. Baird	18. Full maiden name: Anna Shepherd
10. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
11. Color or race: W. | 12. Age at last birthday: 49 (years)	20. Color or race: W. | 21. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or Country): Minnesota	22. Birthplace (city or place) (State or Country): Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: (c) Stillborn:

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. Carl Hill, M. D.

or ____, Midwife

Address

Filed Dec. 24, 1919 193 L. R. Pfirman

Registrar.

NOV 1 3 2001

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 75500

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	December 14, 1919	December 15, 1919

Subscribed and sworn to before me this 1st day of ..... 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Emma M. Baird
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

151 E Hooper Soda Springs Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of ..... 19..53

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

313-120-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75501

County of Ada

City of Boise

No. 1143 River St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 608

Hospital

FULL NAME OF CHILD George Fields Jr. Caldwell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Single	Yes	May 20 1919

FATHER	MOTHER
FULL NAME George Fields Caldwell	FULL MAIDEN NAME Retha Jewel Smith
RESIDENCE 1143 River (Deceased)	RESIDENCE 1143 River St
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Caldwell Idaho	BIRTHPLACE Lancaster Mo
OCCUPATION Lumber	OCCUPATION House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or) at 11-30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George H Handy

(Physician or midwife)

Address 916 State St Boise

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/29 1919 L Hoffman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

317-220-001-249

Form V. S. No. 12-C—25m-6-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 1143 River St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 — File No. 75502

Primary Registration District No. 1004 — Registered No. 609

Hospital

FULL NAME OF CHILD Julia Fay Caldwell

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Nov 20 1919

FATHER		MOTHER	
FULL NAME	George Fields Caldwell	FULL MAIDEN NAME	Ethel Jewel Smith
RESIDENCE	1143 River (Deceased)	RESIDENCE	1143 River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bailetown Penn.	BIRTHPLACE	Lancaster Mo.
OCCUPATION	Plumber	OCCUPATION	House wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or [illegible]) at 11-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or midwife)

Address 916 State St Boise

Filed 6/29 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1943

OCT 29 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395 [redacted] 49

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Boise Registration District No. 2 File No. 75503

No. ..... St. Primary Registration District No. 1004 Registered No. 610

Hospital St Alphonsus

FULL NAME OF CHILD Gilbert Burdette Tinsley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 22 1919

FATHER		MOTHER	
FULL NAME	Gilbert Tinsley	FULL MAIDEN NAME	Hulda Lucile Burt
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Lumber Mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 22 1919, at 7:30 P. M. on the date above stated. (Born alive / stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Neuberger

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/6/19 19 L E Foman Registrar

PHOTOSTATIC COPY

JUL 16 1980

JUL 25 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-116-001-944

[redacted]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE   Registration District No. 2   File No. 75504

No. .... St.   Primary Registration District No. 1004   Registered No. 811

Hospital St Alphonsus

FULL NAME OF CHILD Norman Owen Blessinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec. 16 1919

FATHER		MOTHER	
FULL NAME	Benj. H. Blessinger 1510 North 31	FULL MAIDEN NAME	Gallie May Rudisill
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Star, Idaho	BIRTHPLACE	Mountainhome Idaho
OCCUPATION	Auto machanic	OCCUPATION	House wife

Number of child of this mother, including present birth 3   Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 1 O P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

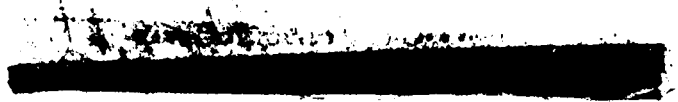
Given names added from a supplemental report.

.... 19..

.... Registrar

Address Boise Idaho

Filed 12/30 1919 [illegible] Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

276 [illegible] 1919

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

BUREAU [illegible] STATISTICS

[illegible] OF BIRTH

75505

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 612

FULL NAME OF CHILD Robert James Spofford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and	3	Yes	Dec 19 19 19

FATHER		MOTHER	
FULL NAME	James Spofford	FULL MAIDEN NAME	Agnes Helen Aikman
RESIDENCE	Murphy, Idaho	RESIDENCE	Murphy, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	North East, Penn.	COLOR	White
OCCUPATION	Ranching	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Boise Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Sprunger

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Registrar

Filed 12/29 19 19

L. O. Thomas

Registrar

1/13/41 L. B.

JUL 14 1941

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 717 N. Walnut St.

Registration District No. 2

Primary Registration District No. 1004

File No. 75506

Registered No.

Hospital St Lukes

Full Name of Child Margaret Susan Bachelder

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH
Girl	✓	2	Yes	Dec. 3 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Bachelder	FULL MAIDEN NAME	Edna. Biggs
RESIDENCE	Boise	RESIDENCE	717 N Walnut
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Miss
OCCUPATION	Clerk. Boise Payette	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at [illegible]
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

....., 19.... Address .....

..... Registrar Filed 12-9-19 .....

[redacted]

JAN 14 1959

JAN 19 1959

[redacted]

463-29-001-853

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 922 E. State St.

Registration District No. 2

Primary Registration District No. 1004

File No. 75507

Registered No. 14

Hospital

Full Name of Child Anna Mae Beatrice Moline

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fe.			Yes	12 29 19

FATHER		MOTHER	
FULL NAME	John William Moline	FULL MAIDEN NAME	Violet May Hettinger
RESIDENCE	922 E State St.	RESIDENCE	622 E State
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Hettinger

Overland Blk (Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed 12/31 19 19 L. E. Grimes Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

[illegible]

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF [illegible]

State of .....
County of ..... } ss.

Certificate No. 75507

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....
(Birth or Death)
for ..... who ..... on .....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Moline	Anna Mae Moline
		Anna Mae Beatrice Moline

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Viola Mae Moline

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

JUL 9 1945

JUN 3 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate RETURN must be made for each and the number of each birth must be stated.

City of Boise

Registration District No. 2

File No. 75508

No. ____ St.

Primary Registration District No. 1004

Registered No. 615

Hospital St. Alphonsus

FULL NAME OF CHILD Carol Sarlet

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	and	yes	Nov.	15	1917

FATHER

FULL NAME Mr. Harry Sarlet

RESIDENCE 1217 Bannock St. Boise

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Russia

OCCUPATION merchant

Number of child of this mother, including present birth 3rd

MOTHER

FULL MAIDEN NAME [illegible]

RESIDENCE 1217 Bannock St.

COLOR white AGE AT LAST BIRTHDAY [illegible]

BIRTHPLACE Russia

OCCUPATION Housewife

Number of children of this mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 AM M. on the date above stated.

(Born alive or stillborn)

Name [illegible]

(Physician or midwife)

Address [illegible]

Date 12/31/17

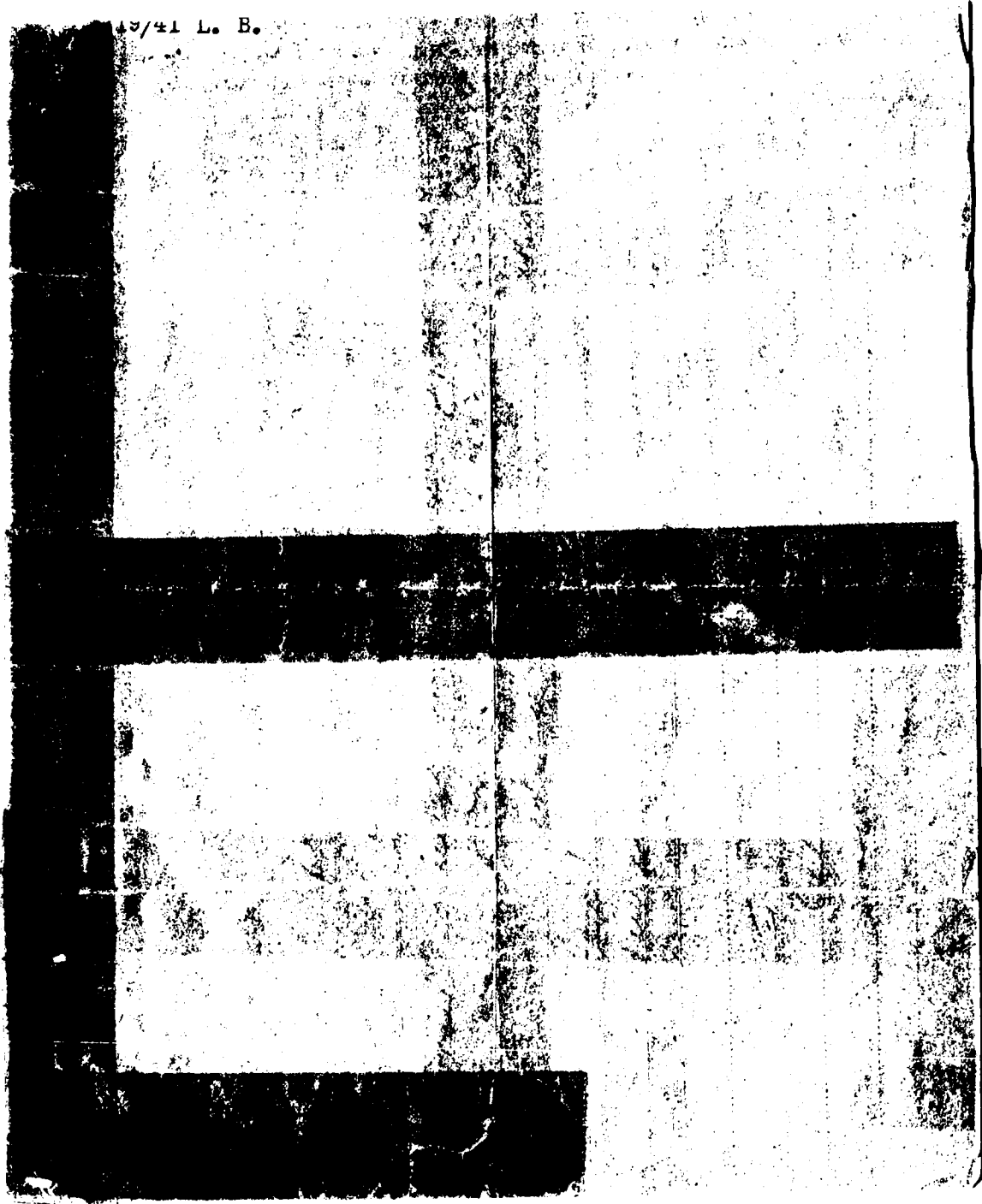
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

S-Y CO. 24656

Registrar



Amended 6/21/72

351-217-201-345

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75509
Local Reg. No.
Reg. Dist. No. 2

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Luke

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spring Hill

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Doris b. (Middle): Eleanor c. (Last): Leachman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Dec. 17, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Wm. b. (Middle): c. (Last): Leachman

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
50 YEARS	Illinois	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mattie b. (Middle): c. (Last): Tueth

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
38 YEARS	Iowa	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. M. Holverson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: 12/31/19

22. REGISTRAR'S SIGNATURE: L. P. Pfirman

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: W | RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness?

...E TO DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

6-2-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 14 9 48 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Kootenai }

Certificate No. 75509

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernice Eleanor Leachman (Name on Original Certificate) who was born (Was Born or Died) on Dec. 17, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record - January 1920 (Bible Record, Insurance Policy, Etc.) prepared on 1927-1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Bernice Eleanor Leachman	Doris Eleanor Leachman
# of child	5	6

Subscribed and sworn to before me this 7th day of June, 1972

Notary Public, residing at Nampa

My commission expires 3-6-73

(Seal)

Signed x Pearl L. Clothier (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, if correcting a death record; or other credible person.) (sister)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL (L)

From Family Bible gives list of children gives child's name as 6th child· name given as Doris Eleanor Leachman born Dec. 17, 1919. Viewed by V. S.

School Report card from ADA County from Eagle, Idaho. for school years 1927-1928. gives name as Doris Leachman. Third Grade. Viewed by V. S.

545-211-001-962

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 207 N. 14 St.

Registration District No. 2

File No. 75510

Primary Registration District No. 1004

Registered No. 617

Hospital

FULL NAME OF CHILD Frances Emehiser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec 11 1918

FATHER	MOTHER
FULL NAME Frank H. Emehiser	FULL MAIDEN NAME Madge Robb
RESIDENCE 207 N. 14 Boise	RESIDENCE 207 N 14 Boise
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Nebraska
OCCUPATION Dental Laboratory	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) ..... at 4 P. M. on the date above stated.

(Signature) W. M. Roberson M. D.

(Physician or midwife)

Address .....

Filed 12/31 19 19 L. E. Lyman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-220-001-7591

PLACE OF BIRTH

County of Ada

City of Boise

No. Boise Barracks

Commandant Reynolds Res

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 75511

Primary Registration District No. 2004 Registered No. 84

Hospital

FULL NAME OF CHILD Max Reynolds McCarthy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Nov 22 1919

	FATHER	MOTHER
FULL NAME	John Roy McCarthy	Gladys Mabel Pericifield
RESIDENCE	Filer Ida	Filer Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Boise on the date above stated. Nov 22 - 1919 at 2:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo P Hennessey

(Physician or midwife)

Address Boise Idaho

Filed 11-24 1919 L O Freeman Registrar

999-122-001-165

PLACE OF BIRTH

County of Ada

City of Boise

No. RD #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 75512

Primary Registration District No. 2004 Registered No. 88

Full Name of Child

SEX OF CHILD: Boy	Twin, Triplet or other? — and — Number in order of birth: 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 11-22 19 (Month) (Day) (Year)	

	FATHER	MOTHER
FULL NAME	N B Irish	Minnie Jones
RESIDENCE	RD 1 Boise	Boise
COLOR	Wh	AGE AT LAST BIRTHDAY: 42 (Years) — Wh — 41 (Years)
BIRTHPLACE	New York	Illinois
OCCUPATION	Painter	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was John (Born alive) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Attorney

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 11-29 1919 L. D. Gorman

Registrar

of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7 0,5

693-228.001-343

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8 or 4

File No. 75513

No. _____ St. Bench

Primary Registration District No. 4 or 4

Registered No. 89

Hospital County Hospital

FULL NAME OF CHILD Olive Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-28-1919

FATHER		MOTHER	
FULL NAME	Norman Wilson	FULL MAIDEN NAME	Ethel B. Lucas
RESIDENCE	? Boise, Idaho Bench	RESIDENCE	? Boise, Idaho Bench
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... two ... Number of children of this mother now living, including present birth ... Two ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxton

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 12/3 1919 L. A. Johnson

Registrar

8-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

2/28/41 L. B.

653-207-001-751

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2609 Madison St.

Hospital —

Registration District No. 8 File No. 75514

Primary Registration District No. 2004 Registered No. 70

FULL NAME OF CHILD Fay F. Felton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	11 (Month) — 7 (Day) — 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray W. Felton	Laura L. Pearson
RESIDENCE	2609 Madison St, Boise	2609 Madison St, Boise
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Minnesota	Washington
OCCUPATION	Editor	Housewife

Number of child of this mother, including present birth ... five ... Number of children of this mother now living, including present birth ... five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 a. m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/3 1919 H. E. Gorman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

293-202-001-343

PLACE OF BIRTH

County of Ada

City of Boise R1, No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 75515

Primary Registration District No. 2004 Registered No. 91

FULL NAME OF CHILD Elizabeth Ellen Silver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	~	~	Yes	Nov 2 1919

	FATHER	MOTHER
FULL NAME	Perry Silver	FULL MAIDEN NAME Frances Turner
RESIDENCE	Boise R 1	RESIDENCE Boise R 1
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE Louisiana
OCCUPATION	Postal Clerk	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

(Signature) J. J. Ford M.D.

(Physician or midwife)

Address Boise

Filed 12-4 1919 H. E. Forman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86[illegible].301-349

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-6-15-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

Registration District No. 8 File No. 75516

Primary Registration District No. 2004 Registered No. 92

Full Name of Child ROY TURNER HOWARD

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes.	12 2 1918

FATHER	MOTHER
FULL NAME Ray Howard	FULL MAIDEN NAME Gleanor Turner
RESIDENCE Boiseside Station	RESIDENCE Boiseside Station
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.A. 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-5 1918 L. [illegible] Registrar

N. B.—In case of more than one [illegible] of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 75-576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Male (WAS BORN OR DIED) on Dec. 2, 1919 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Roy Turner Howard

Subscribed and sworn to before me this 24th
day of April, 19 42

Notary Public, residing at Boise Ida.
My commission expires My Commission Expires May 15 1943
(SEAL)

Signed Eleanor T Howard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

300-N-16th St, Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 1 6 1973

APR 4 1942

FEB 2 1 1944

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2708 Madison St. Registration District No. 8 Boise

File No. 75517

Primary Registration District No. 2004 Registered No. 93

Hospital

Full Name of Child Charles Gideon Shoulders Jr

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	~~Nov 30~~ Dec 2, 1919

FATHER		MOTHER	
FULL NAME	Charles Gideon Shoulders	FULL MAIDEN NAME	Elizabeth L. Hubbard
RESIDENCE	2708 Madison St Boise Ida.	RESIDENCE	2708 Madison St Boise Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	W. Va.	COLOR	White
OCCUPATION	Mgr. of supply store	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Kansas
		OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M.D.

(Physician or midwife)

Address 417 Overland Bldg Boise Ida

Given names added from a supplemental report

..... 19....

Registrar

Filed 12-10 1919 L. T. Gorman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, must be stated.

MAR 23 1955

71-320-001

Form V. S. No. [illegible]

PLACE OF OCCURRENCE [illegible]

County of Ada

City of Boise — Registration District No. 8 — File No. 75518

No. B.B.4 St. — Primary Registration District No. 2004 — Registered No. 94

Hospital .....

FULL NAME OF CHILD Jean Olive Page

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	11 20 1919

FATHER		MOTHER	
FULL NAME	Andrew J. Page	FULL MAIDEN NAME	Anna M. Parkins
RESIDENCE	Boise R.R. #4	RESIDENCE	Boise R.R. #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. F. Neal

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12-10-19 L. Forman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

582-110-001-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 8 — File No. 75519

No. Ash Park St. — Primary Registration District No. 2004 — Registered No. 95

Hospital —

FULL NAME OF CHILD Peter Dean Nyborg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 – 10 – 1919

FATHER		MOTHER	
FULL NAME	Wm. Nyborg	FULL MAIDEN NAME	Laurinda Jensen
RESIDENCE	R.D. #1, Boise	RESIDENCE	R.D. #1, Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn?), at 5 50 P. M. on the date above stated.

(Signature) C. M. Taylor

(Physician or midwife)

Address Boise, Idaho

Filed 12-16 19 19 L. A. Furman Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1943

155-101-001-765

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75520

County of Ada

City of Boise

Registration District No. 8 File No.

5 mi N. W of Boise

Primary Registration District No. 25-14 Registered No. 96

Hospital —

FULL NAME OF CHILD Neils Frederick Jensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 – 1 – 1919

FATHER		MOTHER	
FULL NAME	N. F. Jensen	FULL MAIDEN NAME	Minnie J. Pfeiffer
RESIDENCE	R. D. # 3, Boise	RESIDENCE	R. D. #3, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 12-16 19 19

L. P. Foreman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1966

493-107-001-512

PLACE OF BIRTH

County of Ada

City of Boise

No. ✓ St.

Hospital ✓ No

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 75521

Primary Registration District No. 2004 Registered No. 97

Full Name of Child Lemuel Franklin Miller

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	✓	1	yes	Dec 7 1918

	FATHER	MOTHER
FULL NAME	L. V. Miller	FULL MAIDEN NAME Mary Eastmare
RESIDENCE	Boise	Boise
COLOR	Wh	Wh.
AGE AT LAST BIRTHDAY	21 (Years)	20 (Years)
BIRTHPLACE	Oregon	Oklahoma
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Toomey
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Registrar

Filed 12-16 1919 L. P. Furman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-111-00-271

PLACE OF BIRTH

County of Cola

City of Baxia

No. R. R. #3 St.

Hospital

STAT[redacted] Form V. S. No. 11—25m-6-18

BUREAU O[redacted]ISTICS

CERTIF[redacted]RTH

Registration District No. 8

Primary Registration District No. 2004

File No. 75522

Registered No. 98

Full Name of Child

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes.	12 11 1918

FATHER

FULL NAME: John Ford

RESIDENCE: R. D. No 3

COLOR: White AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Painter.

MOTHER

FULL MAIDEN NAME: Mattie Sparkman

RESIDENCE: R. D. No 3.

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Penn

OCCUPATION: House wife.

Number of child of this mother, including present birth: 1st Number of children of this mother now living, including present birth: 1st

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive [redacted]), at P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Willi[illegible] M. D.

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/24 1919 A. C. Sparkman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 9 1993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

236-129-001-981

County of Ada

City of Boise

No. Beacon & Euclid Ave. St.

Hospital

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11—

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 75523

Primary Registration District No. 2024 Registered No. 99

Full Name of Child WILLIAM D. STOUT

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Nov 29 1919

FATHER

FULL NAME: Frank C. Stout

RESIDENCE: Beacon & Euclid ave. Boise Ida

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Boise Idaho

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lillie M Ryals

RESIDENCE: Beacon St. & Euclid ave. Boise Idaho

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 6.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M D

(Physician or midwife)

Address 417 Overland Bldg Boise Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 12-19 1919 L. Hoffman

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

OCT 22 19[illegible]

Certificate No. 75523

Date Filed 12-19-19

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	William D. Stout

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed ..... (Signature of any credible person other than the previous affiant.)

..... (Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEB 18 1963

269-215-001-256

PLACE OF BIRTH

Amended 10-23-81

County of Ada

City of ..... Registration District No. 8 File No. 75524

No. Pleasant View School District Primary Registration District No. 2 or 4 Registered No. 100

Hospital .....

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Ada Leona Bork

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Dec 15 1917

FATHER		MOTHER	
FULL NAME	Frank Bork.	FULL MAIDEN NAME	Grace Sewell.
RESIDENCE	Pleasant View School Dist	RESIDENCE	Pleasant View School Dist.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacer

(Physician or midwife)

Address Parma Ida

Given names added from a supplemental report. ..... 19.....

Filed 12-19-19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-22-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 22 9 46 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of ARIZONA
County of PIMA } ss.

Certificate No. 75524
Date Filed
birth

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed Bork (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-15-19 (Date of Event)

in Ada County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ada Leona Bork

Subscribed and sworn to before me this 28th day of Oct, 1981

Notary Public Deborah Burns Bowman

Residing at 6260 W. Prince Rd Tucson Az

My commission expires

(Seal) My Commission Expires Aug. 10, 1983

Ada Leona Bork
Ada Leona Beshey
Signature of Applicant

6161 N. Orange Tree Ln.
Street Address, City, State

Tucson, Az. 85704

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho
County of Gem } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1981.

Notary Public,

Residing at Emmett

My commission expires 4-15-84

(Seal)

lcc pd

Winnie Dewey
Supporting Signature

9727 Bill Burns Rd
Street Address, City, State

Emmett, Idaho 83617

Methodist Church Certificate of Membership gives Mrs Ada Leona (Bork) Beshey was received into full membership of First Methodist Cathedral of Boise dated 11-29-64. Viewed by V.S.

SEP 22 1981

Marriage License gives Richard Glen Beshey and Ada Leona Bork were married in Emmett Idaho on June 24, 1939 . Viewed by V.S.

281-216001-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8

File No. 75525

No. 1127 Michigan Ave., Ada Boise

Primary Registration District No. 2004

Registered No. 101

Hospital

FULL NAME OF CHILD Pearl Anne Shaffer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 — 16 — 1919

FATHER	MOTHER
FULL NAME: Charles C. Shaffer	FULL MAIDEN NAME: Alice E. Denne
RESIDENCE: 1127 Michigan Ave, Boise	RESIDENCE: 1127 Michigan Ave., Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: England
OCCUPATION: Machinist	OCCUPATION: Housewife

Number of child of this mother, including present birth: this one

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10⁰⁰ p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxtan

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12/29 1919 L. C. Forman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1966

168215:001-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Bench St.

Hospital —

Registration District No. 8

Primary Registration District No. 2004

File No. 75526

Registered No. 102

FULL NAME OF CHILD Alberta Fay Johnson

Sex of Child Female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 12 (Month) 15 (Day) 1919 (Year)

FATHER

FULL NAME Earl G. Johnson

RESIDENCE Bench, Boise

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas

OCCUPATION Baker

MOTHER

FULL MAIDEN NAME E. Alberta Allen

RESIDENCE Bench, Boise

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 a. M. on the date above stated.

(Signature) T. M. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 12/29 1919 L. H. Summers

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-101-001-000
PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. _____ File No. 75527

No. Ranch near Whitney St. Primary Registration District No. _____ Registered No. 103

Hospital _____

FULL NAME OF CHILD Mich Sorich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec 1 1919

FATHER		MOTHER	
FULL NAME	John Sorich	FULL MAIDEN NAME	Anna
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6.30 P. M. on the date above stated.

(Signature) L. M. Robinson
M. D.
(Physician or midwife)

Address _____

Filed 12/31 19 19 L. O. Bowman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO. 36971

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1942

MAY 20 1942

557-24,009-154

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bonner.

City of ClarksFork. Ida. Registration District No. 80 File No. 75528

No. ____ St. Primary Registration District No. 2157 Registered No. 33.

Hospital ____

FULL NAME OF CHILD Hazel. Nelson.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	Dec 14th 1919.

FATHER	MOTHER
FULL NAME: Swan. August. Nelson.	FULL MAIDEN NAME: Elizabeth. Anderson.
RESIDENCE: ClarksFork. Ida.	RESIDENCE: ClarksFork. Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 40. (Years)	AGE AT LAST BIRTHDAY: 36. (Years)
BIRTHPLACE: Sweden.	BIRTHPLACE: Norway.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Six.

Number of children of this mother now living, including present birth: Six.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-45 p.M. on the date above stated.

(Signature) A. L. Salmon M. D.

(Physician or midwife)

Address ClarksFork. Ida.

Filed 12-18 1919 John Larson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

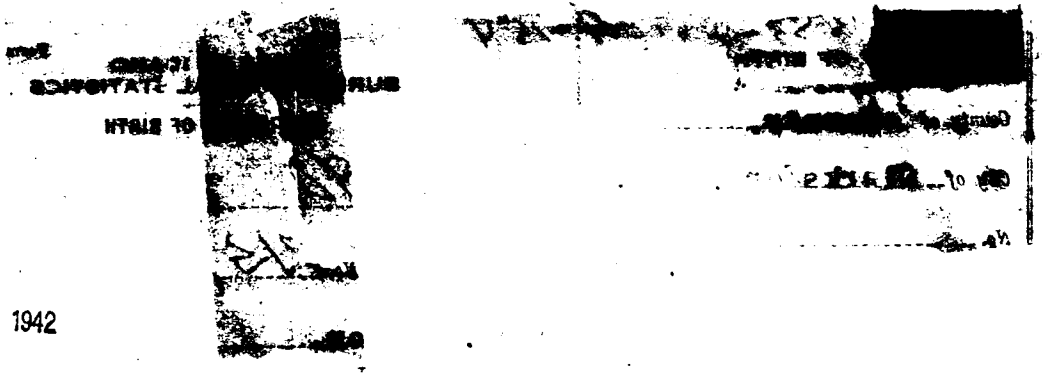
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 1 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Latah

City of Latah Co

259-127-029-299 No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. 62

Primary Registration District No. 142

File No. 75529

Registered No. 23

FULL NAME OF CHILD Jerome Eugene Berthaud

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	12 27 1919

FATHER	MOTHER
FULL NAME Fred J. Berthaud	FULL MAIDEN NAME Helen Aries
RESIDENCE Genesee	RESIDENCE Genesee
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Genesee	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated, at 12:10 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Cohen

(Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-27 1919

W. T. Cohen
Registrar

[redacted]

BERSHAW

dup of 1919-77123

793-208-
PLACE OF BIRTH
023-418

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75530

County of Ada

City of Emmett — Registration District No. [illegible] — File No.

No. ____ St. — Primary Registration District No. 1211 — Registered No.

Hospital

FULL NAME OF CHILD Geraldine Mae Gilbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 - 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glenn Everett Gilbert	Garnett Eliza Maycock
RESIDENCE	Emmett Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Saw Mill Labor	Home wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

....19....

Registrar

Filed 12-9 1919 J. L. Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 22 1973

256-121-0233-252

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. File No. 75531

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Delbert Friedrich Knox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11-21-191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Albin Knox	Freida Elyabeth Kessel
RESIDENCE	Emmett	Emmett
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	19	25
BIRTHPLACE	Ida	Germany
OCCUPATION	Clerk, Dry goods	Hus

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-1 1919 J. A. Reynolds Registrar

S-Y-CO. 38071

PRESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1942

OCT 2 9 1969

NOT

dup of 1919-73964

269-116-023-862

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75532

County of Gem

City of Emmett Registration District No. 6 File No.

No. St. Primary Registration District No. 1020 Registered No.

Hospital

FULL NAME OF CHILD Ichi Kora

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12-16-19

FATHER		MOTHER	
FULL NAME	Michi Kora	FULL MAIDEN NAME	Shizuyo Yoshimura
RESIDENCE	Emmett Ida	RESIDENCE	
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Restaurant owner	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

(Signature) Michi Kora

Father
(Physician or midwife)

Address Emmett Ida

Filed 12-17 1919 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-114(022)-451

PLACE OF BIRTH

County of Ren

City of Sweet

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

75533

Registration District No. 10-20

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Male	Twin, Triplet or other? — (To be answered only in event of plural births) — and — Number in order of birth —	Legitimate? yes	DATE OF BIRTH: 12 (Month) — 14 (Day) — 19 (Year)

FATHER	MOTHER
FULL NAME: Robert Kirkpatrick	FULL MAIDEN NAME: Anna Dean
RESIDENCE: Sweet Ida.	RESIDENCE: Sweet Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 6 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton A Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-24 19 19 J. R. Reynolds

Registrar

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-211-023-312

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 1020

File No. 75534

Primary Registration District No. _____

Registered No. _____

Full Name of Child FRANCES LEONA BEUTLER

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl				12 - 11 - 19

FATHER

FULL NAME William Beutler

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Meda Lake

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton A Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-27 1919 J. A. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD

433-228-023-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 11—Rev. 6-15-18

CERTIFICATE OF BIRTH

County of Gem

City of Montour Registration District No. 1820 File No. 75535

No. ____ St. Primary Registration District No. ____ Registered No. ____

Hospital ____

Full Name of Child ____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Nov 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Edgar McConnell	May Marker
RESIDENCE	Montour Ida	Montour Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Parma Ida	Emmett
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-2 1920 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

dup of 1919-D67-109

643-202-023-312

PLACE OF BIRTH

Form V. S. No. 11 -25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 10 20 File No. 75536

No. ____ St. Primary Registration District No. ____ Registered No. ____

Hospital ____

Full Name of Child ELVA HARRIETT FULLER

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	12 2 1919

FATHER

FULL NAME: Frederick J Fuller
RESIDENCE: Emmett
COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Utah
OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Hulda Casper
RESIDENCE: Emmett
COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Reo Utah
OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1 2 1920 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 75536

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 2, 1919 (DATE OF EVENT)
in Emmett Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Elva Hannett Fuller

Subscribed and sworn to before me this
day of , 19

Signed R N Cummings M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at

My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

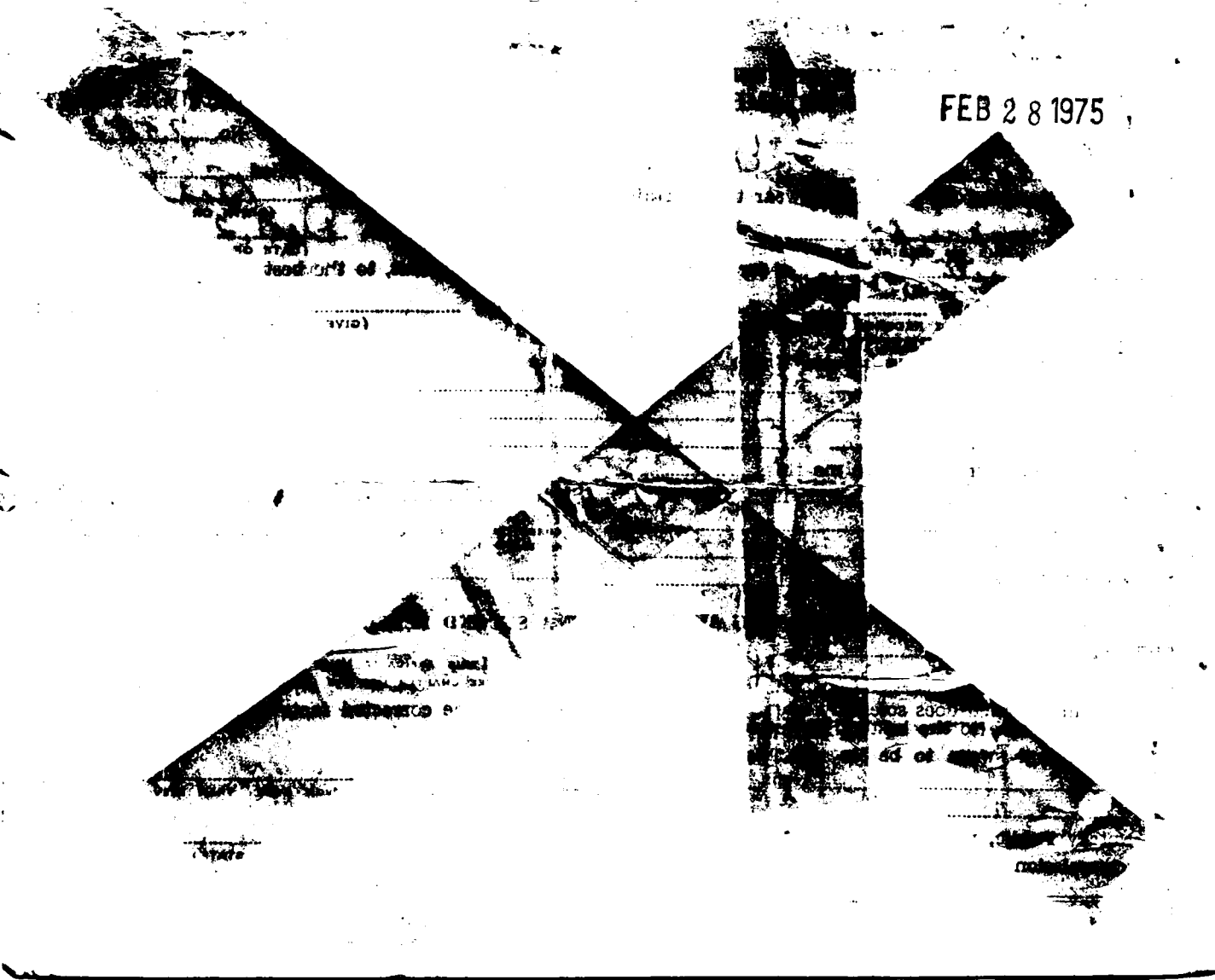
Notary Public, residing at

My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By
(REGISTRAR'S SIGNATURE)

FEB 2 8 1975



718-105-023-315

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 10 20

Primary Registration District No. _____

File No. 75537

Registered No. _____

Full Name of Child Chauncey Kirk Payne

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				yes	12 5 1919

FATHER

FULL NAME Edwin Chauncey Payne

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Whitewright Texas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emiles Dawes Landers

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R S Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-2 1920 J. H. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

..... WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem }

JAN 15 1942

Certificate No. 25-32
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Chauncey Kirk Payne (Name on original certificate) who was born (Was born or died) on Dec. 5, 1919 (Date of event)
in Emmett, Ida. (Place of event) are ~~erroneous or~~ were omitted, and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Chauncey Kirk Payne	omitted	
Dec. 5, 1919	omitted	

Subscribed and sworn to before me this 30th
day of June, 19 42

Elsa Salskov
Notary Public, residing at Emmett Idaho
My commission expires March 14, 1945
[SEAL]

Signed Chauncey Payne Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
R. F. D. #1 Emmett, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

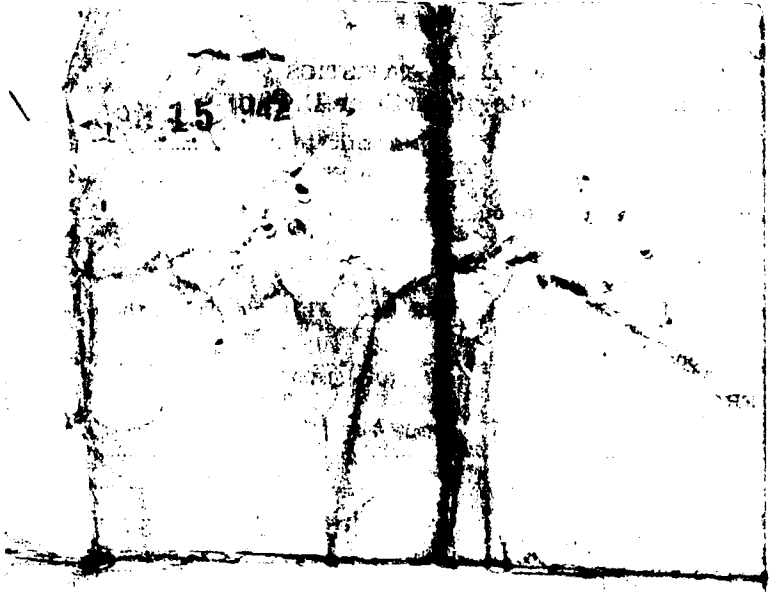
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on JAN 15 1942 by .....
(Registrar's signature)



394-13-023-133

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Registration District No. 18-24 File No. 75538

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Stewart Allen Cruickshank

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				yes	12 13 1919

	FATHER	MOTHER
FULL NAME	Wesley Stewart Cruickshank	FULL MAIDEN NAME Minnie Allen
RESIDENCE	Emmett Ida	RESIDENCE Emmett
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	32	19
BIRTHPLACE	Dorchester Nebr	Emmett
OCCUPATION	Stockgrower	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed 1-2 19 19 J. W. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 18 1945

652-218-023-268

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 1d 1d File No. 75539

Primary Registration District No. ..... Registered No. .....

Full Name of Child Lucille West

SEX OF CHILD Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | DATE OF BIRTH 12 (Month) 18 (Day) 19 19 (Year)

FATHER	MOTHER
FULL NAME Chas Alfred West	FULL MAIDEN NAME Rosa Lee Bryan
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Irving Kans	BIRTHPLACE Kansas City Mo
OCCUPATION Banker	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 12 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P M Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1 2 1920 J. V. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-119-023-959

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. .... St.

Registration District No. 10 90

File No. 75540

Primary Registration District No. ....

Registered No. ....

Hospital ....

Full Name of Child GLENN MERLIN WADE

SEX OF CHILD: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 12 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas A. Wade	FULL MAIDEN NAME	Annie Reimers
RESIDENCE	Eagle Ida	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Pomeroy Wash	BIRTHPLACE	Pomeroy Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings (Physician or midwife)

Given names added from a supplemental report.

.... 19 ....

.... Registrar

Address Emmett

Filed 1/2 1920 J. L. Reynolds Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 75540

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Wade (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 19, 1919 (DATE OF EVENT)
in Emmett (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Glenn Merlin Wade

Subscribed and sworn to before me this 9th
day of April, 19 42.

Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(SEAL)

Signed Mrs Anna M Wade
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R#1, Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of April, 19 42.

Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(SEAL)

Signed Charles A Wade
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R#1, Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 9 1942

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
249-231-023-522
City of Emmett

Registration District No. 10-2d

File No. 75541

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Ellen Josephine Smith

SEX OF CHILD Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | DATE OF BIRTH 12 (Month) 31 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Chas Smith	FULL MAIDEN NAME	Laura Essibeck
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Murray Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

*Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. N. Cummings
(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-2 1919 J. A. Reynolds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of ____ } ss.

Certificate No. 75541
APR
Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death)
for Ellen Josephine Smith who born on Dec 31, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Emmett, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Mother prepared on ____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ellen Josephine Smith

Subscribed and sworn to before me this ____
day of ____, 19____.

Signed R N Cummings MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at ____

My commission expires ____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ }
County of ____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19____.

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at ____

My commission expires ____
(Seal)

(Street Address, City, State)

APR 1942

APR 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

281-127023-255

County of Gem

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 10-20

File No. 75542

Primary Registration District No. .....

Registered No. .....

Full Name of Child Robert Bernard Shane

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				yes	12 27 19

FATHER

FULL NAME: Fred H Shane

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Coon Rapids Iowa

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Helen McNee

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Hastings Nebr

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 35 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 2 1919 J. L. Reynolds

Registrar

Form V. S. No. 11—25m-6-15-18

...ATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 10 24 File No. 75543

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

Full Name of Child William Edward King

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	12 29 19

FATHER		MOTHER	
FULL NAME	Wm S. King	FULL MAIDEN NAME	Lilly Mabel Stoney
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Harney Co Ore	BIRTHPLACE	Boulder Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 or 7 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P H Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-2 1920 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

Certified Copy issued Dec. 26, 1940. E.W.

OCT 8 1982

JUL 8 1981

154-21-023-256

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75544

County of Gem

City of Emmett — Registration District No. 10-20 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital

Full Name of Child Chas F. Anderson Jr.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	11 21 1919

FATHER		MOTHER	
FULL NAME	Chas F. Anderson	FULL MAIDEN NAME	Lula Knouse
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1 2 1920 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 2 1942

296/107023-693

PLACE OF BIRTH

Form V. S. No. 11—25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH — 75545

County of Gem

City of Emmett — Registration District No. 1020 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No.

Hospital

Full Name of Child MAURICE ALFRED Brown

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	11 7 1919

	FATHER	MOTHER
FULL NAME	Allen Alfred Brown	FULL MAIDEN NAME Hazel Hills
RESIDENCE	Emmett	RESIDENCE Emmett
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Nebraska	BIRTHPLACE Nebraska
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1 2 1920 J. K. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 13 1941

665-105-1023-137

PLACE OF BIRTH

Form V. S. No. H-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Emmett

Registration District No. 10-11

File No. 15546

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Raymond Emmett Owens

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day)
Male			yes	June 5, 1919

FATHER		MOTHER	
FULL NAME	Hugh Owens	FULL MAIDEN NAME	Dora Allen
RESIDENCE	Alden Iowa	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Alden Iowa	BIRTHPLACE	Pioche Nevada
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K J Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-2 1920 J. L. Reynolds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 10 1948
MAY 10

MARGIN RES

PLAINLY WITH UNFADING INK—THIS

ld at birth a Separate Return must be made

391-202-023-944

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 1070 File No. 75547

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Ruth Craig

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	11 2 19 19

FATHER		MOTHER	
FULL NAME	Walter Donald Craig	FULL MAIDEN NAME	Maggie Rude
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Craig Nebr	BIRTHPLACE	Quartzburg Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K A Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____ Registrar

Filed 1—2 24 J. D. Reynolds Registrar

...re than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

251-229-023-962

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1090

Primary Registration District No. _____

File No. 75548

Registered No. _____

Full Name of Child Rachel Ida Seaman

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female				Yes	Oct 29 1919

FATHER		MOTHER	
FULL NAME	Earl Seaman	FULL MAIDEN NAME	Ida Ross
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-2 20 J. A. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

County of

City of

No. St.

Hospital

Full Name of Child

Registration District No.

Primary Registration District No.

Registered No.

PERMANENT RECORD

Must be made for each live birth

SEX OF CHILD

Twin / Triplet

Number in order of birth

DATE OF BIRTH

FULL MAIDEN NAME

MOTHER

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

OCCUPATION

ADDRESS

SIGNATURE

769-131-024-238

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form ... -C—25m-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 7554 9

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD RUPERT GOICOECHEA Goecochea

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12 — 31 — 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marcelines Goecochea	Soterdea Schemmed
RESIDENCE	Gooding Ida	Gooding Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Spain	Spain
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 30 P. M. on the date above stated.

(Signature) F. F. Carr M.D.

(Physician or midwife)

Address Gooding Ida.

Filed Jan 2 1920 F. F. Carr M.D. Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

391-228-024-142

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 75550

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Travillo .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 28 1919

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Clinton Travillo	Stella Justice
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	34
BIRTHPLACE	Ohio	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

..... (Physician or midwife)

Address Gooding

Filed 12-31-1919 F. F. Cathey M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-22-02X-763

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital Home

Form V. S. No. 11—25m-6-15-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014

File No. 75551

Primary Registration District No. 2014

Registered No. ____

Full Name of Child Baby Silvia

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	12-27-19

	FATHER	MOTHER
FULL NAME	Joe Silvia	FULL MAIDEN NAME Elsie Pollina
RESIDENCE	Gooding Ida	RESIDENCE Gooding
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	California	BIRTHPLACE Idaho
OCCUPATION	Ranching	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Carey M. D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 12-30-1919 F. F. Carey M. D.
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

765-123-004-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. ..... File No. 75552

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Poe, George Perry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	12-23-1919

FATHER		MOTHER	
FULL NAME	Perry Poe	FULL MAIDEN NAME	Louise Larson
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Crownover M D
Gooding Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12-30- 1919

F. J. Cary M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 19119-78121

653.122.024-318

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Registration District No. 1014 File No. 75553

Hospital Gooding

Primary Registration District No. 2014 Registered No. ____

FULL NAME OF CHILD Gale Maurice Felt.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 22 1919

	FATHER	MOTHER
FULL NAME	Clarence Reese Felt	
FULL MAIDEN NAME		Rachel Taylor
RESIDENCE	Gooding	Gooding Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8½ a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J. H. Cameron M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 12-22- 19 19 T. T. Cary M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-759.22

165-218-024-435

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Goodding

City of Goodding

No. ..... St.

Registration District No. ..... File No. 75554

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Verna Blanch Jones

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12-18 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Harry Jones

RESIDENCE Gooding Ida

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Grace McEvoy

RESIDENCE Gooding Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. H. Cromwell

(Physician or midwife)

Address Gooding Ida

Filed 12-22- 1919

F. F. Carey M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NC 945

238-29-024-943

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75555

County of Goodding

City of Gooding Registration District No. ____ File No. ____

No. ____ St.

Hospital Gooding Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Mae Ann Schultz

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 9 1919

FATHER	MOTHER
FULL NAME: Archie B Schultz	FULL MAIDEN NAME: Ava M Rutherford
RESIDENCE: Bliss Idaho	RESIDENCE: Bliss Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P M. on the date above stated.

(Signature) J H Cromwell M D

(Physician or midwife)

Address Gooding

Filed 12-22- 1919 F.L. Cary M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1952

dup of 1919-7F935

NOT

942-206-024-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 1014 File No. 75556

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Faye Russell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 6 1919

FATHER	MOTHER
FULL NAME David L Russell	FULL MAIDEN NAME Etta Webb
RESIDENCE Gooding Ida	RESIDENCE Gooding Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) J H Cromwell M D

(Physician or midwife)

Address Gooding Ida

Filed 12-22-1919 F. L. Carey M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1973

454-28-024-292

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 75558

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Demaine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sep 18 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nelson Demaine	Laura Bishop
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	31
BIRTHPLACE	Michigan	Oklahoma
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lamb

Rev. A. J.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-31-1919 F. T. Carey M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

766-203-024-1411

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10.14 File No. 75559

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Goodsell —

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 3 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Goodsell	Cora Adams
RESIDENCE	Gooding	Gooding
COLOR / AGE AT LAST BIRTHDAY (Years)	White 33	White 33
BIRTHPLACE	Utah	Idaho —
OCCUPATION	Mechanic	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. E. Lovell M.D.

(Physician or midwife)

Address Gooding Ida

Filed 12-31-1919 F. T. Casey M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-227-024-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75560

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 10.14

File No. .....

Primary Registration District No. 2014

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois E. Warden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 27 1919

FATHER		MOTHER	
FULL NAME	Leo Warden	FULL MAIDEN NAME	Carmen Seoane
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	London, Eng.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) W. E. Rumble M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 12-31-1919 F. L. Casey M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1974
APR 3 0 2002

286-125-1024-955

PLACE OF BIRTH

County of Gooding

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 75561

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Shore .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 25 - 9

FATHER		MOTHER	
FULL NAME	Jessie Shore	FULL MAIDEN NAME	Myrtle Reeder
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) ..... W. E. Lamb .....
per A. J.
(Physician or midwife)

Address ..... Gooding .....

..... 19 .....

..... Registrar

Filed 12-31-1917 ..... F. T. Carey, C. M. D. .....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455 105-024-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11.0-[illegible]

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 1014 File No. 75562

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Barrett Devaney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 5 1919

	FATHER	MOTHER
FULL NAME	John Devaney	FULL MAIDEN NAME Edna E Barrett
RESIDENCE	Gooding	RESIDENCE Gooding
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

(Signature) W. E. Lamb per A.J.

(Physician or midwife)

Address Gooding

Filed 12-31-1919 F.J. Carey M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 4/2/41 JMF

791-113.024-617

PLACE OF BIRTH

Form V. S. No. 41-C—25m-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. ..... File No. 75563

No. ..... St.

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eugene Calahan Prather

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 17 1919

FATHER		MOTHER	
FULL NAME	Van B Prather	FULL MAIDEN NAME	Fern Eaglesone
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lamb
Phys. M.D.
(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

Filed 12-31-1919 F. L. Clary M.D.
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1956

JUL 30 1959

AUG 12 1957

APR 9 1970

DECEASED

842-209

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

001-689

County of Cibola

City of Luna

No. R.R. 2 St.

Registration District No.

Primary Registration District No. 2202

Hospital

HO
TATISTICS
BIRTH

75564

File No.

Registered No. 52

FULL NAME OF CHILD Arimba Huskey

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	10 9 19

FATHER		MOTHER	
FULL NAME	Chas. Huskey	FULL MAIDEN NAME	Fanny White
RESIDENCE	Luna	RESIDENCE	Luna
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Ark.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Neal

Phy. Luna
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

19

Registrar

Filed 12/10 19 19

H. Burns
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1974

415-215:001-842

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75565

County of Ada

City of Kuna

Registration District No. 124

File No.

No. R.R. 2 St.

Primary Registration District No. 2202

Registered No. 53

Hospital

FULL NAME OF CHILD Florence Marie Davidson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	10 15 19

FATHER		MOTHER	
FULL NAME	Chas J. Davidson	FULL MAIDEN NAME	Flora A. Huskey
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo	BIRTHPLACE	Tenn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neef

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

19

Registrar

Filed 12/10 1919

H. Buske

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-22101 4-255

PLACE OF BIRTH

[redacted] STATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

75566

County of Canyon

City of Nampa

Registration District No. 124

File No.

No. St.

Primary Registration District No. 220 2

Registered No. 54

Hospital Nampa Hosp

FULL NAME OF CHILD Erma Miranda Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 27 1919

FATHER		MOTHER	
FULL NAME	John Edgar Hobbs	FULL MAIDEN NAME	Metta A. Benton
RESIDENCE	Kuna Ida	RESIDENCE	Illinois Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Cedar R Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.08 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion L. Sims MD

(Physician or midwife)

Given names added from a supplemental report.

Address Kuna Idaho

19

Registrar

Filed 11/10 19 19

H Busse

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 15 1962

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-201-001-366

PLACE OF BIRTH

Amended 1-3-75

County of Ada

City of Kuna

No. ..... St.

Hospital .....

[redacted] IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

75567

Registration District No. 124

File No. .....

Primary Registration District No. 220

Registered No. 55

FULL NAME OF CHILD Reba Aileen Jerome

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 1 1917

FATHER

FULL NAME: Lewis Pliny Jerome

RESIDENCE: Kuna Ada

COLOR: Wh AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Dade Co Mo

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Edna Stella Lower

RESIDENCE: Kuna Ada

COLOR: Wh AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Dade Co Mo

OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6a M. on the date above stated.

(Signature) Marion J. Fink M.D.

(Physician or midwife)

Address Kuna Idaho

Filed 12/10/19 19.....

H Brown
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

NOV 1 5 1974

12-18-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 75567

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rheba Alline Jerome (Name on Original Certificate) who was born (Was Born or Died) on December 1, 1919 (Date of Event)
in Kuna (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy Prepared by Grange Book (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Rheba Alline Jerome	Reba Aileen Jerome

Subscribed and sworn to before me this 24 day of December, 19 74

Mary M. Poole
Notary Public, residing at Kuna
My commission expires April 20 - 1978
(Seal)

Signed Aileen Mumford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of December, 19 74

Notary Public, residing at Kuna
My commission expires April 20 - 1978
(Seal)

Signed Edna Hodges
(Signature of Any Credible Person)

RO#2
Kuna, Idaho - 83634
(Street Address, City, State)

FORM DM 60-155

Telephone call - no corresp. fc

JAN 3 1975

Own child's birth certificate on file Idaho #324145 for child born in Boise, on October 12, 1941 gives mother--Reba Aileen Jerome--viewed by VS.

Family Bible Record gives name as Reba Aileen Jerome born December 1, 1919 in Kuna, Idaho. Family Bible Obviously old.
Viewed by V.S.

194-102:014-235

PLACE OF BIRTH

County of Canyon

City of Kuna Ida

No. ..... St.

Hospital .....

STATE [redacted] Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VI[redacted]TISTICS

CERTIFICATE OF BIRTH 75568

Registration District No. 124 File No. .....

Primary Registration District No. 220 Registered No. 56

FULL NAME OF CHILD Thomas Wm. Armstrong

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 7 1919

FATHER		MOTHER	
FULL NAME	Ira Rufus Armstrong	FULL MAIDEN NAME	Ruth Stewart
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nevada Mo	BIRTHPLACE	Holt Co Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Funk MD

(Physician or midwife)

Address Kuna Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 10 1919

H. E. Busse Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 26 1942

297-201-038-297

PLACE OF BIRTH

STATE OF [redacted] Form V. S. No. 11-0 Rm. 6-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 75569

No. ..... St. Primary Registration District No. 7009 Registered No. 40

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	No	Dec 1 19[illegible] (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME Gladys Bigsby
RESIDENCE	RESIDENCE New Plymouth Idaho
COLOR	COLOR W
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	BIRTHPLACE Nebr.
OCCUPATION	OCCUPATION None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a- M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Drysdale

(Physician or midwife)

Address New Plymouth Ida-

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 19 19 Wm J Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/3-222-038-685

PLACE OF BIRTH

County of Payette

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 — Rev. 6-6-17

CERTIFICATE OF BIRTH

75570

Registration District No. 5 File No. .....

Primary Registration District No. 2009 Registered No. 41

FULL NAME OF CHILD Fay Louise Mackinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	Dec 22 1917

FATHER		MOTHER	
FULL NAME	Ralph Mackinson	FULL MAIDEN NAME	Alice L. Wheeldon
RESIDENCE	4 mi W. New Plymouth	RESIDENCE	With husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Wash-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm J. Drysdale M D

..... (Physician or midwife)

Address New Plymouth Ida

Filed Dec 19 19 Wm J. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

177-230-038-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 — File No. 75571

Primary Registration District No. 2009 — Registered No. 42

FULL NAME OF CHILD Cleo Belle Applegate

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	Dec. 30 1917

FATHER		MOTHER	
FULL NAME	Samuel Applegate	FULL MAIDEN NAME	Maurine Brown
RESIDENCE	Pmt E. New Plymouth	RESIDENCE	with husband
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1230 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm 2 Drysdale M D

(Physician or midwife)

Address Mar Plymouth Idaho

Filed Jan 10 1918 Wm 2 Drysdale

Registrar

APR 26 1966

OCT 31 1962

696-224-035-695

Form V. S. No. 1[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75572

County of Nezperce

City of Melrose

Registration District No. 92 File No. 7

No. .... St.

Primary Registration District No. 2170 Registered No. 35

Hospital ....

FULL NAME OF CHILD EVELYN LUCILLE Frost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	Second	yes	11 24 1919

FATHER		MOTHER	
FULL NAME	Fred Morgan Frost	FULL MAIDEN NAME	Bessie Winnings
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:05 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alwood Gore, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..........19

Registrar

Address Reubens, Idaho.

Filed 12-12 1919 E. E. Watts Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Nez Perce)

SEP 15 1941

Certificate No. 75572

Date Filed Sep. 12th 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Evelyn Lucile Frost (Name on original certificate) who was born Nov 27th 1919 (was born or died) on Nov 27th 1919 (Date of event) in Melrose Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Bible record (Bible record, insurance plcy.etc.) prepared on Nov. 24, 1941 (Give date) are:-

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Evelyn Lucille Frost
Evelyn Lucile Frost		

Subscribed and sworn to before me this 13th day of September 1941

Signed Evelyn Frost
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Leo E Cox
Notary Public
Residing at Lewiston Idaho

Route 1 North Lewiston Idaho
(Street address, City, State)

My commission expires April 5th 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

SEP 18 1941

State of Idaho)
)ss
County of Nez Perce)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of September 1941

Signed Elsie May Frost
(Signature of any credible person other than the previous affiant.)

Leo E Cox
Notary Public
Residing at Lewiston Idaho

Route 1 North Lewiston Idaho
(Street address, City, State)

My commission expires April 5th 1943
(SEAL)

JUN 8 1976

Form V. S. No. 11-U--20m-1-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
696-12-035-695
County of Kootenai

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75573

City of Rathdrum — Registration District No. 92 — File No. 7

No. ____ St. — Primary Registration District No. 2170 — Registered No. 34

Hospital ____

FULL NAME OF CHILD Baby Frost DONALD WARREN FROST

Sex of Child Male | Twin, Triplet or other? Twin | and | Number in order of birth First | Legitimate? yes | Date of Birth 11 (Month) 24 (Day) 1919 (Year)

FATHER

FULL NAME Fred Morgan Frost

RESIDENCE Metrose

COLOR White — AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elsie Wanninga

RESIDENCE Metrose

COLOR White — AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Washington

OCCUPATION House-wife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) Jno. Wood Gore, M. D.

(Physician or midwife)

Address Rathdrum, Idaho

Filed 12 Dec 1919

E E Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Nez Perce } ss.

Certificate No. 75573
Date Filed March 28-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Daniel Warren Frost (Name on Original Certificate) who born (Was Born or Died) on Nov-24-1919 (Date of Event)
in Melrose Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible, (Bible Record, Insurance Policy, Etc.) prepared on Nov-24-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Frost	Donald Warren Frost

Subscribed and sworn to before me this 30
day of March, 1942

John R. Kellogg
Notary Public, residing at Lewiston Idaho
My commission expires June 21, 1945
(Seal)

Signed Mrs Fred Frost
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
N-Lewiston, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 0 1973

235-20-1035-442

PLACE OF BIRTH

Form V. S. No. 11-C-Rev-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75574

County of Nez Perce

City of Gifford

No. ..... St.

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 33

Hospital .....

FULL NAME OF CHILD Verdie Edeth Blewett

Sex of Child	Twin, Triplet or other?	and	Number if order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	V		\	Yes	12 7 1918

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Dail M Blewett	FULL MAIDEN NAME Lilyan Ellenbrook
RESIDENCE Gifford	RESIDENCE Gifford
COLOR W AGE AT LAST BIRTHDAY 49 (Years)	COLOR W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Iowa
OCCUPATION Mail carrier	OCCUPATION housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 12-7-1918 E E Watts

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369202.035-235

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Wy Power

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 75575

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 29

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	12 2 1919

FATHER		MOTHER	
FULL NAME	Ed. Torgerson	FULL MAIDEN NAME	Meta Stallyes
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 12-2 1919 E. E. Watts

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

554.225035-691

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75576

County of Key Perce

City of Southwick

Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 30

Hospital .....

FULL NAME OF CHILD Myrtle Edwardine Neumann

Sex of Child [redacted] | Twin Triplet or other? / | and | Number in order of birth 2 | Legitimate? yes | Date of Birth Nov. 25 (Month) (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Jake Fredrick Neumann

RESIDENCE Southwick Ida

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mich

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emmalda Frank

RESIDENCE Southwick Ida

COLOR white AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Minn.

OCCUPATION house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live (Born alive or stillborn) at 6-30 A.M. on the date above stated.

(Signature) J W Stonebraker M D

(Physician or midwife)

Address .....

Filed 12-4 1919

E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-130-035-866

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75577

County of Nez Perce

City of Lelend Ida

Registration District No. 92 File No.

No. St.

Primary Registration District No. 2170 Registered No. 32

Hospital

FULL NAME OF CHILD Donald Howard Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/		/	Yes	Nov. 30 1919

FATHER		MOTHER	
FULL NAME	Carl Edward Johnson	FULL MAIDEN NAME	Mary McGuire
RESIDENCE	Lelend Idaho	RESIDENCE	Lelend Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Stonebumer M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 12 4 1919

E E Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-126 035-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75578

County of Nez Perce

City of Leland Ida Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 31

Hospital .....

FULL NAME OF CHILD Donald Otis Daugherty

Sex of Child Male | Twin Triplet or other? 1 | and | Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 26 (Month) (Day) 19 19 (Year)

FATHER

FULL NAME Jess Louis Daugherty

RESIDENCE Leland Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rose Bill Kingon

RESIDENCE Leland Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Washington

OCCUPATION House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 P M. on the date above stated.

(Signature) J W Stoneburner M D

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Filed 12 4 1919 E E Watts

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1944

296-213-001-381

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

75579

County of Ada

City of Boise — Registration District No. 11 — File No.

No. .... St. — Primary Registration District No. 903 — Registered No.

Hospital St. Alphonsus

FULL NAME OF CHILD Ruth Marie Brooks

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 13 1919

FATHER		MOTHER	
FULL NAME	Albert Eugene Brooks	FULL MAIDEN NAME	Esther Anna Thayer
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

.... 19....

Address Meridian, Ida.

.... Registrar

Filed Dec. 4 1919 Alice A. Sutton, Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

RECORD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 (—20m-9-17

845245.0014-243

[redacted] OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75580

County of Meridian

City of Ada

Registration District No. 11

File No.

No. .... St.

Primary Registration District No. 2013

Registered No.

Hospital ....

FULL NAME OF CHILD Allie Bell Hunt

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legiti-mate?	Date of Birth
Female		Yes	Dec. 15 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Louis Warren Hunt	FULL MAIDEN NAME Clara Ruth Sutton
RESIDENCE Meridian, Ada	RESIDENCE Meridian, Ada
COLOR White; AGE AT LAST BIRTHDAY 29 (Years)	COLOR White; AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

.... 19...

.... Registrar

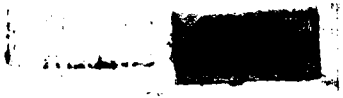
Address Meridian, Ada

Filed Dec. 15 1919 Alice L. Sutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

296-117-001-534

County of Ada

City of Boise

No. .... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 75581

Primary Registration District No. 2003

Registered No. ....

FULL NAME OF CHILD Warren Eldredge Kramer

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 17 1919

FATHER		MOTHER	
FULL NAME	Chas. W. Kramer	FULL MAIDEN NAME	Lorene Eldredge
RESIDENCE	Meridian Ida.	RESIDENCE	Meridian Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician

(Physician or midwife)

Given names added from a supplemental report.

.... 19......

.... Registrar

Address Meridian Ida.

Filed Dec. 18, 1919 Alice A. Dutton

Registrar

[redacted]

DECEASED

613-112001-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75582

County of ..... Ada

City of ..... Meridian

No. ..... R.D. 1 ..... St.

Hospital ....

Registration District No. 11

Primary Registration District No. 2003

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Laurence Clifford Watters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 13 19

FATHER		MOTHER	
FULL NAME	John Perry Watters	FULL MAIDEN NAME	Estella May Glover
RESIDENCE	Meridian Ida.	RESIDENCE	Meridian Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... [illegible]

..... [illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ..... Meridian Ida.

..... Registrar

Filed ..... Dec 16 19 17 ..... Alice Robertson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

JUN 7 1951

569-111009-755

PLACE OF BIRT

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75583

County of Bonner

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 1

No. ..... St.

Primary Registration District No. ..... Registered No. 8

Hospital .....

FULL NAME OF CHILD Calvin Norton

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 11 1919

FATHER	MOTHER
FULL NAME Christopher Norton	FULL MAIDEN NAME Alice Penrod
RESIDENCE PRIEST RIVER, IDAHO	RESIDENCE PRIEST RIVER, IDAHO
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Mich	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 39 (Years)
	BIRTHPLACE Mich.
	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P.M. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C. P. Gottlieb M.D.

Physician
(Physician or midwife)

Address PRIEST RIVER, IDAHO

Filed Dec 27 1919 C. P. Gottlieb Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 1 8 1976

152-115-009-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75584

County of Bonner

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 1

No. ..... St.

Primary Registration District No. ..... Registered No. 7

Hospital Baptist

FULL NAME OF CHILD John Anselmo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 15 19

FATHER	MOTHER
FULL NAME: Franl A. Anselno	FULL MAIDEN NAME: Gravina Silvagni
RESIDENCE: PRIEST RIVER, IDAHO	RESIDENCE: PRIEST RIVER, IDAHO
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.15 A. M. on the date above stated.

(Signature) C. P. Gehloff M.D.
Phys.
(Physician or midwife)

Address PRIEST RIVER, IDAHO

Filed Dec 27 1919 C. P. Gehloff Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

OCT 21 1957

DEC 31 1957

4/9/19-009-262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 75585

County of .... Banner .....

City of .. PRIEST RIVER, IDAHO Registration District No. 85 File No. 1

No. ..... St. Primary Registration District No. ..... Registered No. 6

Hospital .....

FULL NAME OF CHILD ..... Henry Maio .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 19 ... 19[illegible]

FATHER	MOTHER
FULL NAME: Frank Maio	FULL MAIDEN NAME: Rosie Bossio
RESIDENCE: PRIEST RIVER, IDAHO	RESIDENCE: PRIEST RIVER, IDAHO
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 16 Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 8. 15 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... C. P. Gutzloff M.D.

..... Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ..... PRIEST RIVER, IDAHO

..... Registrar

Filed Dec 27 1919 ..... C. P. Gutzloff Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456-109-009-533

PLACE OF BIRTH

County of Bonner

City of PRIEST RIVER, IDAHO

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75586

Registration District No. 85 File No. 1

Primary Registration District No. ..... Registered No. 5

FULL NAME OF CHILD Holbert Claud DeWolf

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 9, 1919

FATHER	MOTHER
FULL NAME: Bert De Wolf	FULL MAIDEN NAME: Sadie Elliott
RESIDENCE: PRIEST RIVER, IDAHO	RESIDENCE: PRIEST RIVER, IDAHO
COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: S.D.	BIRTHPLACE: Wis.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gutzloff M.D.

(Physician or midwife)

Address PRIEST RIVER, IDAHO

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 27 1919 C. P. Gutzloff

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553.208.009-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 75587

County of Bonner

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 1

No. ..... St. Primary Registration District No. ..... Registered No. 4

Hospital .....

FULL NAME OF CHILD Carmel Josephine Veltri

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 8 1919

FATHER	MOTHER
FULL NAME Frank Veltri	FULL MAIDEN NAME Earnestine Maio
RESIDENCE PRIEST RIVER, IDAHO	RESIDENCE PRIEST RIVER, IDAHO
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ida.	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 16 (Years)
	BIRTHPLACE Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. [illegible]

Physician (Physician or midwife)

Address PRIEST RIVER, IDAHO

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 27 1919 E. [illegible] Registrar

258-108-089-5-13

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 75588

County of ..... Bonner .....

City of . PRIEST RIVER, IDAHO Registration District No. 85 File No. 1

No. ..... St. Primary Registration District No. ..... Registered No. 3

Hospital ....

FULL NAME OF CHILD ..... Joseph. Frank. Keyser .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 8 1919

FATHER	MOTHER
FULL NAME: John Keyser	FULL MAIDEN NAME: Louise Naccarato
RESIDENCE: PRIEST RIVER, IDAHO	RESIDENCE: PRIEST RIVER, IDAHO
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs Keyser C.M.B.
Midwife
..... (Physician or midwife)

Address PRIEST RIVER, IDAHO

Filed Dec 12 19 19 L. P. Gehlsen Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-227003-454

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock,

City of Bancroft.

No. ..... St.

Hospital .....

Registration District No. 84 File No. 75589

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Redford.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.				yes	Dec. 27th 1919.

FATHER	MOTHER
FULL NAME: Robert L. Redford.	FULL MAIDEN NAME: Lizzie Deusnup.
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: white — AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Wellsville Utah	BIRTHPLACE: Deseret Utah.
OCCUPATION: rancher	OCCUPATION: housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.20 p/ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Verne V. Hunkins

physician.
(Physician or midwife)

Address Bancroft Idaho.

Filed Dec. 31 1919 W. Hunkins

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693/31-003-922

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 75590

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Wilson. Elmer William

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 31st 1919.

FATHER		MOTHER	
FULL NAME	William M. Wilson	FULL MAIDEN NAME	Emily F. Issacson.
RESIDENCE	Lund Idaho	RESIDENCE	Lund Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New York City, N.Y.	BIRTHPLACE	Odgen Utah.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 2.30 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Verne O. Lenhart

physician.
(Physician or midwife)

Address Bancroft Idaho.

Filed Dec. 31 1919 O. Lenhart

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1955

Dup of 1919-76149

463-110-003-493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84 File No. 75591

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ronald Milton Mock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 10th 1919

FATHER		MOTHER	
FULL NAME	Alpha A. Mock	FULL MAIDEN NAME	Anna L. Miller
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Johnstown Pa.	BIRTHPLACE	Denver Col.
OCCUPATION	school teacher	OCCUPATION	housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.10 a. M. on the date above stated.

(Signature) Irene V. Linhurst

physician
(Physician or midwife)

Address Bancroft Idaho

Filed Dec 31 1919

A. Linhurst
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 19

253/112/028-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75592

County of Kootenai

City of Coeur d'Alene Ida Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 136

Hospital

FULL NAME OF CHILD Howard Joseph Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Only	5	Yes	Nov. 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. J. Kelly	Lilla Simmons
RESIDENCE	Coeur d'Alene Ida	Coeur d'Alene Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	40
BIRTHPLACE	Ireland	Corvallis, Mont.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

(Signature) John A. Woods M.D.

Phys (Physician or midwife)

Address Coeur D'Alene Ida

Filed Dec. 19 1919 Geo Nelson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

617-21702[illegible]-635

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls, Ida. Registration District No. 29 File No. 75593

No. ..... St.

Hospital ..... Primary Registration District No. 2050 Registered No. 137

FULL NAME OF CHILD Phyllis Jean Waggoner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/ and	6	Yes	Nov. 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Waggoner.	Evelyn Flemmery
RESIDENCE	Post Falls Idaho	Post Falls, Ida.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	45.	44
BIRTHPLACE	Iowa.	Ireland
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

(Signature) John W. Wood, M.D.

(Physician or midwife)

Address Coeur D'Alene, Ida.

Filed Dec 19 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22-120-028-5199

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Idaho

Registration District No. 79

File No. 15594

No. ..... St.

Primary Registration District No. 1050

Registered No. 138

Hospital .....

FULL NAME OF CHILD John Edward Skoglund.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	9	Yes	Nov. 20 1919.

FATHER		MOTHER	
FULL NAME	John Skoglund	FULL MAIDEN NAME	Annie Erickson
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Edger-Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 6A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood

(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 19 1919 Gus Nelson

Registrar

JUN 23 1942

MAY 13 1953

455-225028-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida. Registration District No. 29 File No. 75595

No. 1501-N. 5. St. Primary Registration District No. 1050 Registered No. 139

Hospital

FULL NAME OF CHILD Elisabeth Dennis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	10	Yes	Nov. 25 19 19

FATHER	MOTHER
FULL NAME: Francis Dennis	FULL MAIDEN NAME: Daisy Weaver
RESIDENCE: 1501-N. 5th Coeur d'Alene Ida.	RESIDENCE: Same
COLOR: White.	COLOR: W.
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Nebraska.	BIRTHPLACE: Mich.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 29 M. (Born alive or stillborn) on the date above stated.

(Signature) D. John C. Woods M.D.

(Physician or midwife)

Address Coeur d'Alene Ida

Filed Dec. 19 19 19 Geo Nelson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1951

553-226-028-632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 24 File No. 75596

No. 101 - C'DA St.

Primary Registration District No. 1050 Registered No. 140

Hospital

FULL NAME OF CHILD Grace Thelma Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	one	Yes	Nov. 26 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gus Nelson	Irina Olson
RESIDENCE	Coeur D'Alene Ida	Coeur D'Alene Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	52 (Years)	[illegible] (Years)
BIRTHPLACE	Sweden	Norway
OCCUPATION	Undertaker	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Owood

Phys. (Physician or midwife)

Address Coeur D'Alene Ida.

Given names added from a supplemental report.

19

Registrar

Filed Dec 19 19 19 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.1 05.028-1166

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 75597

Primary Registration District No. 1030 Registered No. 141

FULL NAME OF CHILD Lyle D Moore Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec 5 1919

FATHER	MOTHER
FULL NAME William C Smith	FULL MAIDEN NAME Cora Dunmour
RESIDENCE Coeur D'Alene	RESIDENCE Coeur D'Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Montana
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) John Wood MD

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Dec 29 1919

Registrar

Gus Nelson

Registrar

MAR 11 1949

636.107.028-113

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 1050

File No. 75598

Registered No. 142

Full Name of Child Russell Patrick O'Toole

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH
Male	one	one	yes	Dec 7 1919 (Month) (Day) (Year)

FATHER

FULL NAME James O'Toole

RESIDENCE Coeur d Alene Ida.

COLOR White — AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Common Labor

MOTHER

FULL MAIDEN NAME Mayme Jacques

RESIDENCE Coeur d Alene

COLOR White — AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4 P. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Hoadley

Physician (Physician or midwife)

Address Coeur D' Alene Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 29 1919 Geo Nelson

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH INK ... IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 75598

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Russell Ambrose O'Toole (Name on original certificate) who was born (Was born or died) on December 7th 1919. (Date of event)
in Coeur d'Alene (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by baptismal record (Bible record, insurance policy, etc.) prepared on December 12th 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Russel Ambrose O'Toole	Russell Patrick O'Toole

Subscribed and sworn to before me this 26th day of December, 1941

Signed James O'Toole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ed Smiles
U.S. Notary Public, residing at Coeur d'Alene Idaho.

James O'Toole
1137-7th St. Coeur d'Alene Idaho.
(Street Address, City, State)

My commission expires
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 1941

Signed Maynne Jacques O'Toole
(Signature of any credible person other than the previous affiant.)

Ed Smiles
U.S. Notary Public, residing at Coeur d'Alene Idaho.

1137-7th St. Coeur d'Alene Idaho
(Street Address, City, State)

My commission expires
[SEAL]

Received for filing on By
(Registrar's signature)

984-726024-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 1014 File No. 75599

No. ..... St.

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD ROBERT W. Redfern

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 26 19 19

FATHER	MOTHER
FULL NAME Moses C. Redfern	FULL MAIDEN NAME Luella A. Wright
RESIDENCE Gooding Ida	RESIDENCE Gooding Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Kansas
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

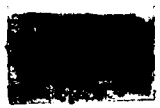
Address Gooding Ida

Filed 12-22- 19 19 F. Cary M. D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 75599

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Nov 26, 1919 (Date of Event)
in Gooding Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Redfern	Robert W. Redfern
Name the grandmother was present at birth		

Subscribed and sworn to before me this 25
day of February, 1942

Notary Public, residing at Gooding, Ida

My commission expires 11-23-1942
(Seal)

Signed Mrs Hattie Egelus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of February, 1942

Notary Public, residing at Gooding, Idaho

My commission expires Sept. 26, 1945
(Seal)

Signed J. H. Cammuell M.D.
(Signature of Any Credible Person Other Than Previous Year)

Gooding, Idaho
(Street Address, City, State)

1 1 1949

042-109-028-466

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 29 File No. 75600

No. ..... St.

Primary Registration District No. 1050 Registered No. 143

Hospital .....

FULL NAME OF CHILD Baby Wiseman

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec 9 19 19

FATHER		MOTHER	
FULL NAME	Howard Wiseman	FULL MAIDEN NAME	Helen Dow
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur D'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

(Signature) John I. Wise M.D.

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Dec 29 19 19 Gus Nelson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-219550

NOT

666-218-28-297

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho. Registration District No. 24 File No. 75601

No. ..... St.

Primary Registration District No. 1050 Registered No. 144

Hospital .....

FULL NAME OF CHILD Kathleen Elizabeth Wofford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	only		4	Yes	Dec. 18 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME James T. Wofford	FULL MAIDEN NAME Maggie Buggerstaff
RESIDENCE Coeur d'Alene Ida.	RESIDENCE Dead
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Ward M.D.

(Physician or midwife)

Address Coeur D'Alene, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 29 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9-22-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 1 - 1971
Vital Statistics

State of ..... ss.
County of .....

Certificate No. 75601

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Wafford (Name on Original Certificate) who was born (Was Born or Died) on Dec. 18, 1919 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Kathleen Elizabeth Wofford

Subscribed and sworn to before me this 28 day of September, 19 71

Notary Public, residing at Spokane, Wash
My commission expires 12-16-74
(Seal)

Signed: (Maggie) Margaret V. Wofford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. 203 Waverly Place Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 C.C (W) nm

Coeur d'Alene High School Diploma gives name as Kathleen E. Wofford. Graduated May 19, 1937. Harlow Campbell, Principal.
Viewed by V.S.

OCT 7 1971

Physician's Birth Certificate issued by John T. Wood, M. D. Residence Coeur d'Alene Idaho states that Kathleen Elizabeth Wofford was born at Coeur d'Alene, Idaho on Dec. 18, 1919. Father James Wofford and Mother Maggie Biggerstaff.
Viewed by V.S.

515-121-028-652

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75602

County of Kootenai

City of Coeur d'Alene Ida.

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 145

Hospital

FULL NAME OF CHILD Lyle Stanley Vanek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	5	Yes	Dec. 21 19 19.

FATHER		MOTHER	
FULL NAME	Lloyd Vanek	FULL MAIDEN NAME	Annie Weber
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Same
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	N. Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

(Signature) John T. Moore M.D.

(Physician or midwife)

Address Coeur D'Alene Ida.

Filed Dec-29 19 19 Geo Nelson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1974

195-22-28-143

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Hayden Lake Registration District No. 29 File No. 75603

No. ..... St.

Primary Registration District No. 2030 Registered No. 146

Hospital .....

FULL NAME OF CHILD Mary Anne Arnold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 22 19 19

FATHER

FULL NAME Ralph D. Arnold

RESIDENCE Hayden Lake

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Oregon

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Gertrude Ansley

RESIDENCE Hayden Lake

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) John I. Wood M.D.

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Dec. 29 1919 Gus Nelson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1973

3 86 110-028-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75604

County of Kootenai

City of Coeur d' Alene Registration District No. 29 File No.

No. ____ St. Primary Registration District No. 1050 Registered No. 147

Hospital

FULL NAME OF CHILD Ira Burr Thomas, Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes.	Nov. 10 1919

FATHER		MOTHER	
FULL NAME	Ira B. Thomas	FULL MAIDEN NAME	Mathilda Elizabeth Nelson
RESIDENCE	Coeur d' Alene Ida.	RESIDENCE	Coeur d' Alene, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Indiana	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 P. M. on the date above stated.

(Signature) J. C. Sawyer M.D.

(Physician or midwife)

Address Coeur d' Alene Idaho

Filed Dec 30 1919 Gus Nelson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 28-016-366

[redacted]TH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ia.....

City of [redacted]ley.....

No.....St.

Hospital.....

Registration District No. 1.1.7. File No. 75605

Primary Registration District No. 2.1.9.6. Registered No. 1.4.2.8.

FULL NAME OF CHILD Garnett N. Severs

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. G. Severs	Annis Cook
RESIDENCE	Burley Idaho.	Burley Idaho.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 49	White / 48
BIRTHPLACE	Utah.	England.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .... 8 ... Number of children of this mother now living, including present birth .... 7 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 3 1919 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia

Certificate No. 75605

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnames Severe (Name on Original Certificate) who born (Was Born or Died) on Nov. 28, 1919 (Date of Event)

in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Blessing LDS (Bible Record, Insurance Policy, Etc.) prepared on #390916 - only initial (Give Date), are:

Mr 7-30 - viewed by VS - all info.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Garnett Nyssa Severe

Subscribed and sworn to before me this 15th day of January 1958

Mae Gillette
Notary Public, residing at Burley, Idaho
My commission expires May 15 - 1960
(Seal)

Signed Annie Severe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1228 Conant Ave, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Cassia

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of January, 1958.

Mae Gillette
Notary Public, residing at Burley, Idaho
My commission expires 15 May 1960
(Seal)

Signed Clara Harkness
(Signature of Any Credible Person)

1228 Conant Ave. Burley Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 1-14-58 1 copy paid

JAN 17 1950

261-226-016-219

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. 117 File No. 75606

Primary Registration District No. 2196 Registered No. 1427

FULL NAME OF CHILD ..... Lualla ..... Boatsman .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 26 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. E. Boatsman	Alberta Bartlett
RESIDENCE	Burley Idaho	Burley Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 43	White / 41
BIRTHPLACE	Tenn.	Tenn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Pattison M.D.
(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 3 19 17 Dr. J. C. Pattison Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 75606

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Boatman (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 26, 1919 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Luella Boatman

Subscribed and sworn to before me this 31st
day of July, 19 42.

Notary Public, residing at Burley, Idaho

My commission expires 6-24-45
(SEAL)

Signed Ella B. Boatman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JÜL 31 1942

43422610164 32

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 75607

Primary Registration District No. 2196 Registered No. 1426

Hospital .....

FULL NAME OF CHILD Zetha Vera McDonald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 26 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F B McDonald	Zetha McBride
RESIDENCE	Burley Ida.	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 3 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 75607

Date Filed

RECEIVED NOV 19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Zetha McDonald (Name on original certificate) who was born (Was born or died) on November 26, 1919 (Date of event)
in Burley, Cassia Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record & Baby Book (Bible record, insurance policy, etc.) prepared on prior to Sept. 1924 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Zetha McDonald	Zetha Vera McDonald

Subscribed and sworn to before me this 6th day of November, 1941

Notary Public, residing at Burley Idaho

My commission expires March 1 1943

[SEAL]

Signed Mrs. Edith D. McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grandparent, 1136 North Overland, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of November, 1941

Notary Public, residing at Burley Idaho

My commission expires March 1 1943

[SEAL]

Signed Mrs. Everett Long
(Signature of any credible person other than the previous affiant.)

Aunt Burley Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-201-016-791

PLACE OF BIRTH

County of Lemhi

City of Bonby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75609

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1393

FULL NAME OF CHILD Nora Ward

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 1st 19..9

FATHER		MOTHER	
FULL NAME	H. L. Ward	FULL MAIDEN NAME	Zola Pratt
RESIDENCE	Bonby, Idn.	RESIDENCE	Bonby, Idn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idn.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Bonby, Idn

Filed 11-5 19 19 Dr. J. C. Patterson

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7609

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nora Jones	Nora Ward

Subscribed and sworn to before me this 4 day of Oct, 19 43

Pauline Armstrong

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed Zula T. Studer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

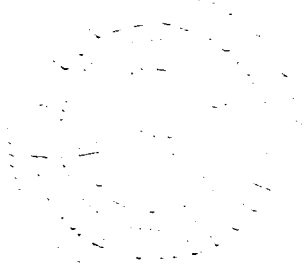
Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

..... (Street Address, City, State)

My commission expires .....
(Seal)



OCT 4 1943

764-226-016-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley.

No. ..... St.

Hospital .....

Registration District No. 117 File No. 75610

Primary Registration District No. 2196 Registered No. 139

FULL NAME OF CHILD — Phyllis Poulton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	me			yes.	7—26—1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Poulton.	Ellen. Thomas.
RESIDENCE	Burley. Ida.	Burley. Ida
COLOR	W—	White
AGE AT LAST BIRTHDAY (Years)	27.	24
BIRTHPLACE	Idaho.	New Zealand.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3— Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) W. H. Capen

(Physician or midwife)

Address .....

Filed Dec. 24 1919 Dr. J. C. Patterson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Cassia } ss.

Certificate No. 75610
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Poulton (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1919, (Date of Event)
in Burley, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Poulton	Phyllis Poulton

Subscribed and sworn to before me this 18th day of April, 1945.
A. W. Nielsen
Notary Public, residing at Burley, Idaho
My commission expires Feb. 20, 1946
(Seal)

Signed Martha Ellen Poulton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 30 day of April, 1945.
Hope L. Case
Notary Public, residing at Long Beach
My commission expires Feb. 11, 1947
(Seal)

Signed Mary Poulton
(Signature of Any Credible Person)
1969 Cerritos ave.
(Street Address, City, State)
Long Beach 6 California

MAY 1 3 1945

652.227.016-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia.

City of Burley.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75611

Primary Registration District No. 2196 Registered No. 1395

FULL NAME OF CHILD DOROTHY ELIZABETH WEBB

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	11-27-1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm C. Webb.	Maggie Masoner.
RESIDENCE	Burley Ida	Burley Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Texas.	Kansas.
OCCUPATION	Mechanic.	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Colyer. Physician.
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 24 1918 Dr. J. E. Patterson Registrar

S-Y CO. 24088

STATE OF IDAHO FEB 3 1, 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 75611

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27 - 1919 (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 27 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Dorothy Elizabeth Webb

Subscribed and sworn to before me this 31st
day of February, 1942.
Gilbert L. Ingram
Notary Public, residing at Gooding Ida
My commission expires Nov. 23 - 1944
(Seal)

Signed William Conrad Webb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of February, 1942
Gilbert L. Ingram
Notary Public, residing at Gooding Ida
My commission expires Nov. 23 - 1942
(Seal)

Signed Lucha Webb Teister
(Signature of Any Credible Person Other Than Previous Year)

Gooding Idaho
(Street Address, City, State)

3.18-208-016-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75612

Primary Registration District No. 2196 Registered No. 1397

FULL NAME OF CHILD DELPHA BLYTHE KAYE Cahoon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 8 1913

	FATHER	MOTHER
FULL NAME	J. L. Cahoon	FULL MAIDEN NAME Delpha Brown
RESIDENCE	Burley Ida	RESIDENCE Burley Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Alma Ida	BIRTHPLACE Alma Ida
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Cooper

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jan 24 1914 Dr. J. C. Patterson Registrar

S-Y CO. 34688

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 2561

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Barbara	Delpha Blythe Kaye Calhoun

Subscribed and sworn to before me this 27
day of May, 19 44

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mary Delpha Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 29 1944

DEC 20 1957

389-128-016-593

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75613

Primary Registration District No. 2196 Registered No. 1396

FULL NAME OF CHILD —— Calvin Christensen

Sex of Child: Boy	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes.	Date of Birth: June 25 (Month) (Day) 1919 (Year)	

FATHER		MOTHER	
FULL NAME	O. P. Christensen	FULL MAIDEN NAME	Mary J. Nichols
RESIDENCE	Burley - Ida.	RESIDENCE	Burley Ida
COLOR	W -	COLOR	W -
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa -	BIRTHPLACE	Murray. Utah
OCCUPATION	Farmer -	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15/19 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Cooper.

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 24 1919 Dr. J. C. Patterson Registrar

S-Y CO. 24655

168-207-016-368

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75614

Primary Registration District No. 2196 Registered No. 1398

FULL NAME OF CHILD Cleola May Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	10 — 7 — 1919

FATHER		MOTHER	
FULL NAME	A. C. Johnson	FULL MAIDEN NAME	Bubla Lohr
RESIDENCE	Filer, Ida	RESIDENCE	Milner Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) @ at 12 19 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Roper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec. 24 1919 Wm. J. Patterson

..... Registrar

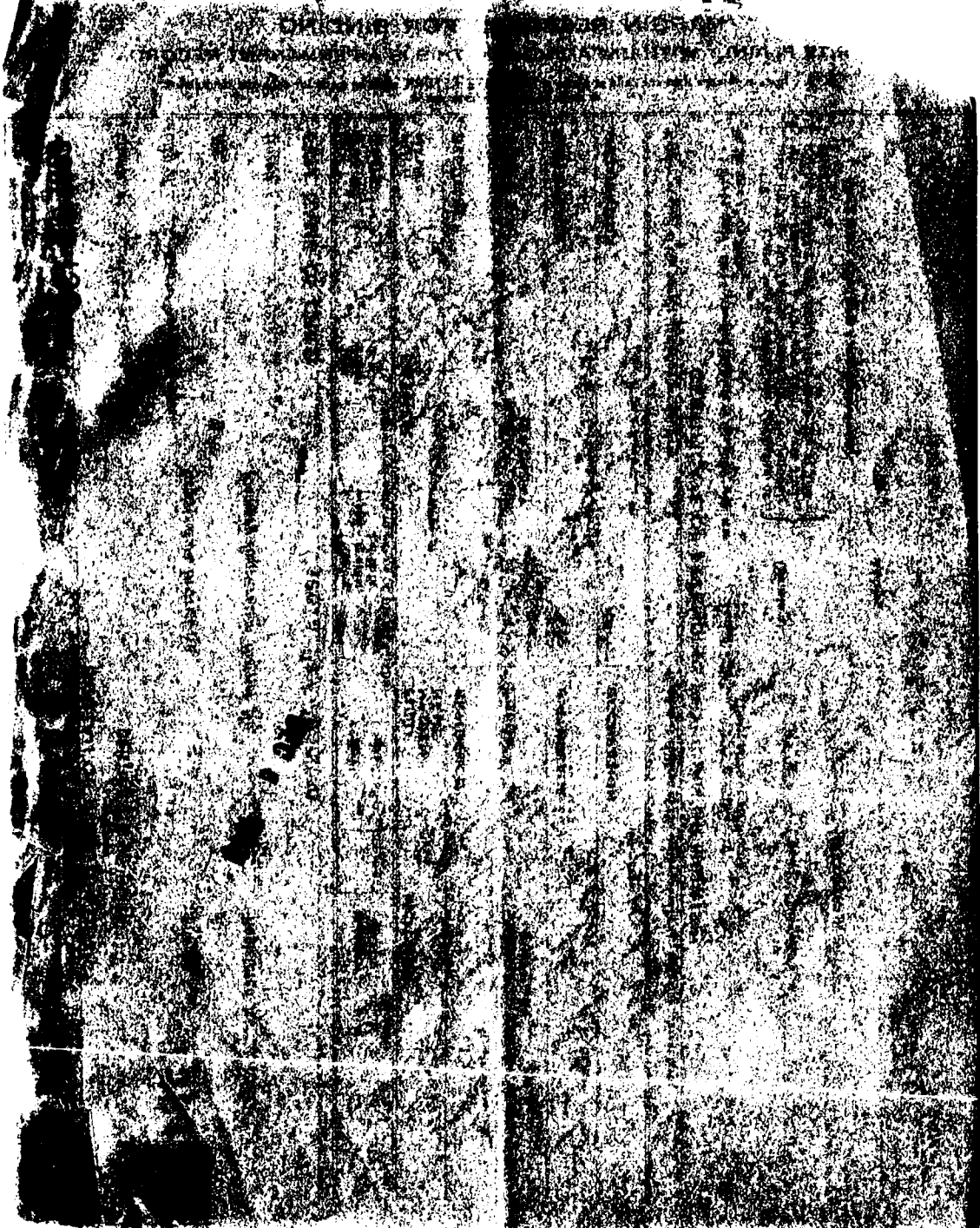
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



363-112-016-443

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75615

Primary Registration District No. 2196 Registered No. 1399

FULL NAME OF CHILD Lee Calvin Cock

Sex of Child: Male. Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth. Legitimate? Yes. Date of Birth 1 8 — 12 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	C. M. Cock.	FULL MAIDEN NAME	Nan Dull
RESIDENCE	Burley. Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas.	BIRTHPLACE	Santa Fe. Mo.
OCCUPATION	Electrician	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive @ at 5.20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Cooper
Physician
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed Dec 24 1919 Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-22-3016-549

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75616

Registration District No. 117 File No. ____

Primary Registration District No. 2196 Registered No. 1900

FULL NAME OF CHILD — Norma Rose Cummins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	July 23 1919

FATHER		MOTHER	
FULL NAME	Wm Cummins	FULL MAIDEN NAME	Ida Erickson
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive - 12 noon M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Capen M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address ....

Filed Dec. 24 1919 Dr. J. C. Patterson Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-215-016-859

PLACE OF BIRTH name added 1-11-83

Form V. S. No. 11-C—25m-6-8-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 75617

Registered No. 14001

FULL NAME OF CHILD Irma Fay Stimpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-15-1919

FATHER		MOTHER	
FULL NAME	Francis R Stimpson	FULL MAIDEN NAME	Mary L Heiner
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F K Cutler

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 26 1919

Dr. J. C. Patterson Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 7 11 33 AM '83

State of Idaho
County of Cassia } ss.

Certificate No. 75617
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stimpson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 15, 1919 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Irma Fay Stimpson

Subscribed and sworn to before me this 6th day of January, 19 83.

Notary Public, Dorothy E. Clark

Residing at Albion, Ida.

My commission expires 1-7-85

(Seal)

X Irma Fay Edwards
Signature of Applicant

Box 494 Elba Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Marriage License from Cassia County State of Idaho Gives Irma Fay Stimpson and Rex Ira Edwards were married in Burley April 21, 1937. Viewed by V.S.

JAN 11 1983

Birth certificate for Patricia Kay Edwards born 3-24-49 in Burley, state file # 49-4331 gives mothers maiden name as Irma Fay Stimpson. Viewed by V.S.

814-204-26-486

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75618

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1402

Hospital .....

FULL NAME OF CHILD Donald Yamaguchi

Sex of Child: Girl | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) 4 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: K. Yamaguchi	FULL MAIDEN NAME: Shige Miyoshi
RESIDENCE: Burley, Ida.	RESIDENCE: Burley, Ida.
COLOR: Japanese	COLOR: Japanese
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. H. Cooke

(Physician or midwife)

Address Burley Ida

Filed Dec 24 1919 Dr. J. C. Patterson Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

144-215-016-419

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75619

Primary Registration District No. 2196 Registered No. 1403

FULL NAME OF CHILD Baby Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-13-191[illegible]

FATHER

FULL NAME Clinton Judd

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Blanche Mant.

RESIDENCE Burley

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cullen

M.D. (Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 26 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-215-016-436

PLACE OF BIRTH Amended 11/6/79

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 117

File No. 75620

Primary Registration District No. 2196

Registered No. 1404

FULL NAME OF CHILD Elaine Mildred Koster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J P Koster	FULL MAIDEN NAME	Josephine McFarlane
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Book Keeper	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Carter

M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 2 6 1919 Dr. J. C. Patterson
Registrar

8-31-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 10 06 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 75620
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Koster (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 15, 1919 (Date of Event)

in Burley, (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Elaine Mildred Koster
date of birth	Oct. 15, 1919	Nov. 15, 1919

Subscribed and sworn to before me this 7th day of Sept, 19 79

Notary Public, Deegan Graham

Residing at Sandy, Utah

My commission expires Dec 4, 1979

(Seal)

Elaine M. Kerr
Signature of Applicant

357 Cornell Drive
Street Address, City, State

Midvale, Utah 84047

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Church record from the LDS Church gives name as Elaine Mildred Koster Kjar born Nov 15, 1919 at Burley, Idaho to John P. and Josephine McFarland Koster. Blessed Jan 4, 1920 and Baptized Mar 4, 1928. viewed by V. S.

NOV 9 1979

Marriage record from Utah gives name as Louis Clinton Kjar and the bride's name as Elaine Mildred Koster. dted May 23, 1941. viewed by V. S.

794-222-016-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75621

Primary Registration District No. 2196 Registered No. 1445

FULL NAME OF CHILD No name Nila Mary Gruwell

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Nov 22 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME Lester Gruell Gruwell

RESIDENCE Burley Idaho.

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Diaz Mex

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Stella Robinson

RESIDENCE Burley Ida.

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Elba Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 29 19 19 Wm. J. S. Patterson

Registrar

OCT 22 1953

249 209 1016-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—20m-6-3-17

CERTIFICATE OF BIRTH

Registration District No. 11.7 File No. 7622

Primary Registration District No. 2.1.9.6 Registered No. 14.06

FULL NAME OF CHILD [redacted] Marva Fae Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 9 1917

FATHER		MOTHER	
FULL NAME	Victor Smith	FULL MAIDEN NAME	Maggie Metcalf
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D

P.F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 29 1917 Dr. J. C. Patterson

Registrar

K

MAR 1 2 1976

DEC 3 7 1944

319-113-016-385

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital ..... Carbo James Larsen

FULL NAME OF CHILD No name

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 117 File No. 75623

Primary Registration District No. 2194 Registered No. 1407

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 13 19

FATHER		MOTHER
FULL NAME	Jas Larsen	FULL MAIDEN NAME Carla Thestisen
RESIDENCE	Burley Idaho	RESIDENCE Burley Idaho
COLOR	white	COLOR White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE Denmark
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D.
P. F.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed Dec. 29 1919 Wm. J. C. Bothman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1968

168-128016-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 5-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75624

Primary Registration District No. 2196 Registered No. 1468

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 28 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. S. Johnson	Catherine E. Wiekins
RESIDENCE	Burley - Idaho	Burley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Iceland	Spanish Fork
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) R. L. Story M. D.
P. S.
(Physician or midwife)

..... 19.....
Registrar

Address .....

Filed Dec. 29, 1917 W. J. C. Portman
Registrar

493-215-016-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75626

Primary Registration District No. 2196 Registered No. 1410

FULL NAME OF CHILD Pearl Miller

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Sept. 15 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME William A. Miller	FULL MAIDEN NAME Mary M. Hunt
~~RESIDENCE~~ Deceased	RESIDENCE Albion, Idaho
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Tennessee	COLOR White
OCCUPATION Was a Farmer	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE La Jara Colorado
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. T. Storey
D. T. J.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed [redacted] Dr. J. C. Patterson Registrar

DEC 10 1987

655-208016-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75627

Primary Registration District No. 2196 Registered No. 1411

FULL NAME OF CHILD Alberta Merle Fenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 8 1917

FATHER

FULL NAME: J. A. Fenn

RESIDENCE: Burley

COLOR: white AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Provo Utah

OCCUPATION: Dist Marshall

MOTHER

FULL MAIDEN NAME: Myrtle Fairchild Fenn

RESIDENCE: Burley Idaho

COLOR: white AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Burley Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Storey

D. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 29 1917 Dr. J. C. Patterson

Registrar

JUN 28 1948

215-23 1016-432

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 5-5-17

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 117 File No. 75628

Primary Registration District No. 2196 Registered No. 1412

FULL NAME OF CHILD Marie Lardel Sanford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 23 1917

FATHER		MOTHER	
FULL NAME	W. M. Sanford	FULL MAIDEN NAME	Marie McBride
RESIDENCE	Burley R R #2.	RESIDENCE	Burley R. R #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Storey

D. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 29 1917 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8 7 73

PLACE OF BIRTH

4,58-264-016-4119

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

Registration District No. 117 File No. 75629

Primary Registration District No. 2196 Registered No. 1413

FULL NAME OF CHILD Vera Meyers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 4 1919

FATHER		MOTHER	
FULL NAME	J. M. Meyers	FULL MAIDEN NAME	Jessie Martin
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 20 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1953

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS AUG 7 2 1973

Certificate No. 75629

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Myers (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omiited	Vera Meyers
father's last name	Myers	Meyers

Subscribed and sworn to before me this 3rd day of August, 1973.

Notary Public, residing at Baue Idaho
My commission expires 11-24-75
(Seal)

Signed Jessie B. Meyers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1973.

Notary Public, residing at Baue Idaho
My commission expires 11-24-75
(Seal)

Signed Daniel Haworth
(Signature of Any Credible Person)
116 Braemere, Baue Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/23/73

Federal Aviation Agency- Date of Issue 10-17-53 United States of America Washington DC No. III L273841 Airplane Pilot License gives name as Vera Howarth .
Viewed by VS

AUG 7 1973

Sisters birth certific ate Lois Jean Meyers born March 6, 1934 at Burley Idaho, State file No. 220207 gives fathers name as John M. Meyers.
Viewed by VS

Barbara Laraine Meyers - sister born Feb. 23 1927 at Burley, Idaho State file # 150198 ;gives fathers name as J. M. Meyers.
Viewed by VS

Own childs birth certificate Dan Barbara Howarth born Mar. 1, 1949 at Burley, Idaho gives mothers name as Vera Meyers.
Viewed by VS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 75629

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Myers (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1919 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Myers	Meyers

Subscribed and sworn to before me this 18TH day of JULY 1953

B. E. Hutchens

Notary Public, residing at Notary Public, Burley, Idaho

My commission expires My Commission Expires [illegible], 1955

(Seal)

Signed John M Meyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

410 W 19th Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CASSIA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18TH day of JULY, 1953

B. E. Hutchens

Notary Public, residing at Notary Public, Burley, Idaho

My commission expires My Commission Expires [illegible], 1955

(Seal)

Signed Mrs. A. E. Meehan
(Signature of Any Credible Person)

1333 Miller Ave.
(Street Address, City, State)

DPH 52-155

AUG 7 1973

652-205-016-814

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75630

Primary Registration District No. 2196 Registered No. 1414

FULL NAME OF CHILD Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 5 1917

FATHER		MOTHER	
FULL NAME	P. C. Webb	FULL MAIDEN NAME	Emorah Hamilton
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. ..... 19.....

..... Registrar

Filed Nov. 20 1917 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-206016-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Bellevue

Registration District No. 117

Primary Registration District No. 2196

File No. 75631

Registered No. 1415

FULL NAME OF CHILD Boyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov. 6 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	J. L. Boyle	FULL MAIDEN NAME	Delilah M. Cullough
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Prof. Engineer & Surv.	OCCUPATION	

Number of child of this mother, including present birth 6 .... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 20 1917 Dr. J. C. Patterson

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-230-016-157

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

Registration District No. 117 File No. 75632

No. ..... St.

Primary Registration District No. 2196 Registered No. 1416

Hospital .....

FULL NAME OF CHILD ~~Baby Walker~~ LARENA BERNELL WALKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	Nov. 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. W. Walker	Mildred Authon
RESIDENCE	Declo	Dana
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Iowa	Utah
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Dec. 30 1919 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 75632

Date Filed August 17, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby girl Walker (Name on Original Certificate) who was born (Was Born or Died) on 11/30/~~28~~ 1919 (Date of Event)
in Declo, Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on March 16, 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby	Larena Bernell Walker

Subscribed and sworn to before me this 17th day of August, 19 42

Willette Innes
Notary Public, residing at Santa Monica, Calif

My commission expires NOTARY PUBLIC (Seal) In and For the County of Los Angeles, State of California
Commission Expires September 6, 1945

Signed Mildred Anthon Walker (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2017½ - 3rd. Ocean Park Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 19 42

Willette Innes
Notary Public, residing at

My commission expires NOTARY PUBLIC (Seal) In and For the County of [illegible], State of California
[illegible] 1945

Signed Mary J. Patrick (Aunt)
(Signature of Any Credible Person Other Than Previous Year)
Declo Idaho
(Street Address, City, State)

DEC 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-215-016-129

PLACE OF BIRTH

County of Cassia

City of Burley

No. R.F.D. 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V.S. 11-C—20m-6-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 75633

Primary Registration District No. 2196 Registered No. 1417

FULL NAME OF CHILD Ruth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	yes	Nov 14 1917

FATHER		MOTHER	
FULL NAME	Augustus L. Hansen	FULL MAIDEN NAME	Olive Abrams
RESIDENCE	Burley R F D 3	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec. 3 1917 Dr. J. C. Patterson

Registrar

MAY 2 9 1969

DEC 1 1 1973

815226-016-366

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R F D 3 St.

Registration District No. 117 File No. 75635

Primary Registration District No. 2196 Registered No. 1419

Hospital

FULL NAME OF CHILD Eleanor Hanks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	May 26 1919

FATHER	MOTHER
FULL NAME Austin E. Hanks	FULL MAIDEN NAME Linnie Cooper
RESIDENCE Burley R F D 3	RESIDENCE same
COLOR W AGE AT LAST BIRTHDAY 37 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farm	OCCUPATION Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. P. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec. 30 1919

Reg. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1967

SEP 1 8 1974

391-21-0016-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. R.F.D. 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

75636

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 1420

FULL NAME OF CHILD Maxine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	May 11 19

FATHER		MOTHER	
FULL NAME	W. D. Cranney Jr	FULL MAIDEN NAME	Etta Jane Mabey
RESIDENCE	Burley R.F.D. 3	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. H. Smith MD

(Physician or midwife)

Address Burley Idaho

Filed Dec. 30 19 19 Dr. J. C. Patterson Registrar

FEB 1 1 1976

967-112 016-789

PLACE OF BIRTH

Form V. S. No. 11-0—Rev. 5-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75637

County of Cassia

City of Burley

No. 30 Conant Ave

Registration District No. 117

Primary Registration District No. 2196

File No.

Registered No. 1427

Hospital

FULL NAME OF CHILD Keith Lee Roper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
W	1		1	Yes	Nov 12 29

FATHER		MOTHER	
FULL NAME	Ora Lee Roper	FULL MAIDEN NAME	Georgia [illegible] Phillips
RESIDENCE	Burley	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Lundquist M.D.

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

19

Registrar

Filed Dec 30 1929 Dan J. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Feb. 11, 1941. E.W.

AUG 3 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-206:016-339

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. H-C-Rev. 4-17

Registration District No. 117 File No. 75638

Primary Registration District No. 2196 Registered No. 1422

FULL NAME OF CHILD Baby Driggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	Nov 6 19 9

FATHER		MOTHER	
FULL NAME	Samuel Driggs	FULL MAIDEN NAME	Lottie Lowe Clinks
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sask. Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 30 19 19 Dr. J. C. Patterson

Registrar

STATE OF MAINE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

281-209-016-415

Form V. S. No. 11-C—25m-9-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 75639

Primary Registration District No. 2196 Registered No. 1423

FULL NAME OF CHILD Helen Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 9 1919

FATHER		MOTHER	
FULL NAME	R O Sharp	FULL MAIDEN NAME	Emma Dwyer
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 Noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 20 1919 Dr. J. C. Patterson Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

557-22-016-571

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 75640

Primary Registration District No. 2196 Registered No. 1424

FULL NAME OF CHILD Leo England

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Nov. 22 1919

FATHER		MOTHER	
FULL NAME	Carlos S England.	FULL MAIDEN NAME	Ethel M. Egan
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 30 1919

Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

NOV 6 - 1970

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 75640

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed England (Name on Original Certificate) who born (Was Born or Died) on Nov. 22, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed England	Leo England

Subscribed and sworn to before me this 6th day of Nov., 19 70

Florence Cartright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Carlos Smith England

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5 Juniper Road Burley

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

NOV 6 1970

Own childs birth certificate # 435006 Douglas Harold England born April 14, 1947 at Boise, Idaho, gives name as Leo England.

Viewed by VS

Family Record - by Family - gives name as Leo England - Obviously old. (Book)

Viewed by VS

Amended 4-7-71

PLACE OF BIRTH
144-23-001602-35
County of Cassia
City of Burley
No. ..... St.
Hospital .....

Form V. S. No. 11-C-Rm-8-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 7564 1
Primary Registration District No. 2196 Registered No. 1425

FULL NAME OF CHILD Liola Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 29 1918

FATHER		MOTHER	
FULL NAME	L. F. Judd	FULL MAIDEN NAME	Annie Stenson
RESIDENCE	Burley Ida.	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Alabama
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. L. Patterson M. D.
(Physician or midwife)
Address Burley Ida.

Filed Nov. 30 1918 Dr. J. L. Patterson Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } RECEIVED

County of ..... }

Certificate No. 75641

Date Filed .....

MAR 22 1971

The undersigned does solemnly swear that ~~Martin facts~~ on the certificate of Birth (Birth or Death)

for Vlaoy Judd (Name on Original Certificate) ~~Bureau of Vital Statistics~~ who was born (Was Born or Died) on Nov. 23, 1919 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Vlaoy Judd	Liola Judd

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona }

County of Maricopa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of March, 19 71

Joe Brennan

Notary Public, residing at Mesa, Arizona

My commission expires My Commission Expires April 20, 1973

(Seal)

Signed Ada Petrie

(Signature of Any Credible Person)

522 W Pepper Mesa Ariz

(Street Address, City, State)

FORM DH 60-155

CL 3-30-65. nm

Certificate of Blessing gives name of child as Liola Judd daughter of Lafayette Judd and Annie Stinson born Nov. 23, 1919 at Burley, Idaho. Blessed Jan 20,1920. in L.D.S.Church.
Viewed by V.S

Graduation certificate issued by the Maricopa County Public Schools, Sate of Arizona gives name as Liola Judd. Graduated May 25, 1933. Fred P. Austin, Principa
Viewed by V.S.

APR 15 1971

Amended 11-4-58

PLACE OF BIRTH

165-24-012-433

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 75642

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Faye Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	12-24-1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Walter Jones	FULL MAIDEN NAME	May McLaughlin
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad City, Idaho	BIRTHPLACE	Pleasant View, Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

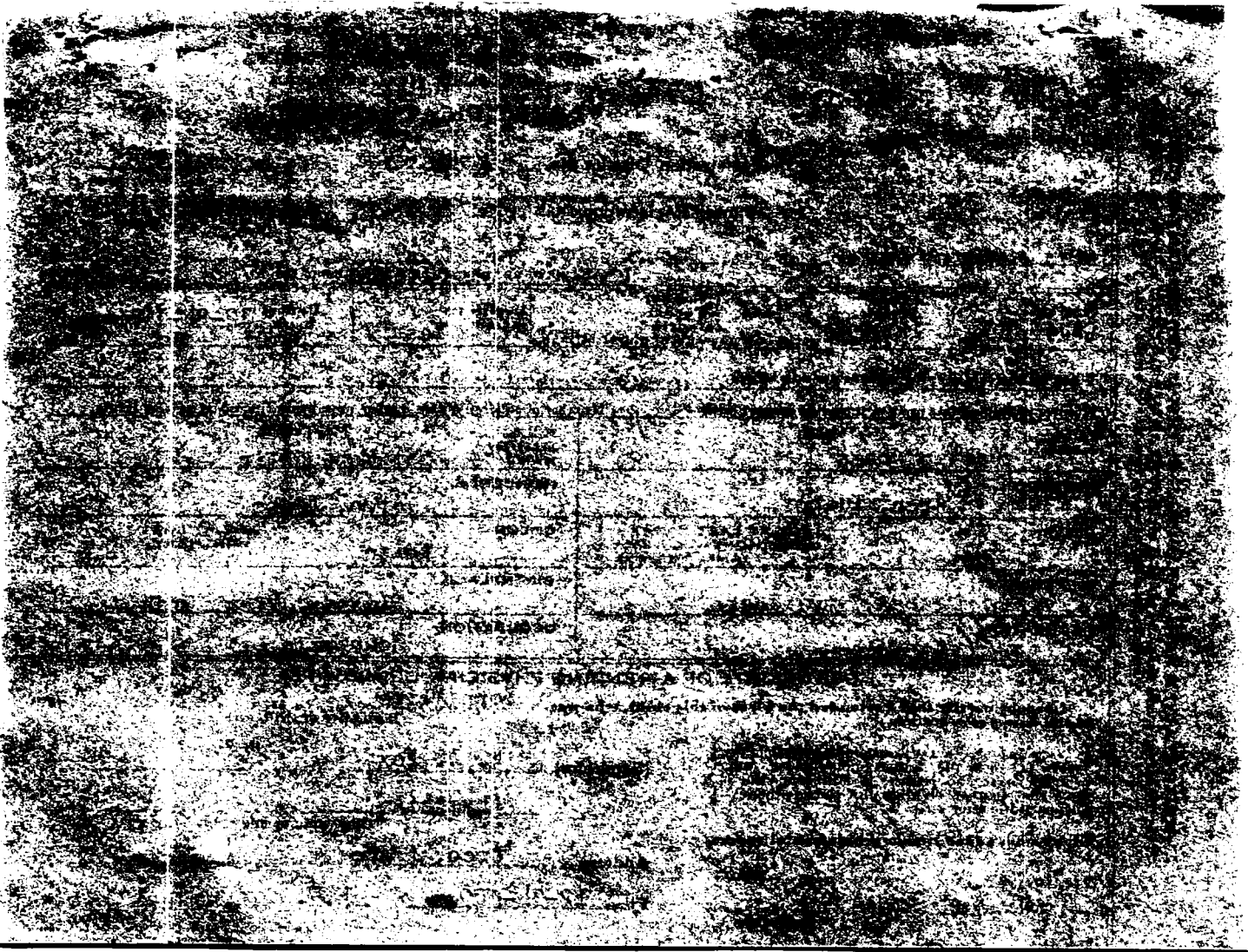
(Signature) E. W. Fox

Physician
(Physician or midwife)

Address Arco, Idaho

Filed 12-24-1919 E.W. Fox
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



App. for Social Security - #519-18-1241 - Dated May 6, 1940 gives name as Faye Jones - viewed by V.S. and Boise Public School Record, Statement from T.C. Bird, Superintendent, Stating that from the records IDAHO STATE BOARD OF HEALTH for the years of 1925-1926 (The DIVISION OF VITAL STATISTICS First Grade at Garfield School, Boise, the name is given as Faye Jones - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. #75642

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Fae Jones (Name on Original Certificate) who was born (Was Born or Died) on Dec 24, 1919 (Date of Event) in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fae Jones	Faye Jones

Subscribed and sworn to before me this 31st day of October, 1958

Elizabeth Adelmann

Notary Public, residing at Boise, Idaho

My commission expires 8/12/59

(Seal)

Signed Helen Jones

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of OCTOBER, 1958

Patricia F. Vaughn

Notary Public, residing at BOISE, IDAHO

My commission expires SEPT. 14, 1959

(Seal)

Signed Lucille Turner

(Signature of Any Credible Person)

415 Ave C. Boise, Idaho

(Street Address, City, State)

CL 9-12-58

FORM DPH 55.153

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Butte }

Certificate No. 75642
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Fae Jones (Name on original certificate) who born (Was born or died) on December 24, 1919 (Date of event)
in Arco, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parent (Bible record, insurance policy, etc.) prepared on December 20, 1944 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jones	Fae Jones

by Mrs. May Jones
Subscribed and sworn to before me this 20th
day of December, 19 41.
Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires Nov. 6, 1944.
[SEAL]

Signed mrs. may Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1415 E Jefferson Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

2 2 1941

NOV 4 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Bin

5643

City of Moore

Registration District No. 59

File No.

259-212 w12-365 No. , St.

Primary Registration District No. 2129

Registered No.

Hospital

FULL NAME OF CHILD Elsie Knighton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 12 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Knighton	Harriet Tovey
RESIDENCE	Moore Idaho	Moore Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	South Bonnieful Utah	Salt Lake City
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) H S Hamer

Nurse

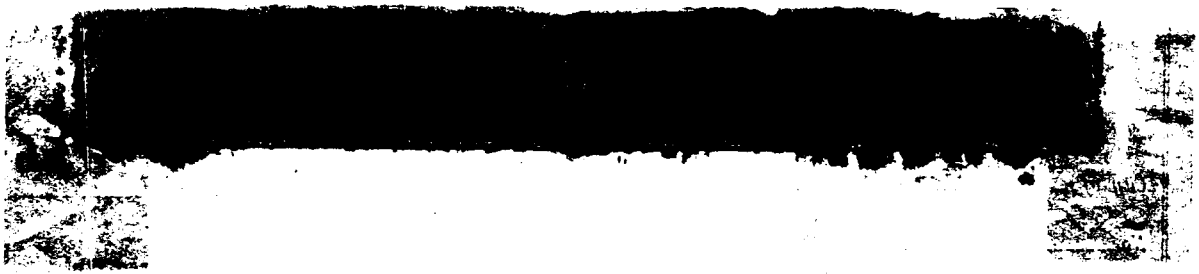
(Physician or Midwife)

Address Moore Idaho

Filed 12/20 1917

Registrar

S-Y CO., 16670



BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

"493.220-012-842

Amended 1-6-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75644
Local Reg. No.
Reg. Dist. No. 59

1. PLACE OF BIRTH
a. COUNTY: Butte
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arco
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arco
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lois
b. (Middle): Edith
c. (Last): Mickelsen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 12 - 20 - 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle): Noah
c. (Last): Mickelsen

8. AGE (At time of this birth): 41 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Denmark

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sophia
b. (Middle): Chlotilda
c. (Last): Hubbard

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Willard, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. W. Fox

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Arco, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-20-1919

22. REGISTRAR'S SIGNATURE: E.W. Fox

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

DECLASSIFIED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 20 1965
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 75644

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Miekelson (Female) (Name on Original Certificate) who was born (Was Born or Died) on December 20, 1919 (Date of Event)
in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Baptism Record & Marriage Application (Bible Record, Insurance Policy, Etc.) prepared on October 19, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Has been omitted	Lois Edith Mickelsen
Father's Name	Henry Noah Mickelson	Henry Noah Mickelsen
Mothers Name	Has been omitted	Chlotilda Hubbard

Subscribed and sworn to before me this 19 day of October, 19 65

Dale Hunt
Notary Public, residing at Idaho Falls, Idaho
My commission expires February 14, 1967
(Seal)

Signed J. Wilford Hale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 176 Iona Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of October, 19 65

Dale Hunt
Notary Public, residing at Idaho Falls Idaho
My commission expires February 14, 1967
(Seal)

Signed R S Lesher
(Signature of Any Credible Person)

613 E 16th Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

Statement from A. George Raymond President of Logan, Temple, Logan, Utah. L.D.S. Church written Sept. 20, 1965 states that Henry Noah Mickelsen, born Dec. 29, 1878 at Hjorring, Denmark and Sophia Chlotilda Hubbard, born Dec. 6, 1881 at Willard, Utah were married in Logan Temple Jan. 9, 1913, they were previously married July 31, 1903 at Lago, Idaho - statement viewed by V.S.

Death Cert. on file: (Idaho Death) #60-2836 gives full name of deceased as Henry N. Mickelsen - viewed by V.S.

L.D.S. Church Patriarch Blessing, dated Jan. 20, 1957 gives full name as Lois Edith Mickelsen Steele (Steele is married name), daughter of Henry Noah Mickelsen and Sophia Chlotilda Hubbard, born Dec. 20, 1919 at Arco, Idaho - blessed by William Keith Clark in Idaho Falls, Idaho - viewed by V.S.

L.D.S. Church Family Sheet, appears old and unaltered family of Henry Noah Mickelsen and Sophia Chlotilda Hubbard gives one child's full name as Lois Edith Mickelsen, born Dec. 20, 1919 at Arco, Idaho married J Harold Steele ~~[illegible]~~ Nov. 26, 1937 - viewed by V.S.

666-117-012-231

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 59

File No. 75645

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... LLOYD HENRY Woodbridge

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 17 19

FATHER

FULL NAME: Roy E. Woodbridge

RESIDENCE: Arco, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: California

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Violet L. Blattner

RESIDENCE: Arco Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Salt Lake City, Utah

OCCUPATION: Home Wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 1.16 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ewt

Physician

(Physician or midwife)

Address Arco - Idaho

Filed 12/17 1919 Ewt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1942

15-21C-012-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 75646

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD Norrene Andreason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 / 10 / 1919

FATHER	MOTHER
FULL NAME: Louis Daniel Andreason	FULL MAIDEN NAME: Lenora Ann Allred
RESIDENCE: Arco, Idaho	RESIDENCE: Arco, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Ephraim Utah	BIRTHPLACE: Spring City Utah
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8.9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 12/10 1919

..... Registrar

..... Registrar

818-203-012-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 75647

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... Helen Pauline Hayes

Sex of Child Female

Twin / Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)

Legitimate? Yes

Date of Birth 12 (Month) 3 (Day) 19 39 (Year)

FATHER

FULL NAME James J Mackay Hayes

RESIDENCE Arco Idaho

COLOR White

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Fallon Co. Texas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Mary Elizabeth Myers

RESIDENCE Arco, Idaho

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Bell Co. Texas

OCCUPATION Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Arco, Idaho

Filed 12-3 19 39

[signature]

Registrar

JUL 31 1944

313-102-012- 168

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 75648

Primary Registration District No. 2129

Registered No. .....

FULL NAME OF CHILD ..... Caldwell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male		Yes	12 2 19

FATHER

FULL NAME Francis M. Caldwell

RESIDENCE Moore

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Vernal Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Ava Elizabeth Johnson

RESIDENCE Moore, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Manti Sanpete, Utah

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 1.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

..... Registrar

Filed Dec 2 19 19 .....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

133-228-028-154

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida. Registration District No. 4 File No. 75649

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby Girl~~ Vio Mae Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.	1		yes	Dec 28 1919

FATHER		MOTHER	
FULL NAME	Willis Allen	FULL MAIDEN NAME	Vio Anderson
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp Lake Ida
COLOR	wh.	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mont.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 28 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) Earle A Brinds M D
(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Charles Kovacik
Registrar

Filed Jan 20 1920

Chas Kovacik
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 75649

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Allen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1919 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Allen	Vio Mae Allen

Subscribed and sworn to before me this 11th day of December, 19 51.

Notary Public, residing at Dishman, Wash.

My commission expires Nov. 14, 1953 (Seal)

Signed Mrs. Vio Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Valleyford Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 19 51.

Notary Public, residing at Dishman, Wash.

My commission expires 11/14/53 (Seal)

Signed Willis Allen
(Signature of Any Credible Person Other Than Previous Year)

Valleyford, Wash.
(Street Address, City, State)

APR 24 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-116-925-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

75650

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

Registration District No. 105

File No. 74

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Joseph Anton Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 16 1919

FATHER		MOTHER	
FULL NAME	Anton Gerhard Schmidt	FULL MAIDEN NAME	Mary Josephine Jentges
RESIDENCE	Green Creek Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 11 30 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H O Blake

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood, Ida

..... Registrar

Filed Nov 18 1919

H O Blake Registrar

JUL 30 1970

767-120-025-759

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-9-8-17

75651

County of Idaho

City of Kenteroville

No. ..... St.

Hospital .....

Registration District No. 105

File No. 75

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Alphonse Aloysius Poxleitner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov 20 (Month) (Day) 1917 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Aloysius Poxleitner	Frances Geiss
RESIDENCE	Kenteroville Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Germany	Germany
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4a M. on the date above stated.

(Signature) W. B. Blake

Physician

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Certificate added from a supplemental report.

Attest: [illegible] Registrar

Filed Nov 23 1917 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 1 0 1959
MAR 9 1973

483130-025-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kenteoville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75652

Registration District No. 105 File No. 76

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD ..... Marion Oliver Uhling .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 30 1917

FATHER		MOTHER	
FULL NAME	Lorenz U. Kling	FULL MAIDEN NAME	Jessie B Doty
RESIDENCE	Kenteoville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows ether evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 30 19 19

H B Blake

Registrar

112. 101:025-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE C[redacted]
BUREAU OF VITA[redacted]
CERTIFICATE OF [redacted]

U. S. No. 11-C-[redacted]

75653

Registration District No. 105

File No. 77

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD ..... GENE FRANCIS JASPER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12 / 1915

FATHER		MOTHER	
FULL NAME	Mark Jasper	FULL MAIDEN NAME	Essie Moy Shuart
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Roseburg Idaho	BIRTHPLACE	Greenwood Nebraska
OCCUPATION	Garage Owner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shumich

(Physician or midwife)

Address Cottonwood Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 10 19 15

H. B. Blake Registrar

STATE OF IDAHO FEB 18 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 75653

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Joe~~ Gene Francis Jasper (Birth or ~~Death~~)

for none (Name on Original Certificate) who was (Was Born ~~or Died~~) on Dec 1st (Date of Event) 1919

in Idaho County State of Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affdvt 75653 (~~Bible Record, Insurance Policy, Etc.~~) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	~~Eugene~~ Francis Jasper
		Gene Francis Jasper

Subscribed and sworn to before me this 14th day of Feb, 1942

Signed M C Jasper
(Signature of parent of ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

L K Schwartz
Notary Public, residing at 6717 NE Sandy Portland Ore

My commission expires 2-9-1942
(Seal)

720 Killingsworth, Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAR 17 1942

562-21362-5473

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **75654**

County of Idaho

City of Kenteroville

No. ..... St.

Registration District No. 105 File No. 78

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Anna VosKuehler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John VosKuehler	Mary Elizabeth Upton
RESIDENCE	Kenteroville Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Ill.	Ill.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Blake

Physician (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 15 1919

W B Blake Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-207-025-359

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. — St. —

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75655

Registration District No. 105 File No. 79

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Yvonne Abel

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth (Month) 9 (Day) (Year) 1919

FATHER	MOTHER
FULL NAME Louis Abel	FULL MAIDEN NAME Nora Kemins
RESIDENCE Cottonwood Idaho	RESIDENCE Cottonwood Idaho
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION ~~Farmer~~ Farming	OCCUPATION House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 P. M., on the date above stated.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Cottonwood Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Reg

S-Y-CO 38071

APR 11 1944

483-215-025-865

PLACE OF BIRTH

County of Idaho

City of Kentuville

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

75656

Registration District No. 105 File No. 80

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Mary Susie Uhlenkott

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec. 15 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Gerhard Uhlenkott	FULL MAIDEN NAME Elizabeth Hoeve.
RESIDENCE	Kentuville	RESIDENCE Kentuville
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Minn.	Ill.
OCCUPATION	Farming.	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

(Signature) Dr Healey F. Orr

(Physician or midwife)

Address Cottonwood Idaho.

Filed Dec 20 1919 W Blake Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 3 1973

215-230-025-547

PLACE OF BIRTH

County of Idaho

City of Green Creek

Registration District No. 105 File No. 81

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD Caroline Rose Baeslocher

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75657

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— (To be answered only in event of plural births)	—	Yes	Nov 30 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Barney Baeslocher	Katherine Nuxoll
RESIDENCE	Green Creek	Green Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	27
BIRTHPLACE	Switzerland	Ill.
OCCUPATION	Farming	House wife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Dec 20 1919 W B Blake

Registrar

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

JUN 3 1944

391-207-025-547

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital —

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75658

Registration District No. 105 File No. 82

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD SELMA KATHRYN Dorothy Trautman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	Yes	Dec. 3 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Steven Trautman	FULL MAIDEN NAME	Ida C. Imsoll
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Green Creek
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Healy F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Dec 20 19 19

H B Blake
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of IDAHO }

Certificate No. 75658

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for Selma Katherine Dorothy Trautman (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 3 - 1919 (DATE OF EVENT) in Cottonwood Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Katherine	Selma Kathryn Dorothy Trautman

Subscribed and sworn to before me this 19th day of February, 19 43

H Gilbert
Notary Public, residing at Ferdinand Idaho
Justice of the Peace
My commission expires .....
(SEAL) JUSTICE OF THE PEACE Cottonwood Precinct, Idaho County, Idaho

Signed Stephen Trautman
(SIGNATURE OF (PARENT) OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ferdinand Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of February, 19 43

H Gilbert
Notary Public, residing at Ferdinand
My commission expires .....
(SEAL) JUSTICE OF THE PEACE Cottonwood Precinct, Idaho County, Idaho

Signed Ida C Trautman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 2 2 1943

566-106-025-966

PLACE OF BIRTH

County of Idaho

City of Fenn

No. — St.

Hospital —

FULL NAME OF CHILD GLENN Louis Howard

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75659

Registration District No. 105 File No. 83

Primary Registration District No. 2183 Registered No.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec 6 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Howard	FULL MAIDEN NAME	Maud Powe
RESIDENCE	Fenn —	RESIDENCE	Fenn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Ranching	OCCUPATION	Home wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Dec 20 1919 I B Blake

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 75659

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Glenn Louis Howard (NAME ON ORIGINAL CERTIFICATE) who 12-6-1919 (WAS BORN OR DIED) on 12-6-1919 (DATE OF EVENT)
in Fruitland Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Memory (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1-4-1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Louis	Glenn Louis Howard

Subscribed and sworn to before me this 4 day of Jan 1943.

John H. Clay

Notary Public, residing at Rupert Ida

My commission expires Oct 19 1945

(SEAL)

Signed Louis Harold Howard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of Jan 1943.

John H. Clay

Notary Public, residing at Rupert Idaho

My commission expires Oct 19 1945

(SEAL)

Signed Mattie Howard
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 28 1961

JAN 9 1943

113-209-025-617

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

75660

Registration District No. 105 File No. 85

Primary Registration District No. 2183 Registered No. ____

FULL NAME OF CHILD Anna Lenore Jacobs.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	June 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Michael Jacobs.	Helen Hagner
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Russia	Minnesota
OCCUPATION	Manager Lumber Yard	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

(Signature) Dr. Wesley F. Orr

Cottonwood Idaho (Physician or midwife)

Address ____

Filed Dec 20 1919 W. Bierer Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 8 1970

855-227-[redacted]

0 05-753

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

No. ..... St.

Hospital St. Anthonys Hosp.

Registration District No. 31 File No. 75661

Primary Registration District No. ..... Registered No. 22

FULL NAME OF CHILD Rose Agnes Hendricks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	— (To be answered only in event of plural births)	8	Yes	Oct. 27 1914

FATHER		MOTHER	
FULL NAME	Louis M. J. Hendricks	FULL MAIDEN NAME	Mary E. Peterson
RESIDENCE	Inkom Ida	RESIDENCE	Inkom Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Warren Mich.	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Eugene M. Kane M.D.

Physician
(Physician or midwife)

Address Pocatello Idaho

Filed Oct. 29 1914 Mary G. Hall
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1961

DECEASED

dup of 1919-246640

391-210-042-219

PLACE OF BIRTH

[redacted] OF IDAHO
ITAL STATISTICS
TE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-27

75662

County of Twin Falls

City of Berger

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Travnicek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Dec. 10- 9 (Month) (Day) (Year)

FATHER

FULL NAME: Joseph Travaicek

RESIDENCE: Berger, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Bohemia

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sadie Kaiser

RESIDENCE: Berger, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Bohemia.

OCCUPATION: ousewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9: P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 8 1920 John F. Caughlan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-113-042-873

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-37

75663

County of Twin Falls

City of Wendall

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Whitesell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 13- 9

FATHER	MOTHER
FULL NAME: Joel Alexander Whitesell.	FULL MAIDEN NAME: Bertha Mae Hatten.
RESIDENCE: Wendall, Idaho.	RESIDENCE: Wendall, Idaho.
COLOR: White. AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Ind.
OCCUPATION: Machinist.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Filed Jan 8 1940 John H. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-11-528-437

PLACE OF BIRTH

STATE OF IDA[redacted] B. No. 11-C—25m-1-1-18

BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH

County of Kootenai

City of Worley

No. ..... St.

Hospital .....

Registration District No. 76

Primary Registration District No. 2123

File No. 75666

Registered No. 81

FULL NAME OF CHILD Harry Lloyd Jones

Sex of Child Male.

Twin Triplet or other? ..... and Number in order of birth .....

(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Dec 11 (Month) (Day) 1917 (Year)

FATHER

FULL NAME Walter Preston Jones.

RESIDENCE Worley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Huntley, Nebraska.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Mary Rosella McGeorge

RESIDENCE Worley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ragan, Nebraska.

OCCUPATION Housewife.

Number of child of this mother, including present birth (2) Two

Number of children of this mother now living, including present birth (2) Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11-40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Hissian M.D.

Accoucheur.

(Physician or midwife)

Address Plummer, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Dec 20 1917

W. J. [illegible]

Registrar

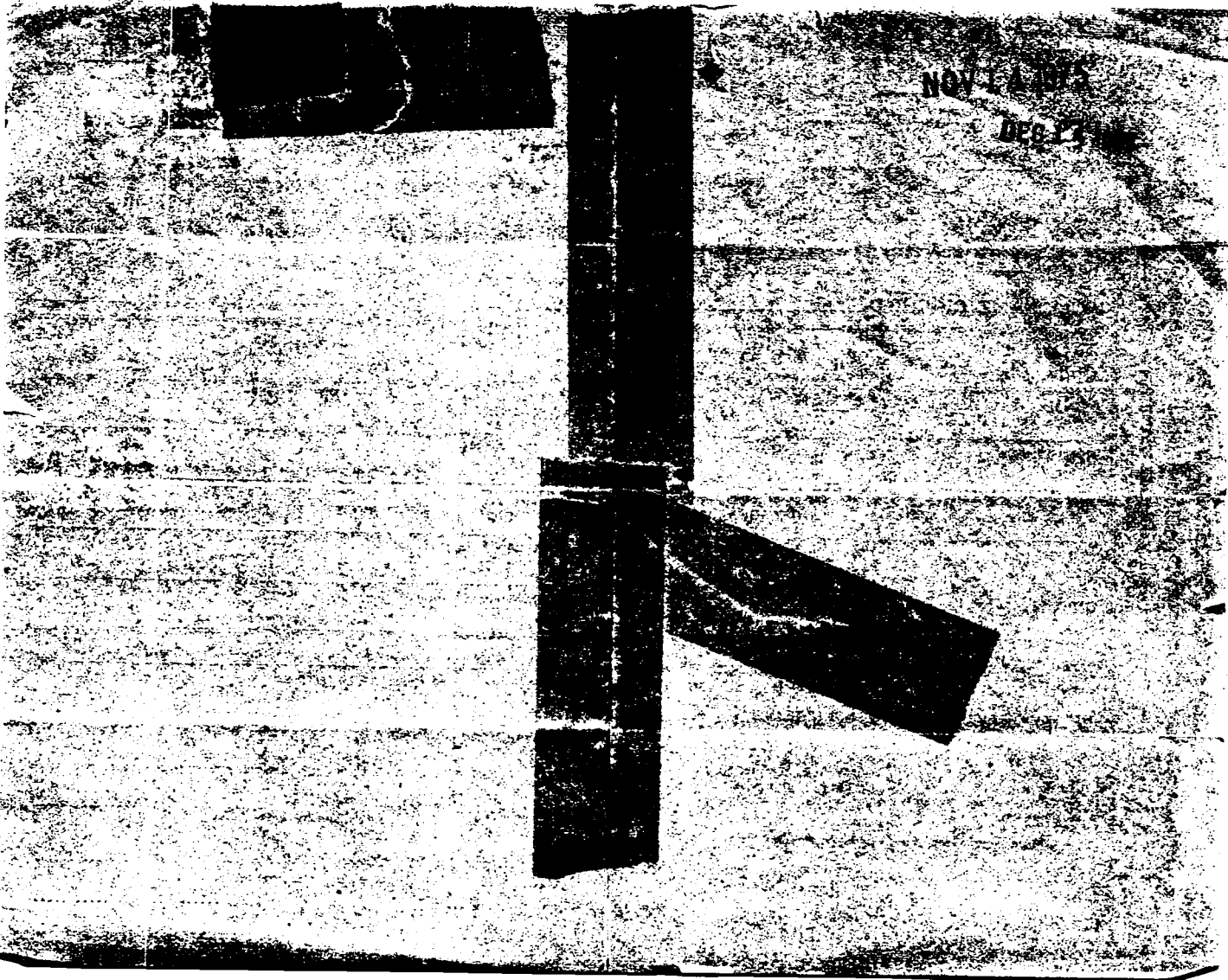
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


NOV 1 4 1985
DEC

168-228-033-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

For [redacted] 19

CERTIFICATE OF BIRTH

County of Madison

City of Wilford

Registration District No. ..... File No. [redacted]

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD DONNA RUTH JOHNSON

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Raymond Kenneth Johnson	FULL MAIDEN NAME	Healthy J Pincock
RESIDENCE	Wilford	RESIDENCE	~~Sugar City~~ Wilford
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wilford, Idaho	BIRTHPLACE	Sugar City, Idaho
OCCUPATION	Farmer	OCCUPATION	At H.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hess

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11/13 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 28 1942

243 W. [illegible] PLACE OF BIRTH

For

County of Ada

City of Boise Registration District No. File No. 75668

No. 2402 W. Jefferson.

Primary Registration District No. 1004 Registered No. 1

Hospital

FULL NAME OF CHILD Rosalie Jane Bullock

Sex of Child F. | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes. | Date of Birth Dec. 14 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME J. R. Bullock.	FULL MAIDEN NAME Marie N. Hays.
RESIDENCE 2402 W. Jefferson.	RESIDENCE 2402 W. Jefferson.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 50. (Years)	AGE AT LAST BIRTHDAY 40. (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Mail clerk	OCCUPATION House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) John Bullock

(Physician or midwife)

Address Boise

Filed Jan 20 19 20

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

JUN 17 1970

JUN 5 1951

JUN 19 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-276 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

County of Ada

City of Boise

Registration District No. 2

File No. 75669

No. 116 S. 24 St.

Primary Registration District No. 1004

Registered No. 2

Hospital

FULL NAME OF CHILD Mary Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Dec. 16 1919

FATHER		MOTHER	
FULL NAME	Walter L Smith	FULL MAIDEN NAME	Lula Wright
RESIDENCE	116 S 24	RESIDENCE	116 S 24
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or Midwife)

Address [illegible]

Filed 1/2 1920 [signature]

Registrar

MAR 1 1 1970

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-117-001-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 75670

No. 1706 Franklin St. — Primary Registration District No. 1604 — Registered No. 7

Hospital

FULL NAME OF CHILD Jack McLain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12-17- 1919

FATHER

FULL NAME H. C. McLain

RESIDENCE 1706 Franklin St, Boise

COLOR White — AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Colorado

OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Alice Story

RESIDENCE 1706 Franklin, Boise

COLOR White — AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 12 25 a.m. M. on the date above stated.

(Signature) J. M. Taylor MD

(Physician or midwife)

Address Boise, Idaho

Filed 1/2 1920

L. L. Gilman
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

FEB 9 1962

312-118-001-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 75672

No. ——— St.

Hospital St. Alphonsus — Primary Registration District No. 1004 — Registered No. 5

FULL NAME OF CHILD Charles Harold Casper

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 — 18 — 1919

FATHER

FULL NAME: Chas. H. Casper

RESIDENCE: Eagle, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Utah

OCCUPATION: Auto Mechanic

MOTHER

FULL MAIDEN NAME: Della Ethel Sleper

RESIDENCE: Eagle, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 00 P. M. on the date above stated.

(Signature) J. M. Taylor MD

(Physician or midwife)

Address Boise, Idaho

Filed 1/2 1920 — L. L. Gorman, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 17 1941

295-122-001-555

PLACE OF BIRTH

Form V. S. No. 11-C—~~20m-6-17~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75673

County of Ada

City of Boise

No. ..... St.

Registration District No. 4

Primary Registration District No. 1004

Registered No. 6

Hospital St. Lukes

FULL NAME OF CHILD Millard Nelson Brewer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	Dec 22 1919

FATHER	MOTHER
FULL NAME: Paul B. Brewer.	FULL MAIDEN NAME: Louise Enerhart.
RESIDENCE: 400 O Farrell.	RESIDENCE: 400 O Farrell
COLOR: White.	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Ill.
OCCUPATION: Clerk.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John B. Brewer

(Physician or midwife)

Address Boise Idaho

Filed Jan 10 1920 L. A. Stevenson

Registrar

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1962

JUL 19 1944

259-123-001-458

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of 1800 W 19.

No. Boise St.

Registration District No. 2 File No. 75675

Primary Registration District No. 1004 Registered No. 8

Hospital

FULL NAME OF CHILD Jack Clyde Berry.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	Dec 23 1919.

FATHER	MOTHER
FULL NAME: Jesse Clyde Berry.	FULL MAIDEN NAME: Harriet Meyers.
RESIDENCE: 1800 W 19	RESIDENCE: 1800 W 19
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30. (Years)
BIRTHPLACE: Kas	BIRTHPLACE: Ore.
OCCUPATION: machinist	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.30A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burch

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 1/24 1920 L. A. Hyman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-228-001-239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 75676

No. 1519 Washington

Primary Registration District No. 1004 Registered No. 9

Hospital .....

FULL NAME OF CHILD Sarah Jane George

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	Dec. 28 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. E. George.	Edith Steinhoff.
RESIDENCE	1519 Washington.	1519 Washington.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Traveling salesman	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) at 7.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Brock

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 1/2 19 20 L. G. Gorman

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

RECEIVED
AUG 10 1964
Bureau of Vital Statistics

State of California
County of Colusa } ss.

Certificate No. 75676

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed George (female child) who was born on Dec. 28, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sarah Jane George
Sarah Jane George		

Subscribed and sworn to before me this 7th day of
August, 1964
H. N. Beckstead
Notary Public, residing at Colusa, Calif
My commission expires Dec. 9, 1965
(Seal)

Signed Mrs. J. E. George
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3920-58th St Sacramento Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Colusa } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of
August, 1964
H. N. Beckstead
Notary Public, residing at Colusa, Calif.
My commission expires Dec. 9, 1965
(Seal)

Signed Robert E. George
(Signature of Any Credible Person)
3204 Walnut Ave Carmichael Calif.
(Street Address, City, State)

FORM DH 60-155 CL 5-5-64. ~~rm~~ two copies pd. rec. #2486.

- Cert. of Baptism, St. John's Cathedral, Boise, Idaho, baptized Jan. 25, 1920 gives full name as Sarah Jane George, born Dec. 28, 1919 to Fisk E. George and Edith E. Steinhoff - viewed by V.S.

Application to the Reliance Life Insurance Co. of Pittsburgh, No. 812487, dated Nov. 9, 1939 at Sacramento, California gives full name of insured as Sarah Jane George, age 20, born Dec. 28, 1919 at Boise, Idaho - beneficiary is given as Edith George, mother - viewed by V.S. name of insured changed from Sarah Jane George to Sarah Jane Jones by marriage on Aug. 27, 1941 - viewed by V.S.

OCT 6 1964

35-1-130-001-815

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 75677

No. ..... St.

Hospital St Lukes

Primary Registration District No. 1004

Registered No. 10

FULL NAME OF CHILD ~~Louis~~ Alexander ~~Louis~~ Leavy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	Dec. 30 1919

FATHER	MOTHER
FULL NAME Irvin J. L. ~~Louis~~ Leavy	FULL MAIDEN NAME Edith Hansen
RESIDENCE 1511 N 14 -	RESIDENCE 1511 N 14
COLOR White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Utah
OCCUPATION Clerk	OCCUPATION House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) John Buck M.D.

(Physician or midwife)

Address Boise Idaho

Filed 1/2 19 20 L. C. Hyman

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-204-001-867

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75678

County of Ada

City of Boise — Registration District No. 2 — File No.

No. ____ St.

Hospital St Lukes. — Primary Registration District No. 1004 — Registered No. 11

FULL NAME OF CHILD Loraine Quinter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.			yes	Sept 4 1919

FATHER	MOTHER
FULL NAME: Alvin Quinter	FULL MAIDEN NAME: Maude Hopkins.
RESIDENCE: Belgravia Ida.	RESIDENCE: Belgravia Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Washington D C.	BIRTHPLACE: Washington D C.
OCCUPATION: Book Keeper.	OCCUPATION: House wife.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 5-25 6 P. M. on the date above stated.

(Signature) James L. Stewart

(Physician or midwife)

Address 410 Overland Bldg.

Filed 1/26 1920 — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

485-126-001-25B

PLACE OF BIRTH

County of Ada

City of Boise

No. 1601 No 16 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 2 File No. 75679

Primary Registration District No. 1004 Registered No. 12

FULL NAME OF CHILD Reginald Rodney Meyers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Nov. 26 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Herbert G. Meyers	FULL MAIDEN NAME Grace Beak
RESIDENCE Boise 1411 - No 16	RESIDENCE Boise
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Ill
OCCUPATION Broker.	OCCUPATION Hse W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~) at 11 P M. on the date above stated.

(Signature) W E Sutton

(Physician or midwife)

Address

Filed 1/19 1920 L L Jones Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/14/41 L. B.
May 29, 1941 L. B.

OCT 22 1975

948-119-001-759

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 75680

No. ..... St.

Primary Registration District No. 1004

Registered No. 13

Hospital St Alphonsus

FULL NAME OF CHILD Lenhoff Joseph

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	12 19 1919

FATHER		MOTHER	
FULL NAME	Lenhoff Joseph M	FULL MAIDEN NAME	Gertrude Eckich
RESIDENCE	1218 E. Bannock	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Idaho City Ida.
OCCUPATION	Window Decorator	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Steve O'Gorman

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Overland Blk

Filed 1/8 1920 H Hoffman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...NENT RECORD

...ATE RETURN must be made for each ...ch, in order of birth stated.

1866 21 00-436

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ....ADA.....

City of .....BOISE.....

No. ..... St.

Hospital St. Alphonsus.

Registration District No. .....2..... File No. 75681

Primary Registration District No. ....1604..... Registered No. 14

FULL NAME OF CHILD ..... Harold Burrell Howard

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Dec. 21, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Ivan A. Howard

RESIDENCE: Boise 1421 Fort

COLOR: White AGE AT LAST BIRTHDAY ....39.... (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Dealer in auto Supplies

MOTHER

FULL MAIDEN NAME: Hazel McDougall

RESIDENCE: Boise Idaho

COLOR: White AGE AT LAST BIRTHDAY ....34.... (Years)

BIRTHPLACE: Nebraska

OCCUPATION: House wife

Number of child of this mother, including present birth ....2.... Number of children of this mother now living, including present birth ....2....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....born alive.... (Born alive or stillborn) at 10:30 P. M. the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. McCalla M.D.

Boise Idaho (Physician or midwife)

Given names added from a supplemental report.

....., 19.....

..... Registrar

Address .....

Filed 1/27 1920

L. L. Lyman Registrar

AUG 2 6 1971

867-125-001-765

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 2207 N. 13 St.

Hospital

Registration District No. 2

File No. 75682

Primary Registration District No. 1004

Registered No. 15

FULL NAME OF CHILD Edwin Hopper

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes.	Dec 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin F. Hopper	FULL MAIDEN NAME	Annie Pfeiffer
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Silverly. Idaho	BIRTHPLACE	Mo.
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) Edward T. Biser

(Physician or midwife)

Address 303-304 McCarty Bldg

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.................................19......

Registrar

Filed 1/6 1920 L. L. Herman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-Y CO. 24688

957.226:001-152

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75683

County of Ada

City of Boise

No. 1107 N. 8th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 16

Full Name of Child ~~Francisco~~ MARIANNA Reproad

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		3	yes	Dec. 26 1919

FATHER	MOTHER
FULL NAME Harry Alfred Reproad	FULL MAIDEN NAME Grace Jessee
RESIDENCE Homedale, Idaho	RESIDENCE Homedale, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Eureka, Kan.	BIRTHPLACE Sweet, Idaho.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D.
(Physician or midwife)

Address 1107 N. 8th St. Boise, Idaho

Given names added from a supplemental report.

....., 19.....
Registrar

Filed 1/3 1919 L. E. Ingraham
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 75683

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Mary Louise Penrood (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 26, 1912 (DATE OF EVENT) in Boise, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 30 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mary Louise Penrood	Marianna Penrood

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed H. A. Penrood - father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of December, 1942

Lew Grebe

Notary Public, residing at Kuna Idaho

My commission expires Jan 28 - 1944
(SEAL)

Signed Grace Penrood - mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kuna, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 21 1942

413-119-001-249

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Registration District No. 2

File No. **75705**

Primary Registration District No. 1004

Registered No. 38

Hospital St. Lukes

Full Name of Child Gardan Matthews

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	12 19 1919

FATHER	MOTHER
FULL NAME Harry Matthews	FULL MAIDEN NAME Minnie M. Buxton
RESIDENCE 1006 - N - 17.	RESIDENCE 1006 - N - 17.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Scotland Arbroath	BIRTHPLACE Ore.
OCCUPATION Real Estate.	OCCUPATION Home wife

Number of child of this mother, including present birth 2nd, Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 0. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/17 1920 L. O. Forman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 6 1974

DECEASED

793-205

[redacted]

26m-1-1-18

PLACE OF

001-895 Ada

County of

City of Boise

No. St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 75711

Primary Registration District No. 1004 Registered No. 44

FULL NAME OF CHILD Mildred May Pickerell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	12-5-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Pickerell	May Hunter
RESIDENCE	East of Longfellow school Boise	Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Idaho	Calo
OCCUPATION	Farmer	Hsw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mallen Causeway

Physician

(Physician or midwife)

Address Boise Idaho

Filed 1/6 1920 L. P. Thomas Registrar

8-M CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 75711

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Mildred May Pickerell (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
date	Dec. 8, 1919	Dec. 5, 1919

Subscribed and sworn to before me this 23 day of April, 19 42.

Signed Mae Lula Pickerell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

N. B. Coy
Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2? 1?82

SEP 11 1981

MAR 12 1985

731-21-04-693

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

Registration District No. 9 File No. 75712

No. ____ St.

Primary Registration District No. 2007 Registered No. 1

Hospital ____

FULL NAME OF CHILD Abbie Geraldine Gladson

GERALDINE ABBIE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct. 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Gladson	abbie Willis
RESIDENCE	Parma, Ida.	Parma Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	17
BIRTHPLACE	Hiawatha, Kansas	Parma, Ida.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dan S. Chambers, M.D.
P. & S.
(Physician or midwife)
Address Parma Ida.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 2-10 1920 Lida Walchob
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1942

695·126·014-25-2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 9

File No. 75713

No. St.

Primary Registration District No. 2007

Registered No. 2

Hospital

FULL NAME OF CHILD Melvin Monroe Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct. 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe Freeman	Ada Sebro
RESIDENCE	Parma, Ida.	Parma, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Topaz, Mo.	Topaz Mo.
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) Dan S. Hughes M.D.
P. & S.
(Physician or midwife)

Address Parma Ida.

Filed Feb. 10 1920 Lulu Haldish Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 15 1941
County of Ada

Certificate No. 75713
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Milton Monroe Freeman (Name on original certificate) who Born (Was born or died) on 10-26-19 (Date of event)
in Canyon Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Milton Monroe Freeman	Melvin Monroe Freeman

Subscribed and sworn to before me this 10
day of December, 1941
Ronald R. Brinkerman
Notary Public, residing at Boise Idaho
My commission expires 11-22-43
[SEAL]

Signed Jol Freeman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Eagle Idaho R Fd #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of December, 1941
Ronald R. Brinkerman
Notary Public, residing at Boise Idaho
My commission expires 11-22-43
[SEAL]

Signed Ada Freeman
(Signature of any credible person other than the previous affiant.)
Eagle Idaho R Fd #1
(Street Address, City, State)

Received for filing on DEC 15 1941 By
(Registrar's signature)

12-15-41

359.206(014-25-9

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-3-27

CERTIFICATE OF BIRTH

Registration District No. 1

Primary Registration District No. 1107

File No. 75714

Registered No. 1

FULL NAME OF CHILD Evelyn Leigh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	Nov. 6 1917

FATHER		MOTHER	
FULL NAME	Nathan E Leigh	FULL MAIDEN NAME	Grace Berry
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn.	BIRTHPLACE	Ida.
OCCUPATION	Owner of Picture Show	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born ..... at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Address Parma

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 2-9 1920 Ruby Walchs
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-117-014-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75715

County of Canyon

City of _____ Registration District No. 2 File No. 75715

No. _____ St. Primary Registration District No. 2007 Registered No. 4

Hospital _____

FULL NAME OF CHILD Donald Earl Hanno

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Nov. 17 1919

	FATHER	MOTHER
FULL NAME	Chas. Hanno	Florence May Satin
RESIDENCE	Parma, Ida.	Parma, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	near Pendleton Oregon	Albion, Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) Dan S. Hunter, M. D.

Phys & S

(Physician or midwife)

Address _____

Filed 2-10 1920 Ruby Waldrop
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a separate certificate must be made for each and the number of each child

DEC
FEB 19 1944

664-217-014-895

PLACE OF BIRTH

County of Canyon

City of ____

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 — File No. 75716

Primary Registration District No. 2007 — Registered No. 5

FULL NAME OF CHILD Goldie Dora Norsman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		5	Yes	Dec 17 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence A. Norsman	Viola Hinman
RESIDENCE	Parma Ida.	Parma, Ida.
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Fresno Cal	Butterville, Ore.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

(Signature) Don S. Chambers M.D.
Phys. & Surg.
(Physician or midwife)
Address Parma Ida.

Filed 2-10 19 20 — Lulu Waldrop, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1960

256-216-023-162

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

District No. 1021

Primary Registration District No. _____

File No. 75756

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

DATE OF BIRTH: Dec 14 1918 (Month) (Day) (Year)

FATHER

FULL NAME: Henry L Knox

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rose Emma Jones

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Iowa

OCCUPATION: House wife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3-9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12/17 1918 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666.209.008-436

PLACE OF BIRTH

County of Blaine

City of Hasselhead Bend

No. _____ St.

Hospital _____

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 11 W

Primary Registration District No. _____

File No. 15760

Registered No. _____

Full Name of Child Mattie Evelyn Woods

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Sept. 9 1919

	FATHER	MOTHER
FULL NAME	Thomas Larmie Woods	FULL MAIDEN NAME: Ethel J. McFarland
RESIDENCE	Horse Shoe Bend Idaho	Horse Shoe Bend Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Laramie, Wyoming	Payette, Idaho
OCCUPATION	Farmer	House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Boyd M.D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

_____ 19____ Registrar

Filed Feb 7 1920 J. H. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...H BINDING ...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

[redacted]

[redacted]

[redacted]

[redacted]

753223-004619

PLACE OF BIRTH 5

County of Ada

City of .....

No. 3 mi. N.W. of Eagle

Hospital .....

Form V. S. No. 11-C—12m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 75793

Primary Registration District No. 2044

Registered No. 1

FULL NAME OF CHILD ... Lillian Marie Peterson PETERSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	Dec 23 1920

	FATHER	MOTHER
FULL NAME	MARTIN Ray Peterson	FULL MAIDEN NAME MELSENA Reta Ward
RESIDENCE	3 mi N.W. of Eagle	3 mi N W of Eagle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Iowa	Idaho
OCCUPATION	farmer	Home work

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Parker

(Physician or midwife)

Address 303 Mc Carty Bldg

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/2 1921

L. C. Truman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Name	Rota Ward	Retta Melvina Ward
Fathers name	Ray	Martin Ray Peterson

Subscribed and sworn to before me this 26
day of May, 1943

Signed Retta Melvina Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

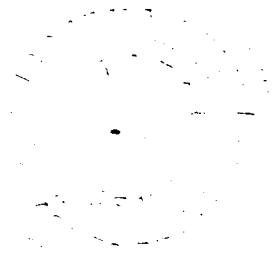
Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

MAY 26 1949



533.228.00-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2612 Fairview Ave. St.

Hospital

Registration District No. 8

Primary Registration District No. 8004

File No. 75795

Registered No. 3

FULL NAME OF CHILD INNALEE KATHRYN ELLERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	12 28 1919

FATHER

FULL NAME Jno. E. Ellerson

RESIDENCE Boise

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Kansas

OCCUPATION Weaver

MOTHER

FULL MAIDEN NAME Gertrude Kramer

RESIDENCE Boise

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Kansas

OCCUPATION None

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Greenway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed 1/26-20 L. G. Gunman

Registrar

E-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FULL NAME OF CHILD

PARENTS

MOTHER

CERTIFICATE OF AUTHENTICITY

4/18/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 11 42 AM '78

State of ..... } ss.
County of ..... }

Certificate No. 75795

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ellerson (Name on Original Certificate) who was born (Was Born or Died) on 12/28/19 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Ellerson	Inalee Kathryn Ellerson

Subscribed and sworn to before me this 24th day of April, 1978

Notary Public, residing at BOISE, IDA.

My commission expires life

(Seal)

Signed A. E. Ekstrand
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4701 Irving Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate issued by St. Alphonsus Hospital of Boise, Idaho gives name as Inalee Kathryn Ellerson mother of John Roger Wells born January 1, 1944.
Viewed by V.S.

Marriage Certifiate issued by Ada County, Boise, Idaho gives name ofbride as Inalee Kathryn Ellerson. Signed by William Garrecht, Probate Judge of Boise, County, Idaho. Witnesses Katherin M. Brogan and Nellie Gorman. Married June 28, 1941.
Viewed by V.S.

9VV-131-001-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of

Registration District No. 8 File No. 75796

No. Riverside Station

Primary Registration District No. 2007 Registered No. 4

Hospital

FULL NAME OF CHILD Robert Lavern Rudge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes.	Dec. 31 1919

FATHER		MOTHER	
FULL NAME	L. E. Rudge.	FULL MAIDEN NAME	Arlie Bell Bingham.
RESIDENCE	Riverside Station.	RESIDENCE	Riverside Station.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	35. (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington.
OCCUPATION	clerk.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.45 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck.

(Physician or midwife)

Address 303 McCarty Bldg

Given names added from a supplemental report.

19

Registrar

Filed 1/28 1920 L. E. Forman

Registrar

MARGIN READY FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/3/41 rmf.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-220-001-319

PLACE OF BIRTH

County of Ada

City of Star

No. ..... *St.*

Hospital .....

Registration District No. 9 **File No.** 75800

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Edith Louise Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Dec 11 1919

FATHER		MOTHER	
FULL NAME	John Thomas Davis	FULL MAIDEN NAME	Agnes V Larson
RESIDENCE	Star Ida	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Hale M D

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan. 15 1920 Fredric K Lewis Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Star

Registration District No. _____ File No. 7802

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Betty Pauline Blevins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			Yes	Dec 11 1919

FATHER	MOTHER
FULL NAME Martin L Blevins	FULL MAIDEN NAME Mary Belle Newton
RESIDENCE Star Idaho	RESIDENCE Star Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Arkansas
OCCUPATION Farmer	OCCUPATION Keeps House

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

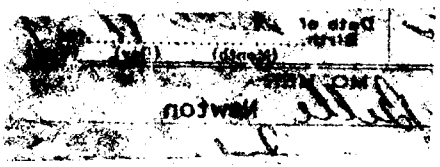
Filed Dec 13 19 19 O W Hall MD Registrar

Jan 14 1920 Frederic K Lewis Registrar

8-Y CO. 20174

K

JUL 5 1973



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7 5 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED VITAL STATISTICS JUL 23 12 50 PM '73

State of Idaho
County of Ada } ss.

Certificate No. 75802

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Pauline Vada Blevens (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1919 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Pauline Vada Blevens	Betty Pauline Blevins
Fathers name	Blevens	Blevins
Mothers name	Moton	Newton

Subscribed and sworn to before me this 18th day of July, 1973

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Martin B Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Kuna Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

JUL 2 3 1973

Brothers birth certificate Kenneth Dale Blevins born Aug. 9, 1935 at Kuna, Idaho State file # 235876 gives mothers name as Mary Belle Newton fathers name as Martin Blevins.
Viewed by VS

Own childs birth certificate Gary Paul Cope born Jan. 2, 1943 at Boise, Idaho - State File # 337040 gives mothers name as Betty Pauline Blevins.
Viewed by VS

Family Bible - Obviously Old gives name as Betty Pauline Blevins, father Mart. Isam Blevins , mother Mary Bell Newton.
Viewed by VS

719-104-001-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75805

County of Ada

City of Meridian

Registration District No. 11

No. R.D. 1 St.

Primary Registration District No. 203

Registered No.

Hospital

FULL NAME OF CHILD Ora Raymond Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 4 1919

FATHER		MOTHER	
FULL NAME	Ora Parker	FULL MAIDEN NAME	Muriel L. Perry
RESIDENCE	Meridian Ada.	RESIDENCE	Meridian Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

(Signature) C. L. Forsman

..... (Physician or midwife)

Address Meridian Ada.

Filed Jan 6 1920

Alice A. Sutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/14/41 L. B.

249.130-00-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 17 — File No. 75806

No. R D 1 St. — Primary Registration District No. 2013 — Registered No.

Hospital

FULL NAME OF CHILD Theodore Franklin Burgess

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 30 1917

FATHER		MOTHER	
FULL NAME	Merth Franklin Burgess	FULL MAIDEN NAME	Roetta Matlock
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. L. Gustafson

(Physician or midwife)

Address Meridian Idaho

Filed Jan 5 1920 Alice A. Burton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-13-41

731-31-032-769

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 75810

No. ____ St.

Primary Registration District No. 1016

Registered No. 78

Hospital Dees

Full Name of Child ~~Baby~~ Jose Plaza

SEX OF CHILD: Male	Twin, Triplet or other? — (To be answered only in event of plural births)	and Number in order of birth: 3	DATE OF BIRTH: 12 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Antonio Plaza	FULL MAIDEN NAME	Gaitandia
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Dees MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

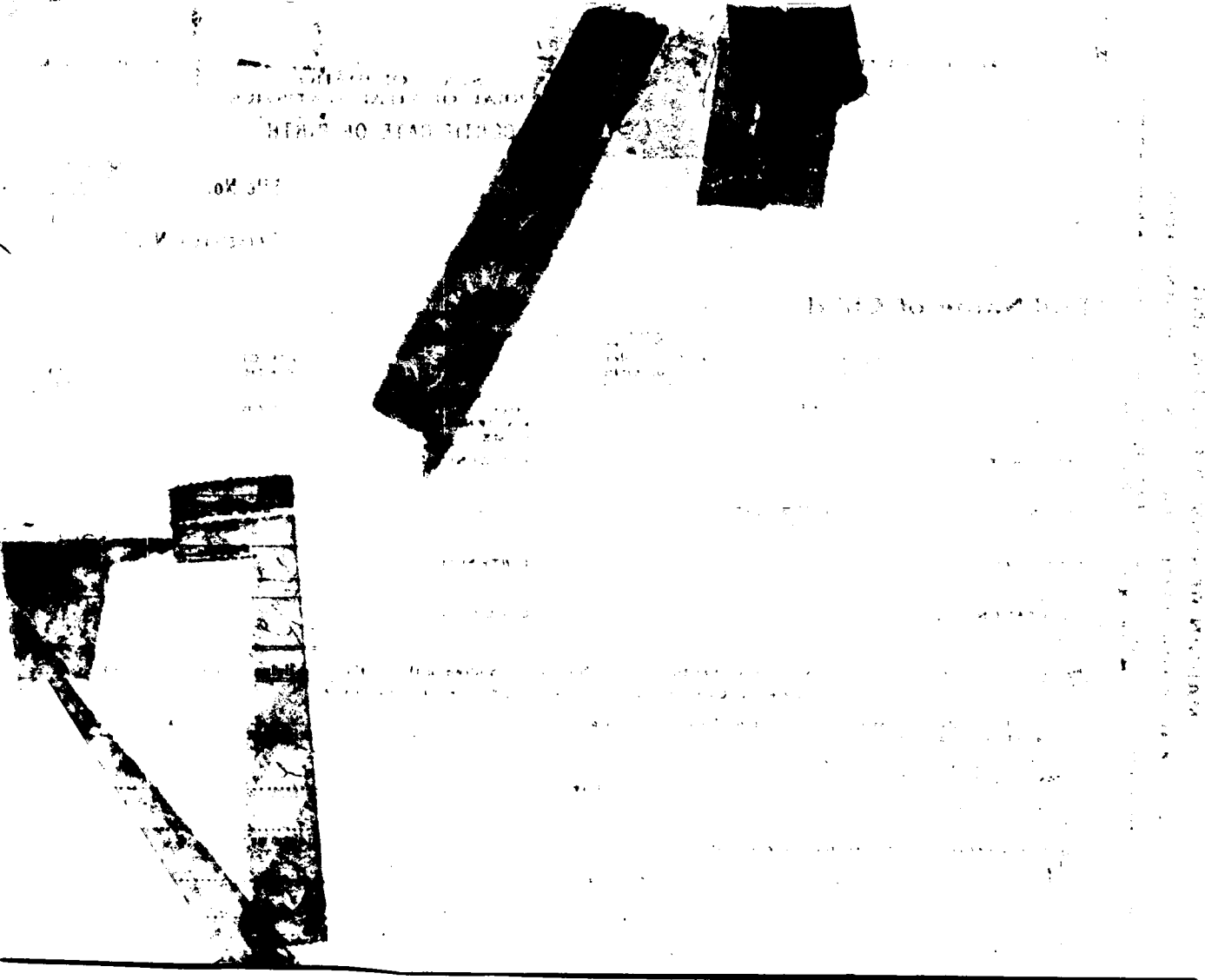
Registrar

Filed Aug. 21 1920

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING



Amended 6/23/69 (Be sure the information is complete and accurate)

614-131-034-212

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75819
Local Reg. No.
Reg. Dist. No. 19

1. PLACE OF BIRTH
a. COUNTY: Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paul
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paul
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Weston
b. (Middle): Park
c. (Last): Wadsworth

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Dec. (Day) 31 (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Daniel
b. (Middle): C.
c. (Last): Wadsworth

8. AGE (At time of this birth): 41 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Hooper, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alta
b. (Middle): Terilla
c. (Last): Baker

13. AGE (At time of this birth): 39 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Hooper, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. V. Barta
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Paul, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Feb. 9, 1920
22. REGISTRAR'S SIGNATURE: Ett. Elmore
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

ACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 28 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 75819

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Weston Irel Wadsworth (Name on Original Certificate) who was born (Was Born or Died) on December 31, 1919 (Date of Event)
in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Weston Irel Wadsworth	Weston Park Wadsworth
Full Name of Mother	Effie T. Watson	Alta Terrilla Baker
Birth Place of both parents	Helper, Utah.	Hooper, Utah

Subscribed and sworn to before me this 27th day of February, 1969

Notary Public, residing at Preston, Idaho
My commission expires 5 March 1971
(Seal)

Signed Grace E. Wadsworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1969

Notary Public, residing at Preston, Idaho
My commission expires 5 March 1971
(Seal)

Signed Grace E. Wadsworth
(Signature of Any Credible Person)

Montpelier Idaho
(Street Address, City, State)

FORM DH 60.155 WWB 2-19-69 1 copy paid (CL)

Certificate of Ordination to the Holy Priesthood. Name on certificate is Weston Park Wadsworth. Ordained an Elder in the Church of Jesus Christ of Latter-day Sainta on Dec. 21, 1941 by Willard A. Dauce. Viewed by VS.

Certificate of Baptism and Confirmation from the Church of Jesus Christ of Latter-day Saints on February 10, 1928 was baptized by Lewis D. Hancock and confirmed a member of the Church of Jesus Christ of Latter-day Saints on February 12, 1928 by Warren S. Tew. Viewed by VS.

Index card of Temple records for Wadsworth, Daniel Chester gives birthplace as Hooper, Utah. No. 2330 Book: B. lvg. page 65. date baptized June 24, 1988. Viewed by V. S.

Index card of Temple Records for Wadsworth, Daniel Chester gives wife as Alta Terilla Baker. Dated June 24, 1988. No. 2330 Book: B. lvg. page 65. Viewed by V. S.

Index Cardfor Alta Terilla Baker. No. 2331 Book: B. Lvg. page 65. Gives birthplace as Hooper, Utah. Dated June 1891. Viewed by V. S.

Index card gives Alta T. Baker birthplace as Hooper, Utah. No. 2024 A. Pr. md. Page 113. Dated Nov. 15, 1901. Viewed by V. S.

954-221-034-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka.

City of Paul. Registration District No. 19 File No. 75820

No. ..... St.

Primary Registration District No. 2015 Registered No. 4

Hospital .....

FULL NAME OF CHILD Cleo Louise Zemke.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	No.	2nd.	Yes.	Dec. 21, 19.

FATHER	MOTHER
FULL NAME: Ernest T. Zemke.	FULL MAIDEN NAME: Leonora Bailey.
RESIDENCE: Paul.	RESIDENCE: Paul.
COLOR: White. AGE AT LAST BIRTHDAY: 34. (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 21. (Years)
BIRTHPLACE: Sibley, Iowa.	BIRTHPLACE: Oakley, Idaho.
OCCUPATION: Elecrician.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-15 A-M. on the date above stated.

(Signature) R. V. Barka

(Physician or ~~midwife~~)

Address Paul, Ida.

Filed Feb. 9 1920 E. H. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 75820

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Edna Louise (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 21 1919 (DATE OF EVENT) in Paul, Minidoka Co. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Edna Louise	Cleo Louise Zemke

Subscribed and sworn to before me this 14th day of May, 1942

Gilbert Estes
Notary Public, residing at Nachez

My commission expires I - 17- 46
(SEAL)

Signed Lenora A Zemke
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. 1 - Nachez, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May 1942

Gilbert Estes
Notary Public, residing at Nachez

My commission expires I-17-1946
(SEAL)

Signed Margaret E. Hales
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Nachez, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 22 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 25 1942

113-120-034-753

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 758

Primary Registration District No. 2015 Registered No. 13

FULL NAME OF CHILD ... Donald C. Jacobs

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	1	and	4	yes	Dec	20	20

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Jacobs	FULL MAIDEN NAME	Mary A Peterson
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert Idaho R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Newton Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Dec 20-20 at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Adamson, MD

(Physician or midwife)

Address Paul, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-9 1920

O. D. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

159-213-034659

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-21.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 75832

Primary Registration District No. 2015 Registered No. 16

FULL NAME OF CHILD Tomio Omishi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		3	yes	Nov 13 1919

	FATHER	MOTHER
FULL NAME	Tom Omishi	FULL MAIDEN NAME Sue Omishi
RESIDENCE	Paul, Idaho	Paul, Idaho
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/19/42

I hereby certify that I attended the birth of this child, who was born alive, at 3 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Adams M.D.

(Physician or midwife)

Address Paul Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9—9—1920 E. H. Elmore

Registrar

JAN
MAY 20 19
NOV 28 19

719-116-034-912

PLACE OF BIRTH

County of Lincoln

City of Paul

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 75833

Primary Registration District No. 2015 Registered No. 17

FULL NAME OF CHILD Louis Benjamin Parrill

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1 (To be answered only in event of plural births) and	4	Yes	Nov 16 1919

	FATHER	MOTHER
FULL NAME	John Fillmore Parrill	FULL MAIDEN NAME Margaret Viola Rasmason
RESIDENCE	Paul Idaho	Paul, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	27 (Years)
BIRTHPLACE	Illinois	Salt Lake
OCCUPATION	Book-keeper	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. H. Adams M.D.
(Physician or midwife)

Address Paul, Idaho

Filed 2-9 1920 E. E. Ebmeyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1942

239-107-034-847

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 19

Primary Registration District No. 2015

File No. 75834

Registered No. 18

FULL NAME OF CHILD PAUL Alonzo Stroud

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	1	yes	July 7 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R. Stroud	FULL MAIDEN NAME	Nellie Hunes
RESIDENCE	Paul, Idaho	RESIDENCE	Paul Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Adams, M.D.

(Physician or midwife)

Address Paul, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-9 1920

E. E. Ehrhorn
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 75834

State of Idaho } ss.

County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Births (BIRTH OR DEATH)

for Paul alonzo Stroud (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 7 1919 (DATE OF EVENT)

in Paul 2da (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Alonzo	Paul Alonzo Stroud

Subscribed and sworn to before me this 24 day of December, 1942

W D Jessen

Notary Public, residing at Rupert Ida

My commission expires June 21 1943

(SEAL)

Signed Mrs Nell Stroud

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Rupert Ida. R. 3

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

State of ..... } ss.

County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed X

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 29 1942

DEC 30 1942

Amended 10/27/75
96 - 128 634-653

PLACE OF BIRTH

County of Minidoka

City of Paul, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-27

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 75835

Primary Registration District No. 2015 Registered No. 19

FULL NAME OF CHILD ..... Wilburn Carlyle Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		5	Yes	June 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm E Roberts	Portia Walker
RESIDENCE	Paul, Idaho	Paul Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Wyoming	Wilmington Idaho
OCCUPATION	Sugar Mill Foreman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sara A Munn MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul, Idaho

Filed 2-9 1920 E O Erickson
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1975

IDAHO DEPARTMENT OF HEALTH 10 24 75

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 24 4 28 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 75835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Harold Carlyle Roberts (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1919 (Date of Event)

in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harold Carlyle Roberts	Wilburn Carlyle Roberts

Subscribed and sworn to before me this 27th day of October, 19 75.

Notary Public, residing at Burley, Idaho
My commission expires 7/10/78
(Seal)

Signed Carol H. Roberts (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1223 West 13th Street, Burley, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Certificate of Ordination issued by Burley 1st Ward, Burley Stake on February 10, 1932 lists name as Wilburn Carlyle Roberts. Viewed by V.S. 10/27/75

OCT 28 1975

Discharge certificate issued by the U.S. Army at Fort Lewis, Washington on 19 January 1946 gives name as Wilburn C. Roberts. Viewed by V.S. 10/27/75

296-211-034-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 7563

Primary Registration District No. 2015 Registered No. 20

FULL NAME OF CHILD Ruth Elizabeth Brown

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		3	yes	June 11 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry W. Brown	FULL MAIDEN NAME	Ruth A. Lindgren
RESIDENCE	Paul Idaho	RESIDENCE	Paul, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tolyat, Kansas	BIRTHPLACE	Sweden
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. V. Adams M.D.

(Physician or midwife)

Address Paul, Idaho

Filed 2-9 1920 E. O. Ehmen

Registrar

AUG 12 1953

569-10-027-636

PLACE OF BIRTH

County of ~~Lincoln~~ Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

Registration District No. 23

Primary Registration District No. 1017-2017

File No. 75848

Registered No. .....

FULL NAME OF CHILD ..... Floyd Mett Norvill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Jan 1 1919

FATHER		MOTHER	
FULL NAME	Mett P. Norvill	FULL MAIDEN NAME	Etta Floyd
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) C. P. Fleming M.D.

Jerome Hale (Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/2 19 20 E. D. Piper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V53-21V:927-165

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 5/14/46

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 75850

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Alta Virginia Deck
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 14, 1919

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Wilford C. Deck	FULL MAIDEN NAME: Virginia Elizabeth Jones
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Washington, Spokane	BIRTHPLACE: Missouri, Roubidoux
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) Dr. O. R. Henning, M. D.

Jerome, Idaho (Physician or midwife)

Address .....

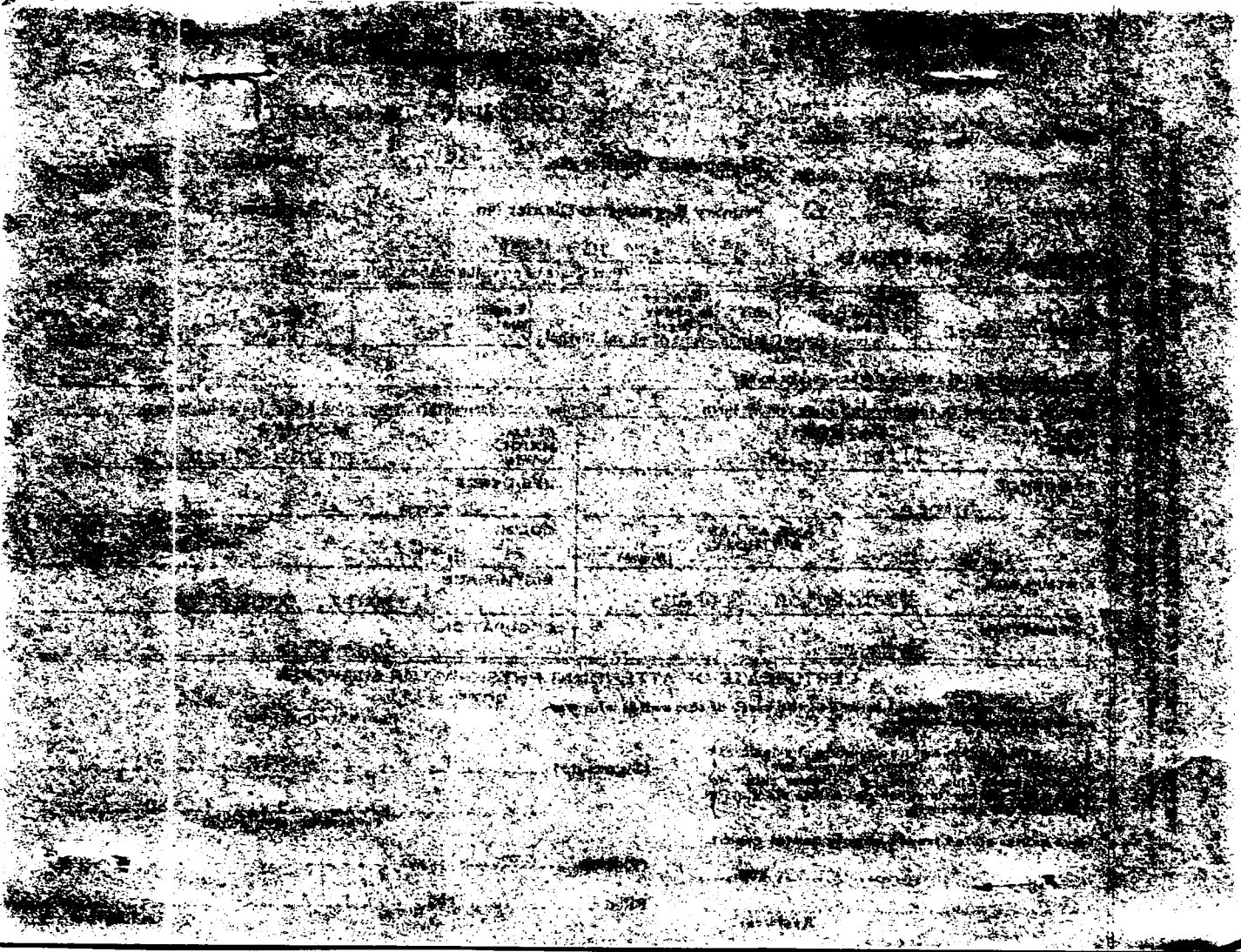
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2/2/ 1920 E. D. Piper Registrar.



751-110-[illegible]-842

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

Registration District No. .....

File No. 75852

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD (not known) Max David Leavitt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Feb 10 1919

FATHER

FULL NAME Clarence M Leavitt

RESIDENCE Jerome

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Ida Allen Hubbard

RESIDENCE Jerome

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Feb. 2 19 20

E. D. Piper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

365-129-027-238

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ ____ St.

Hospital ____ ____

STATE OF IDAHO — Form V. S. No. 11—25m-6-15-18

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH

Registration District No. 23 — File No. 75859

Primary Registration District No. 1017-2017 — Registered No. ____

Full Name of Child unnamed Coufe

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	—	—	Yes	Dec 29 19 17

FATHER		MOTHER	
FULL NAME	Earl Earnest Coufe	FULL MAIDEN NAME	Ada Schimmer
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Canada	BIRTHPLACE	Isle of Mann.
OCCUPATION	Farmer	OCCUPATION	Hdwf.

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 1/20 1920 E. D. Piper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6857 22-027-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75860

County of Jerome,

City of Jerome. Registration District No. 3 3 File No.

No. St.

Primary Registration District No. 1967-2017 Registered No.

Hospital Home

FULL NAME OF CHILD Wheeler, De Wilton

Sex of Child	Twin—Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			2	Yes	Dec 22 1919

FATHER		MOTHER	
FULL NAME	Jay Washington Wheeler	FULL MAIDEN NAME	Agnes May Burrell
RESIDENCE	Jerome,	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8-25 p. M. on the date above stated.

(Signature) Dr C. A. Zeller

(Physician or midwife)

Address Jerome

Filed 1/20/ 1920 E. D. Pyle M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 19

599-212-027-766

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome Registration District No. 92 File No. 75861

No. ..... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital Home

FULL NAME OF CHILD Erickson.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			3	Yes	Dec 12 19

	FATHER	MOTHER
FULL NAME	Francis Lester Erickson	FULL MAIDEN NAME Mabel C. Powers
RESIDENCE	Jerome	Jerome
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Utah.	Mont.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) Dr C F Zeller

(Physician or midwife)

Address Jerome Idaho

Filed Dec 20 1917 E. D. Pike Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-118-027-762

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75862

County of Jerome

City of Jerome Registration District No. 23 File No.

No. St.

Primary Registration District No. 1917-2017 Registered No.

Hospital

FULL NAME OF CHILD Thompson, Leslie Stanley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			1	Yes	Dec 18 19

FATHER

FULL NAME Leslie S Thompson

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margaret Ellen Posey

RESIDENCE Jerome.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Wm C. F. Zeller.

(Physician or midwife)

Address Jerome Idaho.

Filed Dec 20 1917

E. D. Fagan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-206-027-685

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 75863

No. ..... St.

Hospital Home Primary Registration District No. 1917-2017 Registered No. .....

FULL NAME OF CHILD Thelma Amelia Vining

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	Dec. 6 19 19

FATHER

FULL NAME Kenwood Vining

RESIDENCE Jerome Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vera Elseth

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) E. D. Pipe

(Physician or midwife)

Address Jerome Idaho

Filed Dec 20 1919 E. D. Pipe Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

APR 25 1969

249-

V. S. No. 4-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County [redacted]

75864

City of Jerome Registration District No. 23 File No.

No. St.

Primary Registration District No. 1917-2017 Registered No.

Hospital

FULL NAME OF CHILD Smith. Elsie Jane

Sex of Child F | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 2nd | Legitimate? Yes | Date of Birth Dec 3 (Month) (Day) 19[redacted]

FATHER	MOTHER
FULL NAME Robert C. Smith.	FULL MAIDEN NAME Zeota Tisdale
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Wyoming
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. J Zeller.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed DEC 20 1917

E. D. Pope

Registrar

[redacted]

[redacted]

DECEASED

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. DEC 22 10 24 AM '72
County of ..... }

Certificate No. 75864

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Name on Original Certificate) who born (Was Born or Died) on 12-3-1919 (Date of Event)
in Jerome (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elsie Jane Smith
Sex of Child	Male	Female

Subscribed and sworn to before me this 18th day of December, 1972

Notary Public, residing at ABERDEEN

My commission expires 11/4/76

(Seal)

Signed D L Osborne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3125 GRANDVIEW DR. TACOMA WA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of GRAYS HARBOR }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 1972

Notary Public, residing at ABERDEEN

My commission expires 11/4/76

(Seal)

Signed Dorothy Young
(Signature of Any Credible Person)

115 Leisure Dr. Aberdeen Wa.
(Street Address, City, State)

DPH 55. 155

NNCL 9-58 nm

Record from Family Bible record gives name as Elsie J. Smith married to Clinton C. Carson Jan. 13, 1938. And gives name of children as Elsie J. Smith born Dec. 3, 1919. Viewed by V. S.

DEC 29 1972

Letter from Tacoma Public Schools of Tacoma, Washington gives name as Elsie Jane Smith. Entered McKinley School spring of 1926. Signed by Leslie Nelson, Principal. Viewed by V. S.

263-207-039-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75884

County of Power

City of .....

No. ..... St.

Registration District No. 25

File No. 8

Primary Registration District No. 2072

Registered No. 144

Hospital .....

FULL NAME OF CHILD Elizabeth Norene Botsford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis B. Botsford	Harriett A. Zimmerman
RESIDENCE	Power Co	Power Co
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Penn.	S Dak
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Rebuck M.D.

(Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/1 1920 Richard F. Noth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

JAN 26 1942

Certificate No. 75884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Norene Botsford (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec 7, 1919 (DATE OF EVENT) in American Falls Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Norene Botsford	Norene Elizabeth Botsford

Subscribed and sworn to before me this 23rd day of January, 1942

Lea N. Edgerton

Notary Public, residing at Puyallup, Wash.

My commission expires 4-21-42

(SEAL)

Signed Harriet S. Botsford - mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

9th. St., S.W., Puyallup, Washington

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1942

Lea N. Edgerton

Notary Public, residing at Puyallup, Wash.

My commission expires April 21, 1942

(SEAL)

Signed Clyde D. Edgerton

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

P 3 Box 223

(STREET ADDRESS, CITY, STATE)

Puyallup Wash

Received for filing on JAN 26 1942 By .....

(REGISTRAR'S SIGNATURE)

JAN 31 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

554-127-039-416

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75885

County of Power

City of ..... Registration District No. 25 File No. .....

No. ..... St. Primary Registration District No. W72 Registered No. 143

Hospital .....

FULL NAME OF CHILD Reuben Henry Nee

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 27 1917

FATHER	MOTHER
FULL NAME Christian Nee	FULL MAIDEN NAME Ernestine Dawse
RESIDENCE Power Co	RESIDENCE Power Co
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Russia	BIRTHPLACE N. Dak
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Heliet M.D.

(Physician or midwife)

Address American Falls Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2/1 1918 Richard F. North

Registrar

154-219-039-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75886

County of Power

City of Power Falls

Registration District No. 25 File No. 9

No. ..... St.

Primary Registration District No. 2072 Registered No. 142

Hospital .....

FULL NAME OF CHILD Phyllis Arlene Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 19 19

FATHER		MOTHER	
FULL NAME	Ernest Elmer Anderson	FULL MAIDEN NAME	Nina South
RESIDENCE	Power Falls	RESIDENCE	Power Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Jeweler	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Power Falls Idaho

Filed 2/1/ 19 20 Richard F North

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-230-039-751

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2[illegible]

CERTIFICATE OF BIRTH 75887

County of Power

Name added 9-22-81

City of American Falls

Registration District No. 25 File No. 3

No. ..... St.

Primary Registration District No. 2672 Registered No. 141

Hospital .....

FULL NAME OF CHILD Zella May Blackmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 30 1919

FATHER

FULL NAME: Geo Blackmer

RESIDENCE: Power Co

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Edith Pearce

RESIDENCE: Power Co

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Canada

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Schuck M.D.

(Physician or midwife)

Address American Falls Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 2/1/ 1920 Richard F. Nott

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

Rec'd 9-22-81

State of Idaho
County of Adams } ss.

Certificate No. 75887
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Blackmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 30, 1919 (Date of Event)

in Am. Falls, ID Power (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Zella May Blackmer
town of birth	omitted	American Falls

Subscribed and sworn to before me this 17 day of September, 1981.
Notary Public, Idaho [signature]
Residing at Council, Idaho
My commission expires 6-8-84
(Seal)

[signature]
Signature of Applicant
[illegible] Rt Council, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of Idaho
County of Adams } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of September, 1981
Notary Public, Council, Idaho [signature]
Residing at
My commission expires 6-8-84
(Seal)

[signature]
Supporting Signature
[illegible]
Street Address, City, State

9/11/81

Certificate of Blessing gives name as Zella May Blackner daughter of George Blackner. and Edith Pease born Sept. 30, 1919 at American Falls, Idaho (Power County) Blessed April 4, 1920, in L.D.S.church.
Viewed by V.S.

SEP 22 1981

Own child's birth certifciate on file with Bureau of Vital Statistics, Boise, Idaho gives name as Zella May Blackner. Child born Feb. 4, 1941, in Boise Idaho.
Certificate # 0308432.
Viewed by v.S.

296-121-039-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75888

County of Power

City of .....

No. ..... St.

Hospital .....

Registration District No. 25 File No. 3

Primary Registration District No. 2072 Registered No. 140

FULL NAME OF CHILD Rowland David Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 21 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Durett J. Brooks	FULL MAIDEN NAME	Mary K Friesen
RESIDENCE	Power Co	RESIDENCE	Power Co
COLOR	White	AGE AT LAST BIRTHDAY	31 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 11 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. F. Heuck M.D.

(Physician or midwife)

Address American Falls, Ida

Filed 2/1 1920 Richard T. Nott Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 1 6 19

515-230-021-855

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 75898

Primary Registration District No. 219 Registered No. 243

FULL NAME OF CHILD Utona Van Leuven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec 30 1919

FATHER		MOTHER	
FULL NAME	Marvin Geo Van Leuven	FULL MAIDEN NAME	Millie A. Henderson
RESIDENCE	Clifton Idaho	RESIDENCE	Clifton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Afton Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. R. Curtis

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 16 1920 Dr. A. R. Curtis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/29/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Franklin

City of Preston

No. _____ St.

Hospital _____

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75901

Registration District No. 27 — File No. _____

Primary Registration District No. 2119 — Registered No. 81

Full Name of Child Ervin Clark

SEX OF CHILD: male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? | DATE OF BIRTH: Oct 4 1919 (Month) (Day) (Year)

FATHER

FULL NAME: Lucius Clark

RESIDENCE: Preston Ida

COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Freedom Wyoming

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Celia Card[illegible]

RESIDENCE: Preston Ida

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Orderville Utah

OCCUPATION: Housewif

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Father

(Physician or midwife)

Address Preston Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 16 1920 D. A. Curtis

Registrar

[redacted]

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

District No.

Station Dist'n

Year of

SEX OF CHILD

FULL

PERMANENT RESIDENCE OF MOTHER

(Usual place of abode. Street and number must be given in cities.)

State

(Year)

(Year)

Birth

M

Registrar

386-204-

028-454

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No. 75934

No. ..... St. Primary Registration District No. ..... Registered No. 4

Hospital .....

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FULL NAME OF CHILD Bessie Leota Thompson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one (To be answered only in event of plural births)	one	yes	Dec 4 1919

FATHER		MOTHER	
FULL NAME	George W Thompson	FULL MAIDEN NAME	Mary Underwood
RESIDENCE	Coeur d'alene, Ida	RESIDENCE	Coeur d alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 20a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Haedeen
Physician
(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 12 1920 Geo. Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 17 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

145-131-028-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 7-9 File No. 75936

No. ____ St. Primary Registration District No. 1050 Registered No. 2

Hospital ____

FULL NAME OF CHILD Joseph Dunnigan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 31 1919

FATHER		MOTHER	
FULL NAME	Wm H. Dunnigan	FULL MAIDEN NAME	Mary Ellen Kellen
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ottawa Can
OCCUPATION	Logging Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 P. M. on the date above stated.

(Signature) J. W. Myers

(Physician or midwife)

Address Coeur d'Alene Ida

Filed Feb. 5 1920 Gus Nelson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

NOT TO T[redacted]

PLACE OF BIRTH

763-112-005-315

County of Benewah

City or Town of Saunders

[redacted]te Board of Health

BUR[redacted]VITAL STATISTICS

CATE OF BIRTH

Registered No. 71

Registration Dist. No. 32 (No[redacted] St.; Ward)

FULL NAME OF CHILD John Navon Goldberg { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			6	Yes	Dec 12 1919

FATHER

Full Name: John Francis Goldberg

Residence: Saunders Idaho

Color: White

Age at last Birthday: 30 (Years)

Birthplace (State or Country): North Dakota

Occupation: Farmer

MOTHER

Full Maiden Name: Catherine Ann Saunder

Residence: Saunders Idaho

Color: White

Age at last Birthday: 28 (Years)

Birthplace (State or Country): Spokane Co. Wash.

Occupation: Housewife

Number of child of this mother: 6nd

Number of children, this mother, now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on Dec. 12th, 1919, at 10.30 P.M.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signature) W. E. Wheggeln D.O.

Osteopathic Physician (Physician or Midwife)

Address Tekoa, Wash.

Give name added from a supplemental report .....

Registrar.

Filed Feb. 7, 1920 H. C. Brush Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

243/02-005-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Conway

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. 75945

Registered No. 9

FULL NAME OF CHILD Joseph William Buchea

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 2 1919

FATHER	MOTHER
FULL NAME: Joseph Buchea	FULL MAIDEN NAME: Palmyra Sabas
RESIDENCE: Benewah Co.	RESIDENCE: Benewah Co.
COLOR: white	AGE AT LAST BIRTHDAY: 32 (Years)
COLOR: white	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Ontario Can.	BIRTHPLACE: France
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 AM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C B Smith M.D.

Physician
(Physician or midwife)

Address St. Maries

Filed Feb 7 1920 H. Eastman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

928-218-005-212

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah,

City of St. Maries

No. Riverdale County St.

Registration District No. 32

File No. 75946

Primary Registration District No. 2049

Registered No. 93

Hospital

FULL NAME OF CHILD Hatsuno Ishii

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Dec (Month) 18 (Day) 19 15 (Year)

FATHER	MOTHER
FULL NAME Tom Ishii	FULL MAIDEN NAME Muna Sakamota
RESIDENCE St. Maries.	RESIDENCE St Maries.
COLOR yellow.	COLOR yellow
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Japan.	BIRTHPLACE Japan.
OCCUPATION Laborer.	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kingsbury M.D. Phys.
(Physician or midwife)

Address St. Maries Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan 13 1920 H E Smith
Registrar

RESIDENCE

COLOR

3142071005-96 E

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canewah

City of St Maries

Registration District No. 32 File No. 75947

No. 10 St.

Primary Registration District No. 2049 Registered No. 92

Hospital

FULL NAME OF CHILD Corsetta Martha Comeron.

Sex of Child Female | Twin Triplet or other? \ | and | Number in order of birth \ | (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Nov. 7 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert J. Comeron.	FULL MAIDEN NAME	Ruth Robenson.
RESIDENCE	St. Maries.	RESIDENCE	St Maries.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Oregon.
OCCUPATION	Laborer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive., at 9:50 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Kinnebrew M.D.

Phys.

(Physician or midwife)

Address St Maries Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan 13 1920 H E Hunt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 16 1955
SEP 26 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

City of St Maries

No. Russia town 1st St.

Registration District No. 32

Primary Registration District No. 2049

Hospital

File No. 7594

Registered No. 91

FULL NAME OF CHILD Samuel Hergest

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			yes,	Nov 5- 191

	FATHER	MOTHER
FULL NAME	John M. Hergest	FULL MAIDEN NAME Mary Sust
RESIDENCE	St Maries	RESIDENCE St Maries
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35- (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Russia	BIRTHPLACE Russia
OCCUPATION	Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Livingston M.D. Phys.

(Physician or midwife)

Address St Maries Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Jan 13 1905 H E Hench

Registrar

..... Registrar

S-Y CO. 24665

386-118.004-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 9-26-45

County of Bear Lake
City of Bloomington
No. ____ St.
Hospital ____

Registration District No. 33 File No. 75952
Primary Registration District No. 2132 Registered No. 427

FULL NAME OF CHILD Newell Bruce Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			10	Yes	October 18, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	William W. Thornock	FULL MAIDEN NAME	Grace E. Wilks
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Geo. F. Ashley, M. D.

(Physician or midwife)

Address Montpelier, Idaho

Filed 2/10/20 192 R. J. Sutton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 75952

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Newell Bruce Thornock (Name on Original Certificate) who born (Was Born or Died) on Oct. 18, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by memory (Bible Record, Insurance Policy, Etc.) prepared on Sep. 20/45 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Thornock	Newell Bruce Thornock
Birth Date	October 16, 1919	October 18, 1919

Subscribed and sworn to before me this 21 day of September, 1945.

Notary Public, residing at Clerk. District Court

My commission expires

(Seal)

Signed Grace Elenor Thornock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Brother-Bloomington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of September, 1945.

Notary Public, residing at Clerk. District Court

My commission expires

(Seal)

Signed Cecil L. Thornock
(Signature of Any Credible Person)

Brother- Bloomington, Idaho
(Street Address, City, State)

SEP 2 7 1949

715-230-020-991

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75963

County of Elmore

City of Mtn Home — Registration District No. 34 — File No.

No. — St.

Primary Registration District No. 2020 — Registered No. 50

Hospital —

FULL NAME OF CHILD Maria Luisa Gandiaga

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Nov. 30th 1919

FATHER

FULL NAME Eusebio Gandiaga

RESIDENCE Mountain Home

COLOR W — AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Spain

OCCUPATION Sheepman

MOTHER

FULL MAIDEN NAME Antonia Arastorena

RESIDENCE Mountain Home

COLOR W — AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Spain

OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Urrando per Brown

Spanish (Physician or midwife)

Address Mountain Home

Given names added from a supplemental report.

..... 19.....

..... Registrar

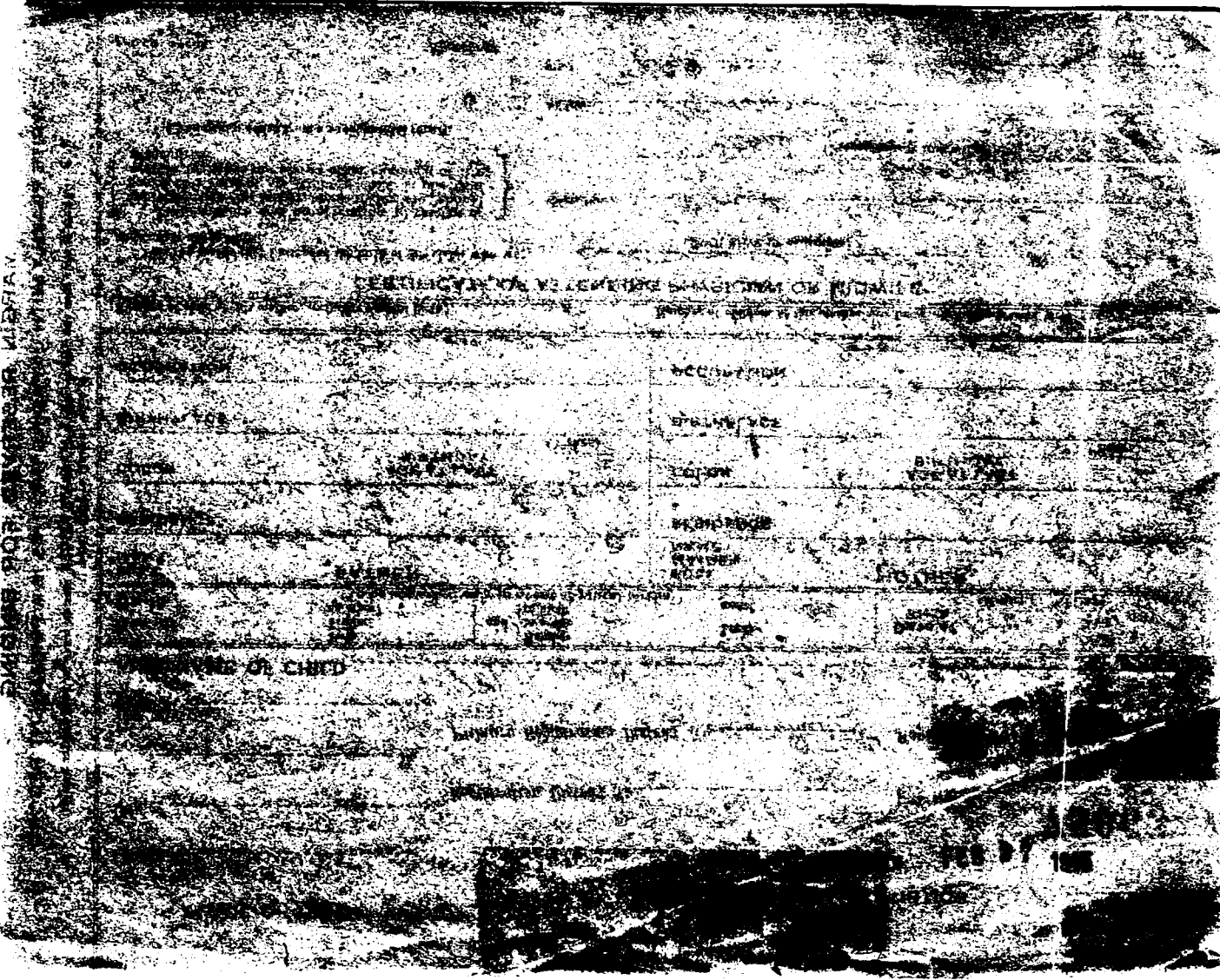
Filed 12/20 1919 B. W. Walker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



437-111-020-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 34 File No. 75967

Primary Registration District No. 2020 Registered No. 48

FULL NAME OF CHILD McGrath, William Eugene

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	——	——	Yes	12 - Dec 11 1919

FATHER		MOTHER	
FULL NAME	Wm H McGrath	FULL MAIDEN NAME	Amanda Gabbee
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	So. Dakota	BIRTHPLACE	N Dakota
OCCUPATION	Clerk	OCCUPATION	Keeps

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal Term (Born alive or stillborn) at 8:06 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

MD (Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/31 1920 B Coon Mather Registrar

S-Y CO. 20174

MARGIN PRESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each child.

PLACE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Primary Registration District No.

Registrar's No.

Sub-district No.

Entry No.

CERTIFICATE OF BIRTH

Sex of Child	This birth (Single or Twin)	and, if twin or triplet, In order born	Legal or illegal	Date of Birth (Day)	(Month)	(Year)
(To be answered only in event of plural birth)						

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including above-named birth

Number of children of this mother living, including above-named birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at the time stated above

(Born at work or elsewhere)

(Signature)

(Given name-added item a supplemental return)

(Physician or Midwife)

Address

Filed

Registrar

By Deputy

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Ada. }

Certificate No. 75967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	William Eugene McGrath
birthdate	Dec. 12, 1919	Dec. 11, 1919

Subscribed and sworn to before me this 14
day of July, 1942

C. W. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45.
(Seal)

Signed Amanda M. McGrath
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 71 Mountain Home, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

621-208-020-864

Form S. B. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

No. ~ St.

Registration District No. 34 File No. 7596

Primary Registration District No. 2020 Registered No. 47

Hospital ~ CONCHA

FULL NAME OF CHILD ~~CONFECION~~ Ora

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	~		~	Yes	Dec – 8 – 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe Ora, IGNACIO	Mountain Home ECHEVERRIA ~~Echevarria~~
RESIDENCE	Mt Home Ida	Maria
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

MD

(Physician or midwife)

Address Mt Home Ida

Given names added from a supplemental report

....., 19.....

Filed 1/30 19 20 B. W. Walther

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, arrange BIRTH RECORDS in order of birth.

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Date of Child	Twin or triplet (If so, state)	Number and in order of birth	Length inches	Date of Birth (Month) (Day) (Year)	Age
		(To be supplied only in event of illegal births)			

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn) on the date above stated.

"When there was no attending physician or midwife, then the father, householder, etc., should make this report." "A stillborn child is one that neither breathes nor shows other evidence of life after birth."

Given names added from a supplemental report

(Signature)

(Physician or midwife)

Address

Filed 19

Registrar

By Deputy

S-Y Co. 30174

CERTIFICATE OF BIRTH

City of

Registration District No.

Primary Registration District No.

File No.

19

834-029-0206-1979

PLACE OF BIRTH
name added 9-8-81

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 34 — File No. 75973

No. ——— St. — Primary Registration District No. 2020 — Registered No. 49

Hospital ———

FULL NAME OF CHILD Eula Ytuarte

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	Yes	Nov. 29th 1919

FATHER		MOTHER	
FULL NAME	Martin Ytuarte	FULL MAIDEN NAME	Alya Arza
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth: One — Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Walker
(Physician or midwife)

Address Mountain Home

Given names added from a supplemental report.

..... 19....

Filed 12/10 1919 B. W. Walker
Registrar

..... Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

7-14-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUL 20 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 75973
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ytuarte (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-29-19 (Date of Event)

in Mountain Home (Elmore) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
		Eula Ytuarte
childs name	Unnamed	Yluminada Maria Carmen Ytuarte

Subscribed and sworn to before me this 17TH day of July, 1981.

Notary Public, [signature]
Residing at Mountain Home Idaho
My commission expires 12-1-84
(Seal)

Eula Ytuarte Morgan
Signature of Applicant
385 West 8 So St. Mtn Home, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Rct# 12452

1 cc Pd

SEP 8 1981

Permanent Grade School Record gives Eula Ytuarte of Mtn Home names parent as Martin Ytuarte, dated 9-8-31. Viewed by V.S.

Cert of Birth of Bonnie Ann Morgan born 7-19-52 in Boise, gives mothers name as Eula Ytuarte age 32 born Mountain Home, ID Viewed by V.S.

249-231-042-219

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 75878

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Dorothy Elaine Burt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 31 1919

FATHER		MOTHER	
FULL NAME	William Henry Burt	FULL MAIDEN NAME	Pauline Bartle
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Nebraska
OCCUPATION	Musician	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1145 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 17 1920 John F. Caughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-226-042-494

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 75979

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD June Aldamera McAfee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 26 1919

FATHER		MOTHER	
FULL NAME	Willis McAfee	FULL MAIDEN NAME	Alma Middleton
RESIDENCE	Twin Falls - Ida.	RESIDENCE	Twin Falls - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dan. H. Reed

(Physician or midwife)

Address Twin Falls Ida.

Filed Jan 17 1920 John F. Cassyhun Registrar

DO NOT WRITE IN THIS SPACE FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

More than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

719.107.042-464

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-47

Registration District No. 38

Primary Registration District No. 2086

File No. 76018

Registered No. .....

FULL NAME OF CHILD ..... Dwight Moulton Parrott .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec. 7 1947

	FATHER	MOTHER
FULL NAME	George Robert Parrott	FULL MAIDEN NAME Jessie Mable Moulton
RESIDENCE	Berger, Ida.	Berger, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	23 (Years)
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Wright M.D.

(Physician or midwife)

Address Filer, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-6 1948 Dora A. Newberry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1941

APR 12 1943

165-125-642-693

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-O—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38

File No. 76021

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Charles Erskine Jones.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male.				Yes.	Dec. 25 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Charles Erskine Jones.	FULL MAIDEN NAME	Katherine Orthel
RESIDENCE	Filer Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight Jr.

(Physician or midwife)

Address Filer, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-6 1920 Dr. A. A. Newberry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-19-10-582-613

PLACE OF BIRTH

Form V. S. No. 11-C—Rim 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 76022

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Harmon.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Dec. 1 19

FATHER		MOTHER	
FULL NAME	Earnest Earl Harman	FULL MAIDEN NAME	Lissie Walters.
RESIDENCE	Filer. Idaho.	RESIDENCE	Filer Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oklahoma.	BIRTHPLACE	Georgia.
OCCUPATION	Mechanic	OCCUPATION	Housewife.

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank A. Dwight

..... (Physician or midwife)

Address Filer Idaho

Filed 2-6 1920 Dr. A. A. Newbery Registrar

K

DEC 19 1963

443-217-019-262

PLACE OF BIRTH

County of Custer

City of May

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-41

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 76024

Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD ✓ Mulvaney

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth 12 (Month) 14 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Edward Mulvaney	FULL MAIDEN NAME	Ethel Robbe
RESIDENCE	May	RESIDENCE	May
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Rancher & Sheep Breeder	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Lehman M.D.

(Physician or Midwife)

Address May Ida

Given names added from a supplemental report

____, 19____

____ Registrar

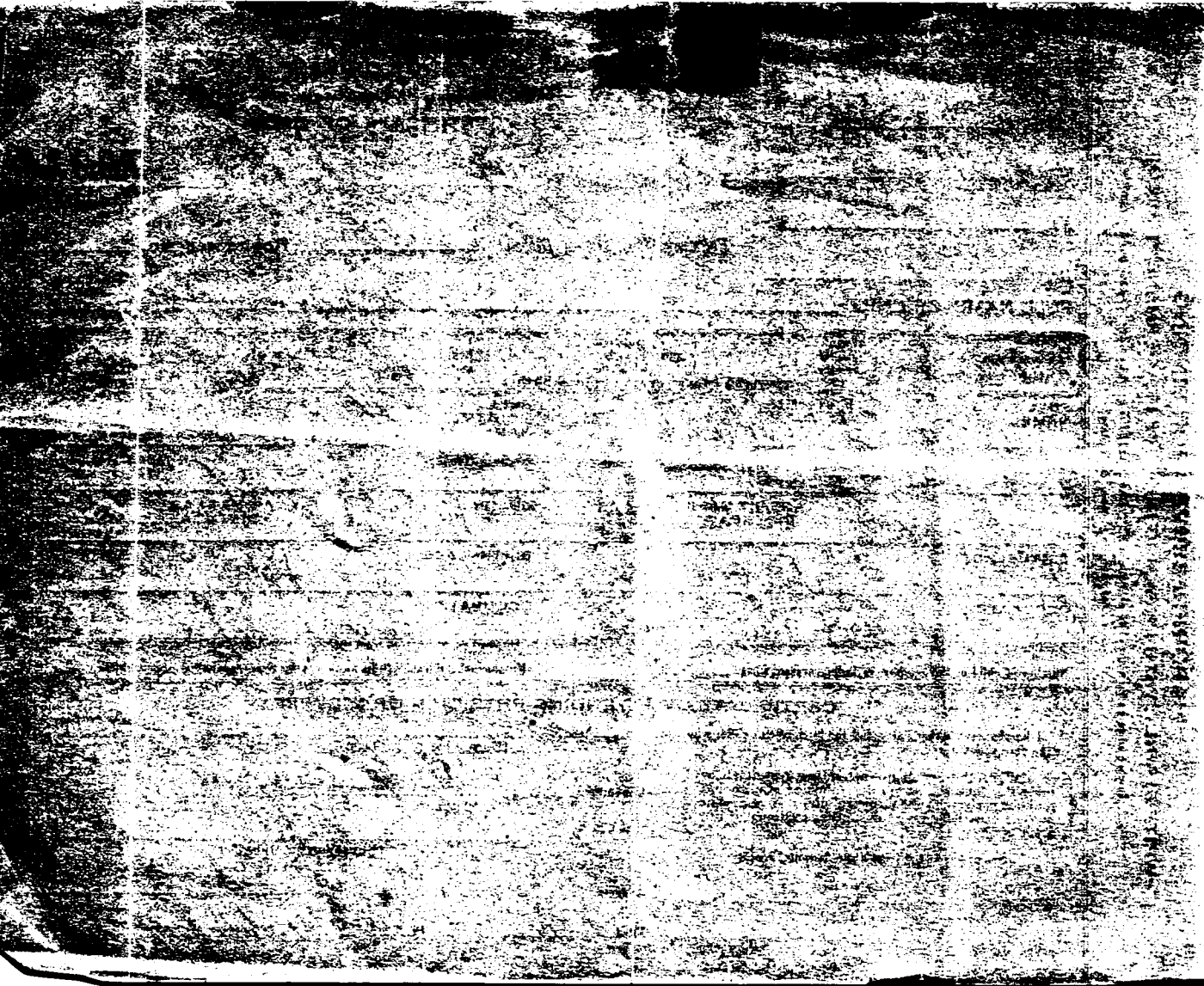
Filed 2/10 1920 M. Deming Greene Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

V≤1-126 10 1914

County of Custer

City of Pattersson

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 76025

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD X James J. Umpulos, Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.			yes	12 - 24 1917

FATHER		MOTHER	
FULL NAME	James Umpulos	FULL MAIDEN NAME	Myrtle Garnett
RESIDENCE	Pattersson	RESIDENCE	Pattersson
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Greece	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Ida.
		OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.10 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Johnson M.D.

(Physician or Midwife)

Address May Ida.

Given names added from a supplemental report

..... 19.....

Filed 2/10 19 20 M. Deming Greene

Registrar

..... Registrar

S-Y CO., 16670

258-201-030-219

PLACE OF BIRTH

County of Lemhi

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 41 File No. 76027

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Betty Jane Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 1st 1919

FATHER		MOTHER	
FULL NAME	Chas F Snyder	FULL MAIDEN NAME	Rose C Baum
RESIDENCE	17 Mile Howe	RESIDENCE	17 Mile Howe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Ind	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P B Wright-Dr

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 10 1920 M. Deming Green Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 21 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
Mar 30 10 23 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 76027

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Snyder (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1919 (Date of Event)
in Lemhi County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	? Betty Jane Snyder

Subscribed and sworn to before me this 27th day of March, 1973.

Notary Public, residing at Idaho Falls Idaho
My commission expires May 16 1974
(Seal)

Signed Charles W Snyder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~627~~ H ST Idaho Falls Idaho
261
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1973.

Notary Public, residing at Idaho Falls Idaho
My commission expires May 16 1974
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

~~627~~ H ST Idaho Falls Idaho
261
(Street Address, City, State)

FORM DH 60-188 CL 6/21/72 nm

Marriage Certificate from Montana gives groom's name as Jack F. Baird and Betty Jane Snyder. Dated April 20, 1939. Viewed by V. S.

APR 2 6 1973

Memberszhip in Methodist church of Salmon, Idaho gives name as Betty Jane Snyder. Dated Feb. 13, 1939. Viewed by V. S.

PLACE OF BIRTH 146-110-030-294

[redacted] Salmon

Form V. S. No. 11-C—25m-9-8-15

[redacted]AHO

BUREA[redacted]STATISTICS

CE[redacted]ATE OF BIRTH

City of Lemhi

Registration District No. 41

File No. 76029

No. .... St.

Primary Registration District No. 2/16

Registered No. ....

Hospital ....

FULL NAME OF CHILD Jerald Rufus Amonson

Sex of Child	Twin, Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 10 1919

FATHER		MOTHER	
FULL NAME	Albert C. Amonson	FULL MAIDEN NAME	Ida Simpson
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

.... 19......

.... Registrar

Filed 2/10 1920 M. Dewing [illegible]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth.

AUG 30 1949

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth: City Salmon

Street and House No.

County Lemhi

Registered No. 41

Registration Dist. No. 4116

Sex of Child Male

Date of Birth Dec (MONTH) 10 (DAY) 1917 (YEAR)

Father Albert Amonson (FULL NAME)

Mother Ida Johnson (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Jerrold Rufis Amonson
(GIVEN NAME IN FULL) (SURNAME)

as reported by Ida Simpson Amonson
(FATHER OR MOTHER)

M. Deming Greene
(LOCAL REGISTRAR)

APR 2 8 1969

268-217-030-559

PLACE OF BIRTH

name added 8-30-82

County of Lemhi

City of Carmen

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 76030

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Loah L. Kohl

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
		Yes	Dec 17 1919

FATHER		MOTHER	
FULL NAME	Fred Kohl	FULL MAIDEN NAME	Pearce Neil
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) F S Wright-MD

(Physician or midwife)

Address Salmon

Filed 2-1-20 1920 M. Deming Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

76030

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 25 4 23 PM '82

State of Idaho
County of Lemhi } ss.

Certificate No. 76030
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kohl (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 17, 1919 (Date of Event)

in Lemhi County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	LoahLaurena Kohl

Subscribed and sworn to before me this 23 day of August, 1982

Notary Public, Alberta Fiduccia

Residing at Salmon, Idaho

My commission expires 6/14/86

(Seal)

X Josh Mulkey
Signature of Applicant

Rt. 1 Box 152 Salmon, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lemhi } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of August, 1982.

Notary Public, _____

Residing at Salmon, Idaho

My commission expires 6/14/86

(Seal)

Doris K Young
Supporting Signature

307 Augusta Ave.
Street Address, City, State
Salmon, Id. 83467

1 cc pd

Cert of Graduation from Albion State Normal School gives Loah L Kohl received cert on Sept 1, 1940. Viewed by V.S.

AUG 30 1982

Marriage Certificate from State of Montana County of Missoula gives Doyle Leightner Mulkey and Loah L Kohl were married 11-17-44. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-131-030-365

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 76031

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Thomas Allen Mathews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert J Mathews	Rhoda Conroy
RESIDENCE	Salmon	Salmon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Work

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Wright MD

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 1920 M. Deming Greene Registrar

S-Y-CO 38071

253-218-030-253

PLACE OF BIRTH

County of Kenbi

City of Patterson

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 76033

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Gladis Kelly

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 18 1919

	FATHER	MOTHER
FULL NAME	Abbie Kelly	FULL MAIDEN NAME Nannie Beck
RESIDENCE	Patterson	Patterson
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 a.m. on the date above stated.

(Signature) C. J. Lilman M. D.

(Physician or midwife)

Address May, Idaho

Filed 2/10 1920 M. Deming Greene
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-230-030-766

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

76034

Registration District No. 42 File No. ____

Primary Registration District No. 2153 Registered No. 1

FULL NAME OF CHILD Treuna Alvina Turner

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Dec. 30 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd A. Turner	FULL MAIDEN NAME	Bernice Ellen Goodwin
RESIDENCE	Leadore, Idaho	RESIDENCE	Leadore Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Salmon, Idaho
OCCUPATION	miner	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician

(Physician or midwife)

Address Leadore, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/31 1920 Geo F Goodwin Registrar

S-Y-CO 38071

Dup of 1919-77166

455-231-028-845

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida. Registration District No. 45 File No. 76038

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Menkel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		—	yes	Dec 31 1919

FATHER		MOTHER	
FULL NAME	Geo E Menkel	FULL MAIDEN NAME	Helena Gunkler
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Car Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.... Address .....

Registrar

Filed 1/3 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33421-005-133

* PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer Registration District No. 46 File No. 76039

No. ..... St. Primary Registration District No. 7173 Registered No. 80

Hospital .....

FULL NAME OF CHILD Claudie Alfred Clephf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	7	Yes	Nov 21 1919

FATHER		MOTHER	
FULL NAME	Geo Frederick Clephf	FULL MAIDEN NAME	Elva May Allen
RESIDENCE	Plummer Ida	RESIDENCE	Plummer Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 21, 1919, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Didier MD

GEO F. W. DIDIER,
PLUMMER, IDAHO
(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed ..... 19 .....

Registrar

459-131-029-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 76056

Primary Registration District No. 10.11 Registered No. 180

FULL NAME OF CHILD Clyde Leon Mercer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 31, 1919

FATHER		MOTHER	
FULL NAME	J. G. Mercer	FULL MAIDEN NAME	Bessie Willis
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	Negro	COLOR	Negro
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Okla
OCCUPATION	Porter	OCCUPATION	House Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Cudan

Moscow

(Physician or midwife)

Idaho

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/29 19 20 N. H. Carruthers Registrar

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

16056

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No.

County Latah

Registered No. 180

Registration Dist. No. 61

Sex of Child Male

Date of Birth Dec 31 1919
MONTH DAY YEAR

Father J A Mercer
FULL NAME

Mother Bessie Willis
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Clyde Lewis Mercer
GIVEN NAME IN FULL SURNAME

as reported by J. A. Mercer
FATHER OR MOTHER

W. H. Carothers
LOCAL REGISTRAR

NOV 21 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869127-029-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No. 76057

Registered No. 181

FULL NAME OF CHILD Alden Elwell Hoidal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 27, 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anders Hoidal	Clara Matilda Benson
RESIDENCE	Troy, Idaho	Troy, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	24
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/29 19 20 W. H. Carithers

Registrar

JUN 17 1968

593-124-029-413

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 61 File No. 76058

Primary Registration District No. 1011 Registered No. 179

FULL NAME OF CHILD Percy Monroe Vickrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 24 1917

FATHER		MOTHER	
FULL NAME	J. L. Vickrey	FULL MAIDEN NAME	Allie Malloy
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. A. Rodgers

Moscow (Physician or midwife)

Address Idaho

Filed 1/29 1918 N. H. Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

76 057

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No.

County Latah

Registered No. 179

Registration Dist. No. 61

Sex of Child Male

Date of Birth Dec 24 1909
MONTH DAY YEAR

Father J. L. Vickrey
FULL NAME

Mother Ollie Malloy
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Percy Monroe Vickrey
GIVEN NAME IN FULL SURNAME

as reported by J. L. Vickrey
FATHER OR MOTHER

W. H. Carithers
LOCAL REGISTRAR

STATE OF IDAHO

-DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 76058

Date Filed Mar 8 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Percy Monroe Vickrey (Name on Original Certificate) who was born (Was Born or Died) on December 24, 1919 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Percy Monroe Vickrey
father's name	J. L. Vickery	James L. Vickrey
		Mrs. Ollie Vickrey

Subscribed and sworn to before me this 26th day of March, 19 42

L. J. Dittmore
Probate Judge
Notary Public, residing at Moscow, Idaho

My commission expires
(Seal)

Signed Mrs. Ollie Vickrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

919 West A. St., Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 19 42

L. J. Dittmore
Probate Judge
Notary Public, residing at Moscow, Idaho

My commission expires January, 1943.
(Seal)

Signed Mrs. Rita Esterbrooks
(Signature of Any Credible Person Other Than Previous Year)

Palatch, Idaho
(Street Address, City, State)

219-210-029-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 76059

Primary Registration District No. 2141 Registered No. 178

FULL NAME OF CHILD Faith Mildred Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Dec 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ford A. Barnett	Edna B. Reeder
RESIDENCE	Moscow Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	27
BIRTHPLACE	Minn.	Iowa
OCCUPATION	Farmer	Home Keeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moscow (Physician or midwife)

Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1/29 19 20 W. H. Carothers Registrar

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

760579

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No.

County Latah

Registered No. 178

Registration Dist. No. 61

Sex of Child Female

Date of Birth Dec 10 1917
MONTH DAY YEAR

Father Fred A Barnett
FULL NAME

Mother Elsie B Reeder
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Faith Mildred Barnett
GIVEN NAME IN FULL SURNAME

as reported by Fred A Barnett
FATHER OR MOTHER

W H Carithers
LOCAL REGISTRAR

NOV 8 1974

MAR 1 1 1943

[redacted] BUREAU OF VITAL STATISTICS

76061

Registered No.

County of [redacted]

City or Town of Genesee

659-228-029-264

CERTIFICATE OF BIRTH

Registration Dist. No. ..... (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Marie Alice Wernecke {If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	Yes	Dec 28th 1919

FATHER

Full Name: Albert Adolph Wernecke

Residence: Latah Co, Idaho

Color: White

Age at last Birthday: 28 (Years)

Birthplace (State or Country): Idaho

Occupation: Farmer

MOTHER

Full Maiden Name: Frorol Gertrude Bowman

Residence: Latah Co Idaho

Color: White

Age at last Birthday: 25 (Years)

Birthplace (State or Country): Wisconsin

Occupation: housewife

Number of child of this mother: 2

Number of children, this mother, now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / stillborn} † and that it occurred on Dec. 28th, 1919, at 1:30 P.M.

(Signature) W. L. Harris M.D.

(Physician or Midwife)

Address Coeur d'Alene

Filed Jan 20, 1920 — C. N. Johnson, Registrar.

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

Give name added from a supplemental report.....

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each in order of birth, stated.

2- MOTHER

BRUMM

DUP OF 1919- 77122

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Latah }

Certificate No. 76061

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on Dec. 28-1919 (Date of Event)
in Genesee Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marie Alice Wernecke

Subscribed and sworn to before me this 27
day of April, 1943.

Notary Public, residing at Genesee Idaho

My commission expires Oct 15-1946
(Seal)

Signed Faral Wernecke - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Genesee Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-231-024-243

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m

Registration District No. 64 File No. 76062

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD ~~Eleanor~~ ELEANOR Harland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 31 191

FATHER		MOTHER	
FULL NAME	Raymond Harland	FULL MAIDEN NAME	Stella Buck
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCall

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

Feb 6 1920

J. E. Pickerd Registrar

Filed Feb 6 1920

J. E. Pickerd Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 76062

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed — (Name on Original Certificate) who was born (Was Born or Died) on Dec 31-1919 (Date of Event)
in Troy Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my own knowledge (Birth Record, Insurance Policy, Etc.) prepared on myself at birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eleanor Harland

Subscribed and sworn to before me this 3 day of July, 1942

E. C. Brooke
Notary Public, residing at Troy Ida

My commission expires 8-1-1945
(Seal)

Signed Stella Harland, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Troy Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of July, 1942

E. C. Brooke
Notary Public, residing at Troy Ida

My commission expires 8-1-1945
(Seal)

Signed O. Johnson
(Signature of Any Credible Person Other Than Previous Year)

Troy Ida
(Street Address, City, State)

JUL 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-668-029-256

PLACE OF BIRTH

County of Latah

City of Onaway

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 76067

Primary Registration District No. 2165 Registered No. .....

FULL NAME OF CHILD Gilliam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Nov 18 1919

FATHER		MOTHER	
FULL NAME	Archie Gilliam	FULL MAIDEN NAME	Nancy C Arrowsmith
RESIDENCE	Onaway Latah Co	RESIDENCE	Latah Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash.
OCCUPATION	Box maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Hess MD

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 1920

D. J. Thompson Registrar

JAN 7 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-214-029-645

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 850 Larch St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 5-5-17

CERTIFICATE OF BIRTH

Registration District No. 65

File No. 76068

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Grace Caroline McKechan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 14 1919

FATHER	MOTHER
FULL NAME Ralph W McKechan	FULL MAIDEN NAME Potlatch
RESIDENCE 850 Cedar Potlatch	RESIDENCE name Myrtle J Odell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wash	BIRTHPLACE Mo.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest T Heun M.D.

(Physician or midwife)

Address Potlatch. Wash

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 31st 1920

D. J. W. Thompson
Registrar

K

344-120-029-464

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 845 Larch St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rim-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 76070

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Albert Ed. Ludwig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 20 1919

FATHER

FULL NAME Fred. P Ludwig

RESIDENCE 845 Larch

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Spokane Wash

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Vera J Rounds

RESIDENCE Potlatch

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kerr M D

(Physician or midwife)

Address Palouse Wash.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec. 30. 1920. D. M. Thompson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County) .....

City .....

No. ..... St. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child

This birth (1st, 2nd, 3rd, or other) (Do not complete if twin or triplet)

Legitimate

Date of Birth

FATHER

FULL NAME

RESIDENCE

COLOR

ABSTRACT BIRTHDAY

BIRTHPLACE

OCCUPATION

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

ABSTRACT BIRTHDAY

BIRTHPLACE

OCCUPATION

ATTENDING PHYSICIAN OR MIDWIFE

Registered No. .....

File No. .....

212-229-029-915

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 76078

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Coral Joyce Boker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 29 1919

FATHER		MOTHER	
FULL NAME	George A. Boker	FULL MAIDEN NAME	Greta Randall
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ontario - Canada	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11. P. M on the date above stated.

(Born alive or stillborn)

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho.

Filed 12-Jan 1920 R. A. Pepple Registrar

Juliaetta Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
218-103040-622
City of Shoshone

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Wallace Registration District No. 20 File No. 76079

No. ..... St. Primary Registration District No. 1011 Registered No. 93

Hospital Providence

FULL NAME OF CHILD Robert Ennis Dayko

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 3 1917

FATHER		MOTHER	
FULL NAME	Ennis G. Dayko	FULL MAIDEN NAME	Margaret Osborne
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Austria	BIRTHPLACE	Spokane
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

Nov 13 1917 Filed ..... 19.... F. L. Jacques

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-13 340-1918

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] ITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

County of Shoshone

City of Wallace Ida

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 76080

No. ..... St.

Hospital Wallace Hosp. Primary Registration District No. 1011 Registered No. 94

FULL NAME OF CHILD Not Given Revelli

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	November 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Revelli	FULL MAIDEN NAME	Dollie Day
RESIDENCE	Burke Idaho	RESIDENCE	Burke Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Madison Nebraska
OCCUPATION	Tunnel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was November 12th 1919 at 5 46 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank C. Stanton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 20 1919

F L Jacobsen

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 7 1956

433-115-040255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 16081

No. ..... St.

Primary Registration District No. 1011

Registered No. 95

Hospital Wallace

FULL NAME OF CHILD Ben McCulloch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 15th 1919

FATHER

FULL NAME Ben McCulloch

RESIDENCE 112 Bank - Wallace Ida

COLOR White

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Marianna Arkansas

OCCUPATION Hardware

MOTHER

FULL MAIDEN NAME Agnes Beevers

RESIDENCE 112 Bank - Wallace Ida

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Charleston Arkansas

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Nov. 15th 1919 at 8:25 p.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report. ..... 19....

..... Registrar

Nov. 30 19 19

Filed

[signature] Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

849-218-040-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 20

File No. 76082

Primary Registration District No. 1001

Registered No. 96

FULL NAME OF CHILD Constance Gail Sturtevant

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	November	18	1919

	FATHER	MOTHER
FULL NAME	Fred Sturtevant	May Bolander
RESIDENCE	Burke, Idaho	Burke, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	24 (Years)
BIRTHPLACE	Canada	Minnesota
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank L. Sturtevant M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Nov 30 1919

F. L. Jeuckes

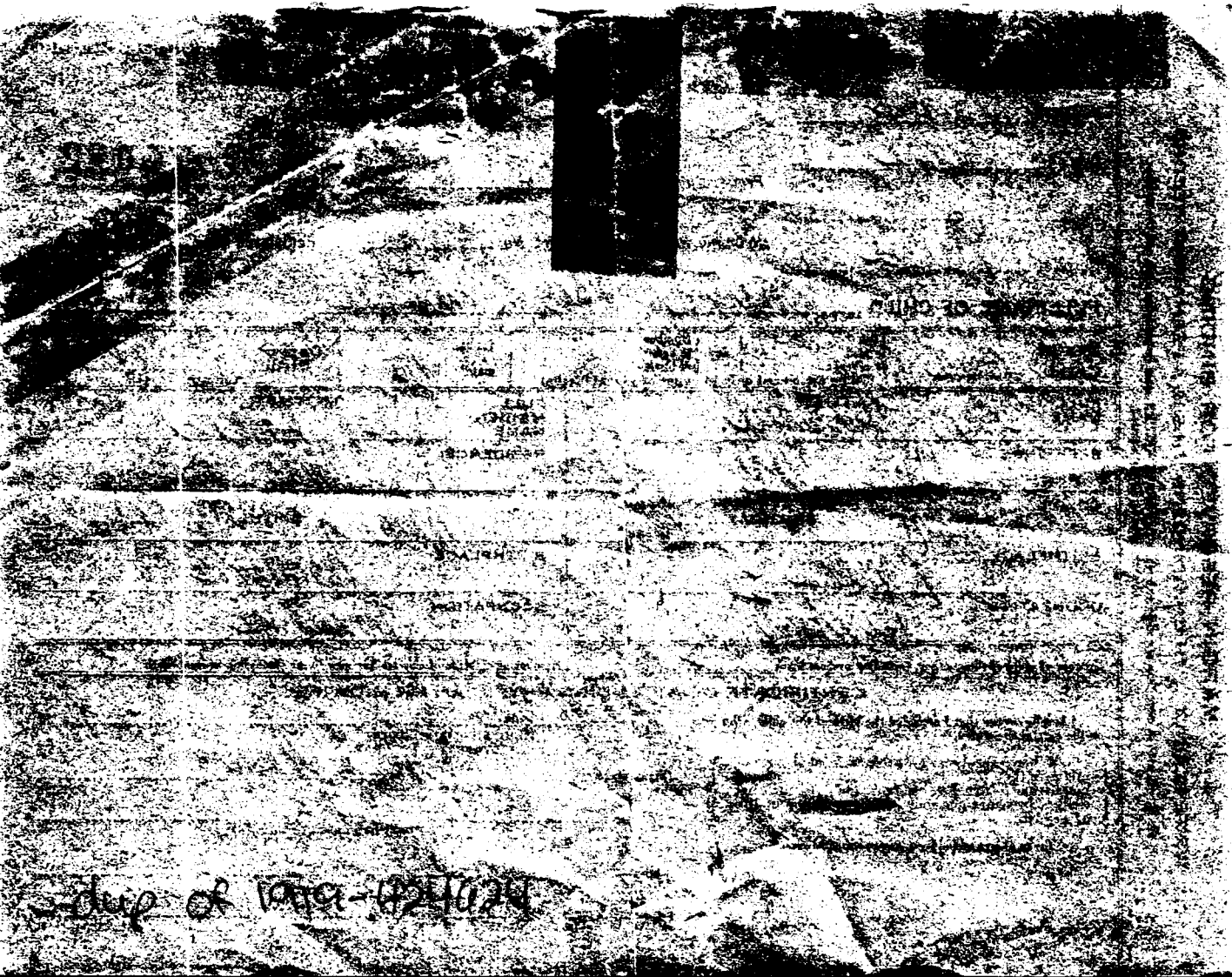
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



794-124-040-238

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 70

Primary Registration District No. 1001

File No. 76083

Registered No. 497

FULL NAME OF CHILD Charles Edward Gruter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 24 1919

FATHER		MOTHER	
FULL NAME	Edward J. Gruter	FULL MAIDEN NAME	Marie Schoges
RESIDENCE	Mullan Ida	RESIDENCE	Mullan, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) Dr J Mowry

Physicians (Physician or midwife)

Address .....

Nov 30 1919

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

F L Freeman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MAY 2 2 1944

815-12-c-40-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 70 File No. 76084

Primary Registration District No. 104 Registered No. 98

FULL NAME OF CHILD Harvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 26th 1919

FATHER		MOTHER	
FULL NAME	Lary Harvey	FULL MAIDEN NAME	Selma Needles
RESIDENCE	Pasco Idaho	RESIDENCE	Pasco Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	14
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington (Walla Walla)
OCCUPATION	Contractor	OCCUPATION	Home Maker

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Living at Pasco Hospital at _____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Nov 20 1919 T. L. Jennings Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD BIRTH PLACE

Z - HANLEY

not

dup of 1919-283052

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

152-103-040-493

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

No. ____ St.

Primary Registration District No. 1011

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

File No. 76085

Registered No. 83

FULL NAME OF CHILD Courtenay David Anselm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Oct 3 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David R. J. Anselm	Alvina Mullen
RESIDENCE	Burke Ida	Burke, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Ill.	Minn.
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) D. S. Mowry

(Physician or midwife) Physician

Address Wallace Ida

Filed Oct 10 1919 J. L. Jensen Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

AUG 28 1950

SEP 12 1950

CHANGED
BIRTH DATE
AND TIME

dup of 1919-72559

not

453-204-040-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 76086

No. ..... St. Primary Registration District No. 1011 Registered No. 86

Hospital Providence

FULL NAME OF CHILD Marguerite De Laugr

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 4 1919

	FATHER	MOTHER
FULL NAME	Phillip De Laugr	FULL MAIDEN NAME Matilda Van Dame
RESIDENCE	Lake Gulch	RESIDENCE Lake Gulch
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Belgium	BIRTHPLACE Belgium
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Mowery

(Physician or midwife)

Address Wallace Ida

Filed Oct 10 1919 F. L. Jenkins

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-108-040-566

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace — Registration District No. 70 — File No. 76087

No. ..... St. — Primary Registration District No. 1011 — Registered No. 87

Hospital Providence

FULL NAME OF CHILD William Robert McKinley

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Oct (Month) 8 (Day) 1919 (Year)

FATHER

FULL NAME: Roy McKinley

RESIDENCE: Interstate

COLOR: W — AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Washington

OCCUPATION: Millman

MOTHER

FULL MAIDEN NAME: Addie Voorhies

RESIDENCE: Interstate

COLOR: W — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: HW

Number of child of this mother, including present birth: 8 — Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

(Signature) James R Beam

(Physician or midwife)

Address .....

Filed Oct 10 1919 — F. L. Jacobs — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MAR 1 1985

Form V. S. No. 11-C—2000-9-5-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
294-215-040-449
County of Shoshone
City of Wallace
No. ..... St.
Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 10
Primary Registration District No. 10-11
File No. 76088
Registered No. 88

FULL NAME OF CHILD Frances Jean Krueger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 14 1919

FATHER		MOTHER	
FULL NAME	Arthur W Krueger	FULL MAIDEN NAME	Frances Murray
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	N Dak	BIRTHPLACE	Scotland
OCCUPATION	Engineer	OCCUPATION	Kw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Brain
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....
Filed Oct 27 19 14 F L Jeffery
Registrar

JAN 28 1969

Form V. S. No. 11-C—25m-6-5-17

PLACE OF BIRTH

482-22-040-843

County of Shoshone

City of Near Three Spur Nor. Loe. Rd

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70

Primary Registration District No. 1011

File No. 76089

Registered No. 89

FULL NAME OF CHILD Mary Helen Mykleburst

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 22 1919

FATHER	MOTHER
FULL NAME Martin Mykleburst	FULL MAIDEN NAME Mary Hutchinson
RESIDENCE Stygg Spur Mullan Idaho	RESIDENCE Three Spur Mullan, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Norway	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION Nurse

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) James R Bean (Physician or midwife)

Address .....

..... 19..... Filed Oct 30 1919

..... Registrar F. P. Jeune Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-24-0040-799.

PLACE OF BIRTH

Amended 10-25-77

County of Shoshone

City of Wallace

No. ____ St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

NOR

CERTIFICATE OF BIRTH

Registration District No. ~~1976~~ 79 1011 ~~2100~~

File No. 76090

Primary Registration District No. ____

Registered No. ~~1178~~ 90

FULL NAME OF CHILD Margaret Adeline Dorsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dan Dorsey	Catherine Eyth
RESIDENCE	Sunset Ida	Sunset, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	41
BIRTHPLACE	Wisconsin	Minnesota
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 109 M. on the date above stated.

(Signature) Dr. S Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Oct 29 19 19 F. L. Hunter Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 21 3 00 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of SHOSHONE } ss.

Certificate No. 76090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marguerite Dorsey (Name on Original Certificate) who was born (Was Born or Died) on Oct 24, 1919 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Nov. 4, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Marguerite Dorsey	Margaret Adeline Dorsey

Subscribed and sworn to before me this 21st day of June 19 77

Notary Public, residing at Wallace, Idaho
Notary Public for the State of Idaho
Residing at Wallace, Idaho
My commission expires
My commission expires January 1, 1979
(Seal)

Signed Helen A. Dorsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 82 Wallace, Idaho 83873
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of SHOSHONE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 19 77

Notary Public, residing at Wallace, Idaho
Notary Public for the State of Idaho
Residing at Wallace, Idaho
My commission expires
My commission expires January 1, 1979
(Seal)

Signed Dr. A. M. Peterson
(Signature of Any Credible Person)

Dr. A. M. Peterson

Wallace, Idaho 83873
(Street Address, City, State)

FORM DH 60-155

CL 11/9/76 nm

Certif of Baptism ~~and~~x from the St. Alphonsus church in Wallace Idaho. gives child's name as Margaret Adeline Dorsey child of Daniel Dorsey and Catherine (Kate) Gritz. born in Oct 24, 1919 in Wallace, ID Baptized Nov 4, 1919. viewed by VS

High school transcript from the LDS Church gives name as Margaret Dorsey born 10-24-19 graduated 5/21/37. viewed by V. S.

Statement by attending physician gives name as Margaret Adeline Dorsey born October 24, 1919 in Wallace, Idaho, to Daniel Dorsey and Katherine Gritz. Statement issued 1940.
Viewed by V.S.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH
819-326-0907685
County of Shoshone

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Wallace

Registration District No. 70

File No. 76091

No. ..... St.

Primary Registration District No. 1011

Registered No. 91

Hospital Providence

FULL NAME OF CHILD Beverly Marie Harwood

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Oct 26 1917

FATHER

FULL NAME Arthur J Harwood

RESIDENCE Mullan

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Montana

OCCUPATION Druggist

MOTHER

FULL MAIDEN NAME Martha A Wheatley

RESIDENCE Mullan

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 31 1917

F. L. Lee

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-227-040-993

Form V. S. No. 11-C—Rev. 1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70

File No. 76092

Primary Registration District No. 1011

Registered No. 92

Hospital Wallace

FULL NAME OF CHILD Phyllis ~~Mary~~ Ware Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 27 1919

FATHER		MOTHER	
FULL NAME	John Raymond Morrison	FULL MAIDEN NAME	Lillian Richie
RESIDENCE	King Street Wallace Ida	RESIDENCE	King Street Wallace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Anaconda Montana	BIRTHPLACE	Butte Montana
OCCUPATION	Stage Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Nov. 27 1919 at .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

Oct 31 19 19 F. L. Jeune

..... Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

15

269-101-040-354

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 76093

No. .... St.

Primary Registration District No. 1011

Registered No. 99

Hospital Wallace

FULL NAME OF CHILD Fredrick Lloyd Swinnerton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	12 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Lloyd Swinnerton	FULL MAIDEN NAME	Laura Lemon
RESIDENCE	Tamarack Idaho	RESIDENCE	Tamarack Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Glenwood Iowa	BIRTHPLACE	Kansas
OCCUPATION	Steel Sharpener	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was .... (Born alive or stillborn) on the date above stated. December 1st 1919 at 7:37 a. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Given names added from a supplemental report.

.... 19...

Address

.... Registrar

Filed Dec 15 1919 F. L. [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-Y CO. 24655

665-103-040-784

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 76094

No. ..... St.

Primary Registration District No. 1011 Registered No. 100

Hospital Providence

FULL NAME OF CHILD Charles Hayden Owens Jr.

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 3 1919

FATHER	MOTHER
FULL NAME Charles Hayden Owens	FULL MAIDEN NAME Constance Libertatia Hyde
RESIDENCE Army occupation Germany	RESIDENCE Wallace Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Illinois.	BIRTHPLACE Idaho.
OCCUPATION U.S. Army Officer	OCCUPATION Housewife,

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M. on the date above stated.

(Born alive or stillborn)

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Filed Dec 15 19 ..... Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MAY 22 1958
NOV 2 1971

942.1 08:040-275

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Ida

Registration District No. 70

File No. 76095

No. ____ St.

Primary Registration District No. 1011

Registered No. 101

Hospital Wallace

FULL NAME OF CHILD Dan Cayuse Russell II

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 8th 1919

FATHER	MOTHER
FULL NAME: Dan C Russell	FULL MAIDEN NAME: Martha Sperry
RESIDENCE: Wallace Idaho	RESIDENCE: Wallace Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Joliet Illinois
OCCUPATION: Credit man Hardware	OCCUPATION: Housewife

Number of child of this mother, including present birth: ____ Number of children of this mother now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 8th 1919 at 9:52 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Jennings

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Registrar

Address .....

Filed Dec 20 1919 H. R. Jennings Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213.109.040-445

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace — Registration District No. 70 — File No. 76096

No. Idaho St. — Primary Registration District No. 1011 — Registered No. 197

Hospital Wallace

FULL NAME OF CHILD Ward Henry Batzle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 9th 1919

FATHER		MOTHER	
FULL NAME	Paul Henry Batzle	FULL MAIDEN NAME	Ethel Dunn
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 Years (Years)
BIRTHPLACE	Buffalo N. Y.	BIRTHPLACE	Morton Wisconsin
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Dec. 9th 1919 at 3:32 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Filed Dec 24 1919

..... Registrar

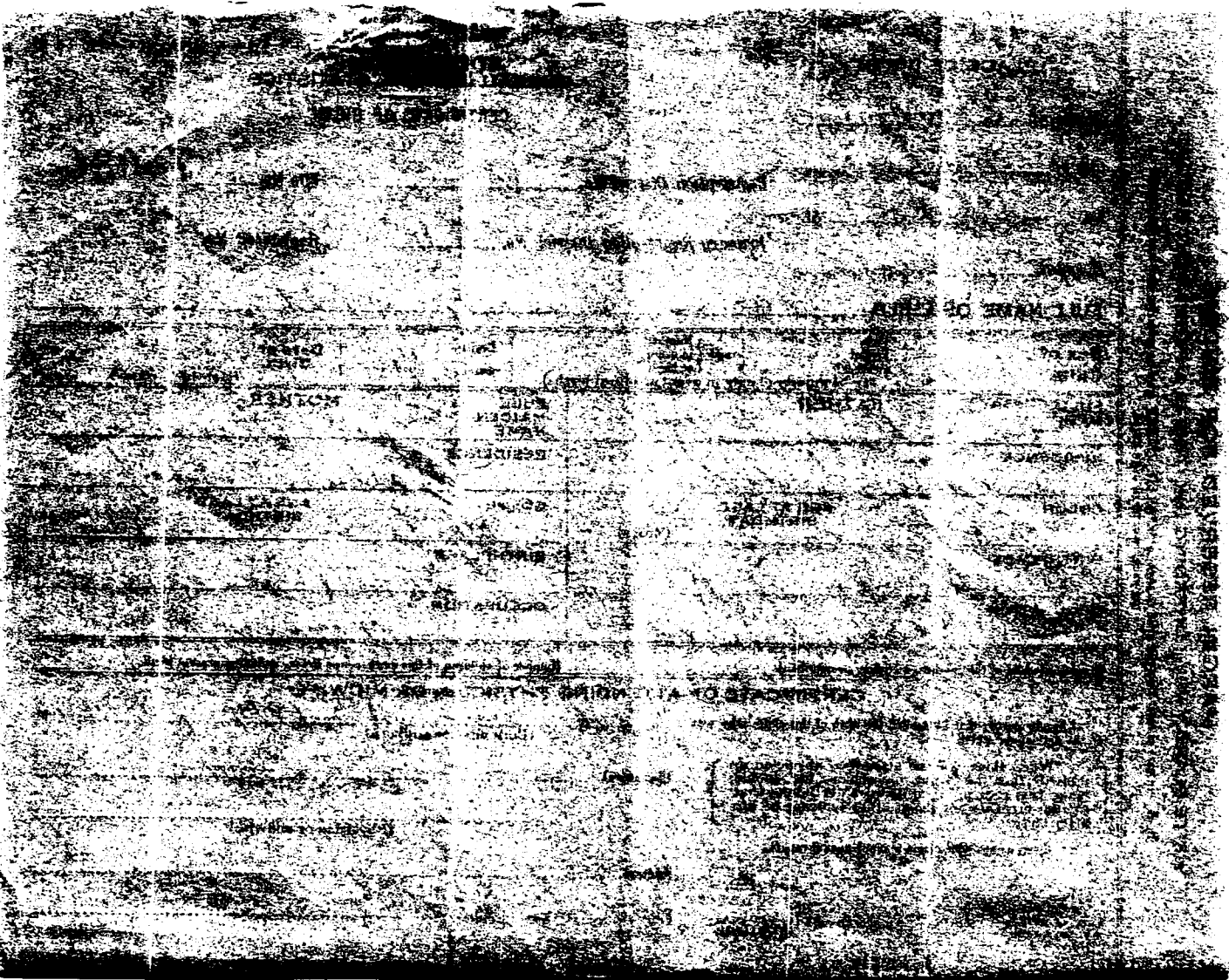
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



867-114-040-799

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 76697

No. ____ St.

Hospital Providence

Primary Registration District No. 1011

Registered No. 10 a

FULL NAME OF CHILD William Charles Hopkins

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child: M	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? yes	Date of Birth: Dec (Month) 14 (Day) 19 (Year)	
FULL NAME OF FATHER: Oscar Charles Hopkins			FULL MAIDEN NAME OF MOTHER: Roberta Girard		
RESIDENCE: Enaville Ida			RESIDENCE: Enaville Ida		
COLOR: W	AGE AT LAST BIRTHDAY: 33 (Years)		COLOR: W	AGE AT LAST BIRTHDAY: 17 (Years)	
BIRTHPLACE: Tennessee			BIRTHPLACE: Idaho		
OCCUPATION: Rancher			OCCUPATION: Housewife		

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Address Wallace Ida

Filed Dec 20 19 19

Given names added from a supplemental report.

..... 19.....

S-Y-CO 36071

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219- —— 227.040-614

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 10 File No. 76099

No. ____ St.

Primary Registration District No. 1011 Registered No. 105

Hospital Providence

FULL NAME OF CHILD WENDELYN JEANNE BARRY
Wendelyn Alex Barry

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	Dec 27 1919

	FATHER	MOTHER
FULL NAME	James A. Barry	FULL MAIDEN NAME Ethel Waddingham
RESIDENCE	Wallace Ida	RESIDENCE Wallace, Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	33	35
BIRTHPLACE	Canada	BIRTHPLACE England
OCCUPATION	Ry. Conductor	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Filed Dec 30 1919

..... Registrar

..... Registrar

S-Y-CO 38C 71

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Missoula }

Certificate No. 76099

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or ~~Death~~)

for ..... (Name on Original Certificate) who ..... (Was Born or ~~Died~~) on Dec. 27th 1919 (Date of Event)

in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ✓ (Bible Record, Insurance Policy, Etc.) ✓ prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wendelin Ethel	Wendelyn Jeanne Barry

Subscribed and sworn to before me this 21st day of July 1944

Notary Public, residing at Missoula Mont

My commission expires October 8th 1944
(Seal)

Signed Mrs Ethyl I Barry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

620 North Ave East
(Street Address, City, State) Missoula Mont

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 3 1942

AUG 5

236-131-040-314

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 10 File No. 76100

No. ... St. Primary Registration District No. 1016 Registered No. 106

Hospital Providence

FULL NAME OF CHILD Francis Bryce Stockslager

Sex of Child: M	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Dec 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Bryce Stockslager	FULL MAIDEN NAME	Ellen Campson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	New York
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

.... 19 ....

Registrar

Filed Jan 2 1920 F L [illegible]

Registrar

APR 1 4 1976

APR 2 1951

643-12-302869

PLACE OF BIRTH

U.S. BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of .....

City of ..... Registration District No. ..... File No. 76101

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymon S. Herman Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Dec 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. S. Williams	Maud Hogan
RESIDENCE	Council	Council
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	42
BIRTHPLACE	Ind.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Hogan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 31 1919

Registrar

[redacted] 249-205-041-493

E OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76103

County of Teton

City of Bates

Registration District No. 77

File No. Eighteen

No. ..... St.

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD HELEN EDENA Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3	Yes	Oct 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert L. Smith	Maude Miller
RESIDENCE	Bates Ida.	Bates Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. P. Webster

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Dingle Ida

Filed Feb 9th 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 13 1969

APR 8 1952

912-204-041-464

PLACE OF BIRTH

County of Teton

City of Chapin

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

76104

Registration District No. 77

File No. Nineteen

Primary Registration District No. 2176

Registered No.

FULL NAME OF CHILD FRANCIS BETH RASMUSSEN

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	2	Yes	Dec. 4 (Month) (Day) 1917 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Elvin Rasmussen	FULL MAIDEN NAME	Amy Moulton
RESIDENCE	Chapin Ida	RESIDENCE	Chapin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician

(Physician or midwife)

Address Chapin Ida

Filed Feb 9 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-135837

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton

Certificate No. 76164
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Rasmussen (Name on original certificate) who was born (Was born or died) on December 4, 1919 (Date of event)
in Chapin, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on soon after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Rasmussen	
		Francis Beth Rasmussen

Subscribed and sworn to before me this 25th
day of November, 19 41

Lee Hastings
Notary Public, residing at County Recorder
Driggs, Idaho
My commission expires
[SEAL]

Signed Anna L Rasmussen Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Victor, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on NOV By
(Registrar's signature)

285·218·041-385

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76113

County of Teton

City of Victor — Registration District No. 77 — File No. Garden

No. ..... St. — Primary Registration District No. 2176 — Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2nd	Yes	Dec 18 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pleasant M. Sherman	Martha Chesney
RESIDENCE	Victor Ida.	Victor Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Kansas.	Utah.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. J. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Driggs, Ida.

Filed Jan 10 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-231-041-249

PLACE OF BIRTH

County of Teton

City of Cache

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76114

Registration District No. 77 File No. [illegible]

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	4	yes	Oct 31 1917

FATHER		MOTHER	
FULL NAME	Frank Brown	FULL MAIDEN NAME	Hazel Smith
RESIDENCE	Cache, Ida.	RESIDENCE	Cache, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. H. Martin

Physician
(Physician or midwife)

Address Driggs, Ida

Filed Jan 16 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

693.121-041-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 76115

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. Four

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Mark Wilson

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2nd	Yes	Oct 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Ross Wilson	Alice Clara Larsen
RESIDENCE	Driggs Ida	Driggs Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Utah	Colo.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

[illegible] (Physician or midwife)

Address Driggs Ida

Filed Jan 16 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

FEB 18 1942

MAR 1 C

249-110-041-659

PLACE OF BIRTH

County of Teton

City of Darby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

76116

Registration District No. 77 File No. Three

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Reed Woodrow Smith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	6th	yes	Oct. 10 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Adams Smith	FULL MAIDEN NAME	Mary Ferguson
RESIDENCE	Darby Ida	RESIDENCE	Darby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas J Mack

Physician

(Physician or midwife)

Address Driggs, Ida

Filed Jan 16 1920 Martha Marbes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 4 1967

285-130-04-325

PLA[illegible]

[illegible]TATE OF IDAHO
[illegible]OF VITAL STATISTICS
[illegible]FICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

County of [illegible]

City of Victor

Registration District No. 77

76117

File No. Two

No. ..... St.

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruben Tonkas Sheets

Sex of Child	Twin, Triplet or other plural birth	and (Number in order of birth) (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	Single	7th	Yes	Sept. 30, 1917 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Milton L. Sheets	FULL MAIDEN NAME Martha Ann Tonks
RESIDENCE Victor Idaho	RESIDENCE Victor Idaho
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
AGE AT LAST BIRTHDAY 49 (Years)	COLOR White
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. J. Martin

(Physician or midwife)

Address Driggs Ida.

Filed Jan 16 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

[redacted]

NOV 1 9 1969

655-18-041-389

PLACE OF BIRTH

[redacted]

n V. S. No. 11-C—25m-6-5-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76118

County of ... Cache ...

City of Logan ... Registration District No. 77 ... File No. One

No. ... St. ... Primary Registration District No. 2176 ... Registered No. ...

Hospital ... Melvin Fenton

FULL NAME OF CHILD ... Melvin Fenton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	5	Yes	Sept 1 1919

	FATHER	MOTHER
FULL NAME	Parmer Fenton	FULL MAIDEN NAME Katie Christensen
RESIDENCE	Logan Utah	RESIDENCE Logan Utah
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 5 ... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Vera J. Allgaier

..... (Physician or midwife)

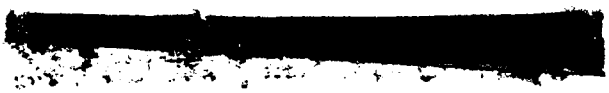
Address Logan Utah

Filed Jan 16 1920 Martha Marker Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



993-221-041-895

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76119

County of Twin Falls

City of Twin Falls R.D. No. ..... St.

Registration District No. 77 File No. 814

Primary Registration District No. 2176 Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty Uzelle Richards

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	11	Yes	Nov 21 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank O. Richards	Addie Harris
RESIDENCE	Twin Falls R D	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	43
BIRTHPLACE	Nev	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

Physician

(Physician or midwife)

Address Twin Falls

Filed Jan 11 1918 Martha A. Marsher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-227-64-669

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76125

County of Teton

City of Driggs

No. .... St.

Hospital

Registration District No. 77

Primary Registration District No. 2176

File No. Nine

Registered No.

FULL NAME OF CHILD Mildred Worthington Robertson

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3rd	yes	Dec 27 1919

FATHER		MOTHER	
FULL NAME	William Finley Robertson	FULL MAIDEN NAME	Ethel Worthington
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Penn.
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J. Hasten

Physician (Physician or midwife)

Given names added from a supplemental report.

.... 19......

.... Registrar

Address Driggs, Ida

Filed Jan 16 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1945

JUN 8 1945

318-221-041-299

PLACE OF BIRTH

County of Teton

City of Driggs

No. Amended 5-1-81 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

76126

Registration District No. 77 File No. Eight

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD DORA FAY Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Dec. 21 1919

FATHER		MOTHER	
FULL NAME	A. E. Taylor	FULL MAIDEN NAME	Dora Brinton
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:48 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Agnes H. Cardwell

(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Jan 16 1920 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
21 8 26 AM '81

State of _____ } ss.
County of _____

Certificate No. 76126
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Melvina Taylor (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-20-19 (Date of Event)
in Driggs (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Melvina Taylor	Dora Fay Taylor
date of birth	12-20-19	12-21-19
fathers initials	E.A.	A.E.

Subscribed and sworn to before me this 6 day of April, 19 81
Notary Public, Donna Wilde
Residing at Provo Utah
My commission expires MAY 25, 1983 (COMMISSION EXPIRES)
(Seal)

Dora Fay Taylor Rogers
Signature of Applicant
1155 N Temple Dr. Provo Utah 84601
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 19 81
Notary Public, [illegible] Smith
Residing at Provo, Utah
My commission expires 1-22-84
(Seal)

Marlene L Washington
Supporting Signature
763 E 2750 No
Street Address, City, State
Provo, Utah 84601

International Certificates of Vaccination of the World Health Organization gives name as Dora Fay Rogers. Dated 1952.

MAY 1981

Viewed by V.S.

Passport issued to husband, Chester Smith Rogers gives name of wife as Dora F.Rogers. Passport issued May 20, 1955, by U. S. Passport Office.
Viewed by V.S.
Church record issued by L.D.S.Church gives name as Dora Fay Taylor born December 21, 1919, in Driggs, Idaho. Blessed August 11, 1920, in L.D.S.Church.
Viewed by V.S.

285-23-0

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

ICS

County of ..... Bo...

City of .....

Registration District No. ..... 78 .....

File No. 76132

No. ..... St.

Primary Registration District No. 2653

Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Norman Clifford Sheets

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	Yes	Dec. 23. 1917

FATHER		MOTHER	
FULL NAME	William E. Sheets	FULL MAIDEN NAME	Agnes C. Barth
RESIDENCE	Edgemont, Ida.	RESIDENCE	Edgemont - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dak.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... (Born alive or stillborn) ..... at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Frank Ferris .....

..... Physician .....

(Physician or midwife)

Address ..... Rathdrum, Idaho .....

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed Feb 9 19 18

FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1958

JUN 9 1975

813-220

PLACE OF BIRTH

015-713

County of Caribou

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

76143

City of Soda Springs | Registration District No. 82 | File No.

No. St. | Primary Registration District No. 2159 | Registered No. 2

Hospital

FULL NAME OF CHILD GEORGIA KATHRYN HALLINAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one		yes	Dec 20, 1917

FATHER	MOTHER
FULL NAME Thomas Hallinan	FULL MAIDEN NAME Laura Patten
RESIDENCE Lava Hot Springs	RESIDENCE Lava Hot Springs
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 58 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Ireland	BIRTHPLACE E-U Utah Idaho
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9 P. M. on the date above stated.

(Signature) Ellis Kackley

(Physician or midwife)

Address Soda Springs Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... M.

Ellis Kackley
Registrar

Filed Jan 9, 1918 Dan Kaseley
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 76143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Hallinan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20. 1919. (Date of Event)
in Soda Springs Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hallianan	Hallinan
Name	Unnamed	Georgia Kathryn

Subscribed and sworn to before me this 12th day of June, 1942

M. J. Karisher
Notary Public, residing at Lava Hot Springs Ida

My commission expires Jan. 10. 1944. Ida
(Seal)

Signed Laura Hallinan Mather
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1942

M. J. Karisher
Notary Public, residing at Lava Hot Springs Ida

My commission expires Jan. 10 1944 Ida
(Seal)

Signed Delores Crawley
(Signature of Any Credible Person Other Than Previous Year)

Lava Hot Springs Idaho
(Street Address, City, State)

JUN 18 1942

693-118-003-892

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Spg. Registration District No. 30 File No. 76150

No. ..... St.

Primary Registration District No. 30 Registered No. .....

Hospital Home

FULL NAME OF CHILD Harold Lloyd Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 18 1919

FATHER		MOTHER	
FULL NAME	Lloyd L. Williams	FULL MAIDEN NAME	Afton Hibbard
RESIDENCE	Lava Hot Spg Idaho	RESIDENCE	Lava Hot Spg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Crescent Iowa	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hattie Craig

(Physician or midwife)

Address Lava Hot Spg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

O. D. Linhurst
Registrar

8-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-216-044-964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88

Primary Registration District No. 2164

File No. 76157

Registered No. ____

Full Name of Child Marian Marie Sanderson

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? Yes	DATE OF BIRTH: Nov 16 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Chas. Sanderson.	FULL MAIDEN NAME: Ethelwin Rodgers
RESIDENCE: Cambridge Ida.	RESIDENCE: Cambridge Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: California
OCCUPATION: Rancher	OCCUPATION: Home work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), on the date above stated, at 10:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Schmutz M D

(Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan 25 1920 O E Schmutz Registrar

MAY 1 1 1942

: dup of 1919-81234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553/29-044-213 Amended 8/7/79

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Registration District No. 8.8.

File No. 76158

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Boyd Marshall Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Dec 29 19

FATHER		MOTHER	
FULL NAME	Wm D Nelson	FULL MAIDEN NAME	Mary M Bates
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucas Hopkins

M D (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 5 1922 C E Schuett Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 13 1 34 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 76158

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on December 28, 1919 (Date of Event)
in Cambridge, Idaho (Washington) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Boyd Marshall Nelson
birthdate	Dec. 28 To Dec. 29 1919	

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed None Available
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of
May, 19 79

Marjorie M. Fox
Notary Public, residing at Midvale Id
My commission expires 11-1-1980
(Seal)

Signed Cora a Keithley
(Signature of Any Credible Person)

Midvale Idaho
(Street Address, City, State)

FORM DH 60-155 correction corresp 3-4-77 nm (N)

Honorable X Discharge from the US Army gives name a s Boyd M. Nelson bron Dec 29, 1919 at Midvale, Idaho. date of ~~xp~~ separation June 27, 1946. viewed by V. S.

AUG 7 1979

Family Bible record gives name as Marshall Boyd Nelson Born Dec 29, ~~1918~~ 1919. viewed by V. S.

Birth Certif from Lincoln Hospital, Toledo, ORegon gives name as Thomas Lynn Nelso born Oct 29, 1943. Father's name given as Boyd Marshall Nelson and mother's name as Joyce Jacqueline Glubrecht. viewed by V. S.

653-213-044-695

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 55

Primary Registration District No. 2164

File No. 76159

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M		yes	Dec 13 1919

FATHER

FULL NAME: Harley J Wells

RESIDENCE: Cambridge

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Ida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Margaret R Wininger

RESIDENCE: Cambridge

COLOR: W

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Samuel Harper

..... M D (Physician or midwife)

Address Cambridge

Filed Jan 2 5 1920 C E Schmitz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-227-002-685

PLACE OF BIRTH

[redacted] Form V. S. No. 11—25m-9-8-15

STATE OF ID[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council Registration District No. 84 File No. 76166

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Maxine Elida Strathee

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F				yes	Sept. (Month) 27 (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Strathee	Bertha M Keeler
RESIDENCE	Council	Council
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	27
BIRTHPLACE	Mo	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or Stillborn~~) at 4:47 M. on the date above stated.

(Signature) W M Brown

(Physician or midwife)

Address _____

Filed Sept 30 1919 W M Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MUST BE GIVEN WHEN CERTIFICATE OF BIRTH, A DEFARAGE ALLOWED MUST be made for each and the number of each, in order of birth stated.

792-220-044-386

[redacted]

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88

Primary Registration District No. 2164

File No. 76167

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Mar 20 1918 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: George Gibson	FULL MAIDEN NAME: Rosa Thornhill
RESIDENCE: Cambridge Idaho	RESIDENCE: Cambridge Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Washington
OCCUPATION: Rancher	OCCUPATION: Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Schmutz MD

(Physician or midwife)

Address Cambridge Idaho

Filed Dec 1 1918 O E Schmutz

Registrar

Given names added from a supplemental report

_____ 19____

_____

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

[redacted]

[redacted]

OF BIRTH

File

Reg

DATE C
BIRT

94328-044-934

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Cambridge — Registration District No. 55 — File No. 76169

No. ..... St.

Primary Registration District No. 2164 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Randall Imler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male		Yes	Nov 2

FATHER		MOTHER	
FULL NAME	Marvin Imler	FULL MAIDEN NAME	Lefevia McDowell
RESIDENCE	Cambridge Idaho	RESIDENCE	Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schwartz M.D. (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report.

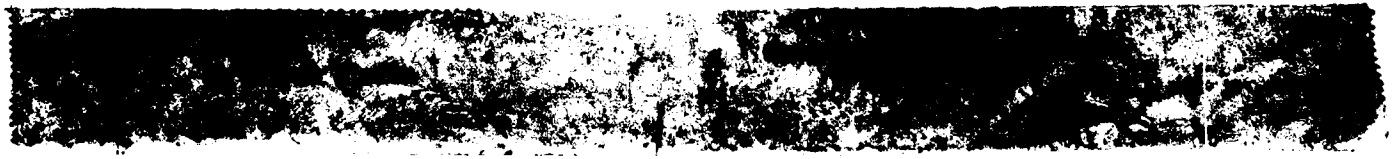
..... 19.....

Registrar

Filed Nov 30 19 29 C. E. Schwartz Registrar

DUP OF 1920-8035Y

Certified Copy issued October 25, 1940. E.W.



613.219-018-533

[redacted] CE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Registration District No. 90

File No. 76171

Primary Registration District No. 7168

Registered No. 78

Hospital _____

FULL NAME OF CHILD BERNADINE GENEVA FALEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 19 19 19

	FATHER	MOTHER
FULL NAME	Ernest A. Falen	FULL MAIDEN NAME Clara E. Ellis
RESIDENCE	Orofino Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	34 (Years)
BIRTHPLACE	Mont	Mont
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) J. McNally M.D.

Physician

(Physician or midwife)

Address Orofino Ida

Filed June 1 1920 J. M. Faris Registrar

N. B.—In case of more than one child at birth a SEPARATE certificate must be filed for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

Certificate No. 76171

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Bernadine Geneva Falen (Name on Original Certificate) who Born (Was Born or Died) on Dec. 19, 1919 (Date of Event) in Orofino Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Dec 20, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bernadine Geneva Falen

Subscribed and sworn to before me this 29 day of May, 1942

John L. Phillips
Notary Public, residing at Lewiston Ida

My commission expires 6-21-45

(Seal)

Signed Mrs Edyth Falen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Seattle, Wash 3809-19 ave. SW
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1942

John L. Phillips
Notary Public, residing at Lewiston, Ida.

My commission expires 6-21-45

(Seal)

Signed Ruth Gordon Steele
(Signature of Any Credible Person Other Than Previous Year)

313-Sixteenth Avenue-Lewiston, Idaho
(Street Address, City, State)

JUN 3 1942

JUN 7 1969

JUN 5 1945

JUN 8 1942

415-12-018-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino (Grangemont) Registration District No. 70 File No. 76172

No. ____ St.

Primary Registration District No. 2168 Registered No. 79

Hospital ____

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 12 1919

	FATHER	MOTHER
FULL NAME	W. O. Dunn	FULL MAIDEN NAME Ethel Macland
RESIDENCE	Grangemont Ida	RESIDENCE Grangemont Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dunlap
Physician
(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed June 1 1920 J. M. Dunlap
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793210-018-766

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Lenore

No. ..... St.

Registration District No. 90 File No. 76173

Primary Registration District No. 2168 Registered No. 80

Hospital .....

FULL NAME OF CHILD Ardys Gillespie

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	X (To be answered only in event of plural births)	X	Yes	Dec 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Gillespie	FULL MAIDEN NAME	Mary Powell
RESIDENCE	Lenore Idaho	RESIDENCE	Lenore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl W. Horswell (Physician or midwife)

Address Lenore, Ida

Filed January 19 1920 J. M. Gainey Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

764-112-018-868 11

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 76174

Primary Registration District No. 2168 Registered No. 81

FULL NAME OF CHILD Aaron Gould

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	12/12 1916

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen J. Gould	FULL MAIDEN NAME	Julia Hoyt
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Forceps (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esle M Boswell

(Physician or midwife)

Address Orofino Idaho

Filed Jany 19 1920 J M Hamby

Registrar

Given names added from a supplemental report.

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Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-212-218-156

PLACE OF BIRTH

County of Canada

City of Grun

No. ____ St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 76175

Primary Registration District No. 2168 Registered No. 52

FULL NAME OF CHILD Nora Pearl Bell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	X	X	Yes	12/12 19 9

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T Bell	Maggie Jeffries
RESIDENCE	Grun Ida	Grun Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Michigan	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a m M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eli Mounsell

(Physician or midwife)

Address Grace, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jany 19 1920 J M Bandy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 7 1956

415-123-018-296

PLACE OF BIRTH

County of Clearwater

City of Cavendish

No. ____ St.

Hospital ____

FULL NAME OF CHILD Earle H. Daniels

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 76176

Primary Registration District No. 2168

Registered No. 83

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X	X	Yes	Dec 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl H Daniels	Anna Brown
RESIDENCE	Cavendish Ida	Cavendish Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) E. H. Stevens

(Physician or midwife)

Address Orofino Idaho

Filed Jany 19 1920 J. M. Stanley Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

313-12.8.018-344

PLACE OF BIRTH

County of Clearwater

City of Pierce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 7617

Primary Registration District No. 2168 Registered No. 84

FULL NAME OF CHILD LAWRENCE ERNEST Lacey

Sex of Child Boy | Twin, Triplet or other? X (To be answered only in event of plural births) | and Number in order of birth X | Legitimate? Yes | Date of Birth 12/28 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Claude C Lacey

RESIDENCE Pierce Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Beasie Tumelson

RESIDENCE Pierce Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eli M Howard

(Physician or midwife)

Physician

Address .....

Filed January 20 1919 J H Tarbet

Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 76177

State of Idaho }
County of Nez Perce } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lawarence Claude Lacey (Name on Original Certificate) who Born (Was Born or Died) on December 28- 1919. (Date of Event)
in Peck (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 28- 1919. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lawarence Claude Lacey	Lawrence Ernest Lacey
mother's Name	Bessie Tomlinson	Bessie R. Tumelson

Subscribed and sworn to before me this 29.
day of April, 1942.
Philip Weisgerber
Notary Public, residing at Lewiston Idaho
My commission expires January. 1943.
(Seal)

Signed Bessie R Lacey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lewiston Ida. R. 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of April, 1942.
Philip Weisgerber
Notary Public, residing at Lewiston Idaho
My commission expires January. 1943.
(Seal)

Signed Alice R Lydon
(Signature of Any Credible Person Other Than Previous Year)
625 - 6th St.
(Street Address, City, State)
Lewiston, Idaho.

MAY 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-1823-6179

Form V. S. No. 11-C 20m-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76179

County of Nez Perce

City of Agatha

No. State Idaho St.

Registration District No. 92

Primary Registration District No. 2170

File No. 7

Registered No. 36

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Dec 17 1919

FATHER

FULL NAME Evard Lloyd Lochner

RESIDENCE Agatha

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Nebraska

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Lulu Ethel White

RESIDENCE Agatha Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Johnson Co Ino

OCCUPATION Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jus Charles Hoskin

(Physician or midwife)

Address Agatha Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1-12 1920

E E Watts
Registrar

S-Y CO. 20174

[redacted]

[redacted]

962-202-035-141

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76182

County of Nez Perce

City of Southwick

Registration District No. 92 File No. ?

No. ..... St.

Primary Registration District No. 2170 Registered No. 40

Hospital .....

FULL NAME OF CHILD Miss Mabel Rose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\	\	Yes	Dec 2 1917

	FATHER	MOTHER
FULL NAME	Adam E. Rose	FULL MAIDEN NAME Bessie Adams
RESIDENCE	Southwick Ida	RESIDENCE Southwick Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Iowa —	BIRTHPLACE MO
OCCUPATION	Mail Carrier —	OCCUPATION Hmfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

RMP

(Physician or midwife)

Address Southwick Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-12 1920 E. E. Watts Registrar

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-112-035-258

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76183

County of ..... Child not named

City of .....

No. ..... St.

Hospital .....

Registration District No. 92 File No. 7

Primary Registration District No. 2170 Registered No. 39

FULL NAME OF CHILD ..... Ruth Marie Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 12 1917

FATHER		MOTHER	
FULL NAME	Asa A Davis	FULL MAIDEN NAME	Lavena M Snyder
RESIDENCE	Lenore Ida	RESIDENCE	Lenore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nebraska	BIRTHPLACE	Ga
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt MD

(Physician or midwife)

Address Kootenai Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-13 1920

E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1956

YEAR: 1919

FILE # 76184

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1919-76184 A & B TWINS

657-117.035-293

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

A+B
76184

CERTIFICATE OF BIRTH

County of Nez Perce

City of Cameron Idaho Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 37

Hospital .....

FULL NAME OF CHILD Harry Ferdinand Daniel Wegner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/		2	Yes	Dec. 17 1919

FATHER		MOTHER	
FULL NAME	August Otto Wegner	FULL MAIDEN NAME	Elsa Johanna Seiflow
RESIDENCE	Cameron	RESIDENCE	Cameron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Brownlee (Born alive or stillborn), at 1.P. M. on the date above stated.

(Signature) J W Stoneburner

(Physician or midwife)

Address Leland Idaho

Filed 1-12 1920 E. E. Watts Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

2-Twins A+B

657-117.035-293

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

A+B
76184

CERTIFICATE OF BIRTH

County of Nez Perce

City of Cameron Idaho Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 37

Hospital .....

FULL NAME OF CHILD Harry Ferdinand Daniel Wegner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/		2	Yes	Dec. 17 1919

FATHER		MOTHER	
FULL NAME	August Otto Wegner	FULL MAIDEN NAME	Elsa Johanna Seiflow
RESIDENCE	Cameron	RESIDENCE	Cameron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Brownlee (Born alive or stillborn), at 1.P. M. on the date above stated.

(Signature) J W Stoneburner

(Physician or midwife)

Address Leland Idaho

Filed 1-12 1920 E. E. Watts Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

2-Twins A+B

456-218-035-257

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick

No. ..... St.

Hospital .....

Registration District No. 92 File No. 7685

Primary Registration District No. 2170 Registered No. 38

FULL NAME OF CHILD Frances Elnora Dzobalek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	3	Yes	Dec. 18 1919

FATHER

FULL NAME Carl Gosling Dzobalek

RESIDENCE Southwick Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE [illegible] Kan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Myrtle Seat

RESIDENCE Southwick

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L W Stoneburner MD

(Physician or midwife)

Address Yellowjacket Idaho

Filed 1/12 1920 E. E. Watts Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1961

MAY 1 1 1942

791-208-035-455

[illegible] Nez Perce

City of Near (Peck)

Registration District No. 93 File No. 76187

No. ——— St.

Primary Registration District No. 2371 Registered No.

Hospital ———

FULL NAME OF CHILD Graham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Jan 8 (Month) (Day) [illegible]

FATHER		MOTHER	
FULL NAME	Albert McKinley Graham	FULL MAIDEN NAME	Margaret Anna Devlin
RESIDENCE	Near Peck Ida	RESIDENCE	Near Peck Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Scotia Wash	BIRTHPLACE	Peck
OCCUPATION	Stationary Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith MD

(Physician or midwife)

Address Peck Idaho

Given names added from a supplemental report

.... 19..

.... Registrar

Filed 1/5 1920 Dan [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-110-035-796

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 97

Primary Registration District No. 2174

File No. 76200

Registered No. 11.a.

FULL NAME OF CHILD Archie Lee Bundy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie Bundy	Erna Graebener
RESIDENCE	Gifford	Gifford
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Moscow	Sanborn
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 12:30 A. M. on the date above stated.

(Signature) Mrs Grant Hamblen

(Physician or midwife)

Address Culdesac

Filed Jan. 16 1920 Theodora P. Hatch

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

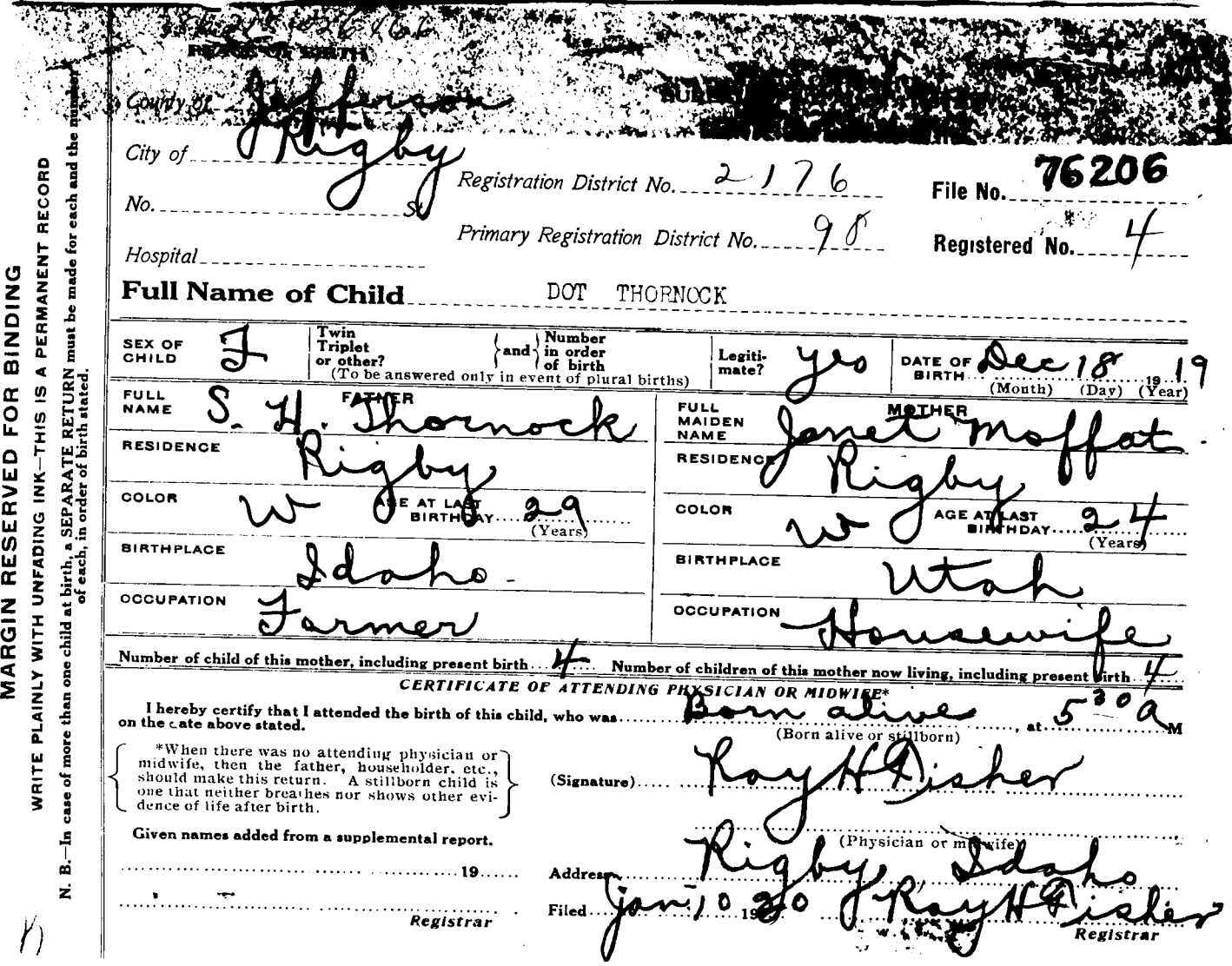
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIST

CERTIFICATE OF BIRTH

PLACE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECORD OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 2176

Primary Registration District No. 98

Hospital .....

File No. 76206

Registered No. 4

Full Name of Child DOT THORNOCK

SEX OF CHILD: F	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? yes	DATE OF BIRTH: Dec 18 19 (Month) (Day) (Year)

FATHER

FULL NAME: S. H. Thornock

RESIDENCE: Rigby

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Janet Moffat

RESIDENCE: Rigby

COLOR: W AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby Idaho

Filed Jan 10 1930 J. Ray H. Fisher Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 76206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dot Thornock (Name on Original Certificate) who was born (Was Born or Died) on Dec 18-1919 (Date of Event)
in Rigby (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on March 4-1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dot Thornock

Subscribed and sworn to before me this 17th
day of August, 1942

E L Parker
Notary Public, residing at Idaho Falls.
My commission expires June 6-1944
(Seal)

Signed Mrs. L. N. Thornock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

287 3rd St. Idaho Falls.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 24 1942

AUG 25 1942

296-119-026-667

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. _____ St.

Hospital _____

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2176 File No. 76207

Primary Registration District No. 98 Registered No. 5

Full Name of Child _____

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Dec (Month) 19 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Sam Brown	FULL MAIDEN NAME	Lyle Fox
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Stoddard

(Physician or midwife)

Address Rigby Idaho R, 1

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/10 19 19 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-106-026-123

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

COLORADO — Form ... No. ...

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2176 — File No. 76205

Primary Registration District No. 98 — Registered No. _____

Full Name of Child DELLMAR DALE LITERAL

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M			yes	12 – 6 – 17 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horatio C. Literal	Della Abl...
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY	51 (Years)	4[illegible] (Years)
BIRTHPLACE	Mo.	Wash.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 [illegible] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moo[illegible]

(Physician or midwife)

Address Mercan Lake

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/10 1919 Ray H. Fish[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Columbia } ss.

Certificate No. 76208

Date Filed Apr 6 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for --------Literal (Name on Original Certificate) who was (Was Born ~~or Died~~) on Dec 6, 1919 (Date of Event)

in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by --- (Bible Record, Insurance Policy, Etc.) prepared on ------ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth ~~Date~~", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Dellmar Dale Literal

Subscribed and sworn to before me this 5th., day of March, 1942.

Ray K. Coates

Notary Public, residing at Dayton, Wash.

My commission expires Oct. 22, 1944

(Seal)

Signed Mrs A H L Literal

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Columbia } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd., day of April, 19 42.

Ray K Coates

Notary Public, residing at Dayton, Wn.

My commission expires

(Seal)

Signed Mrs Adell Literal

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 9 1942

299-210-026-281

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 2176 File No. 76210

Primary Registration District No. 98 Registered No. 8

Full Name of Child _____

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	Yes
DATE OF BIRTH	12 (Month)	10 (Day)	19 (Year)		

FATHER		MOTHER	
FULL NAME	Joseph M Birt	FULL MAIDEN NAME	Sadie V Shaw
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/10 1920 Ray H Fraker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-116-026-693

name added 4-23-84 dl

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH*

County of Jefferson

City of Lewisville

Registration District No. 2176

File No. 76211

No. ____ St.

Primary Registration District No. 98

Registered No. 9

Hospital ____

Full Name of Child Reid W. Barney

SEX OF CHILD: M	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? yes	DATE OF BIRTH: 12 (Month) – 16 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Frank Barney	FULL MAIDEN NAME	Elsie L. Hall
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/10 19 20 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dup of 1919-82633

3-28-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 22 3 55 PM '84

State of Washington
County of Yakima } ss.

Certificate No. 76211
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Barney (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 16, 1919 (Date of Event)
in Lewisville(Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	W Reid Barney

Subscribed and sworn to before me this 17th day of May, 1984
Notary Public, Cheryl S Burke
Residing at Yakima Wa
My commission expires 9-4-87
(Seal)

X Fred Barney
Signature of Applicant
X Mounted Rt. Box 7 Wapato Wa. 98951
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Blessing Record from LDS Church gives Reid W. Barney son of Francis Marion Barney and Elsie Labell Hill born Dec 16, 1919 in Idaho was blessed Feb 1, 1920. Viewed by V.S.

MAY 2 3 1984

Baptism record from LDS Church gives Reid W. Barney born Dec 16, 1919 in Idaho was baptised Feb 4, 1928. Viewed by V.S.

766/281026-819

PLACE OF BIRTH

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2176 File No. 76212

Primary Registration District No. 98 Registered No. 10

Full Name of Child WESLEY HARROP POOLE

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	Yes
DATE OF BIRTH	12 (Month)	28 (Day)	19 (Year)		

FATHER		MOTHER	
FULL NAME	Guy W. Poole	FULL MAIDEN NAME	Blanche Harrop
RESIDENCE	Menan.	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/10 19 20 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1951

814 21 3 526-457

PLACE OF BIRTH

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—2M-4-15-18

CERTIFICATE OF BIRTH

Registration District No. 2176 File No. 76213

Primary Registration District No. 98 Registered No. 11

Full Name of Child Audrey May Hadley

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	12 (Month)	13 (Day)	19 (Year)		

FATHER		MOTHER	
FULL NAME	Lorenzo B. Hadley	FULL MAIDEN NAME	Verda Meacham
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a m on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/10 1920 Roy H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(Year)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 5 11 34 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 76213

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hadley (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 13, 1919 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Audrey May Hadley

Subscribed and sworn to before me this 31st day of January, 1973

Notary Public, residing at Elko, Nevada

My commission expires July 9, 1976

(Seal)

EARL A. FRANTZEN
Notary Public • State of Nevada
Elko County, Nevada
Commission Expires Jan. 9, 1976

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

146 W Oak Elko Nev
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of Elko }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 1973

Notary Public, residing at Elko, Nevada

My commission expires July 9, 1976

(Seal)

EARL A. FRANTZEN
Notary Public • State of Nevada
Elko County, Nevada
Commission Expires Jan. 9, 1976

Signed .....
(Signature of Any Credible Person)

824 Hillside Dr Elko Nevada
(Street Address, City, State)

FEB 6 1973

U. S. Dept. of Commerce Bureau of Census, Washington D.C. gives name as Audrey May Hadley. Census taken Jan. 1, 1920 in Jefferson County, Idaho. Viewed by V.S.

Family record gives name as Audrey May Hadley born December 13, 1919 in Menan, Idaho, Jefferson County. Father - Lorenzo B. Hadley and Mother Verda Meachem. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315.12.026-3 31

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. #1 St.

Hospital

Form V. S. No. 11—25m-6-15-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 76219

Primary Registration District No. 2176 Registered No. 19

Full Name of Child

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	✓	✓	yes.	Dec. 24 1919

FATHER		MOTHER	
FULL NAME	G. L. Tanner.	FULL MAIDEN NAME	Lucy C. Layson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	North Powder Oregon	BIRTHPLACE	Lakeshore Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) Dr. A. M. Palmer M. D.

(Physician or midwife)

Address Rigby

Filed 1-6 1920 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

DUP OF 19-82635

165-217-026-995

PLACE OF BIRTH

County of Jefferson

City of Sugar City

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 76220

Primary Registration District No. 2176 Registered No. 20

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.	✓		✓	Yes.	Dec 17 19

	FATHER	MOTHER
FULL NAME	A. W. Jones.	FULL MAIDEN NAME Ruby Irene
RESIDENCE	Sugar City.	Sugar City
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	18
BIRTHPLACE	Eng.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Palmer M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 1-10 19 20 Ray V. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-82636

NOT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

5 5 4 1 1 6 0 2 6 5 4 4

County of Jefferson

City of Labelle

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 9 8

File No. 76221

Primary Registration District No. 2 1 7 6

Registered No. 21

Full Name of Child WILLIAM JAMES EDDINS

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day)
Male	✓	✓	yes	Dec 16 19

FATHER

FULL NAME: Truman Eddins

RESIDENCE: Labelle

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Janet Eddie

RESIDENCE: Same

COLOR: white

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Iowa.

OCCUPATION: housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Palmer
M. D.
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1—10 1920

Ray H. Fisher
Registrar

Dup of 1919-5:2639

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 76221

Date Filed 11

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 16, 1919 (DATE OF EVENT) in Labelle, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	William James Eddins

Subscribed and sworn to before me this 5th day of August, 19 42

Emma E. Thompson

Notary Public, residing at Caldwell, Idaho

My commission expires Oct. 5, 1945

(SEAL)

Signed Janet Nellie Eddins

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Caldwell, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 19 42

Emma E. Thompson

Notary Public, residing at Caldwell, Idaho

My commission expires Oct. 5, 1945.

(SEAL)

Signed Mary E Crosby

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Caldwell, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

AUG 7

39 4/15·026-445

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 76222

Registered No. 22

Full Name of Child Daniel Wesley Crump, Jr.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.		✓	yes.	Dec. 15 1920

FATHER	MOTHER
FULL NAME Daniel W. Crump.	FULL MAIDEN NAME Ada Deverden
RESIDENCE Rigby	RESIDENCE Rigby
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Real Estate Agt.	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ... alive ... (Born alive or stillborn), at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Palmer (M.D.)

(Physician or midwife)

Address Rigby

Filed 1-10 1921 Ray H. Fisher
Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-14-1941. dp

DUP OF 1919-82633

819-109-026-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 76223

Primary Registration District No. 2176 Registered No. 23

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		yes	6-7-19

FATHER		MOTHER	
FULL NAME	Wilford T. Harris	FULL MAIDEN NAME	Christina J. McCrary
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Newman

(Physician or midwife)

Address Rigby RD 2

Given names added from a supplemental report

..... 19....

Registrar

Filed 1/15 19 20 Ray H. Fuehr

Registrar

dup of 1919-79947

552-220-026-595

PLACE OF BIRTH

Name added 5-18-79

County of Jefferson

City of Rigby RD 2

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 76224

Registered No. 24

Full Name of Child RETA NEBEKER

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		Yes	3-20 19

FATHER		MOTHER	
FULL NAME	George Nebeker	FULL MAIDEN NAME	Fannie Vincent
RESIDENCE	Rigby RD 2	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Newman
(Physician or midwife)

Address Rigby RD 2

Filed 1/10 1920 Ray H. Erickson
Registrar

Given names added from a supplemental report

....19....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-79950

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 9 58 AM '79

State of _____ } ss.
County of _____

Certificate No. 76224
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Nebeker (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 20, 1919 (Date of Event)

in Rigby, Idaho (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Reta Nebeker

Subscribed and sworn to before me this 12 day of April 1979.

Notary Public, [signature]
Residing at Rigby
My commission expires perpetual
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of April 1979.

Notary Public, [signature]
Residing at Rigby
My commission expires perpetual
(Seal)

Rose A. Rolfe
Supporting Signature

R 4 Box 149B Rigby Ida 83442
Street Address, City, State

CL 4/9/79

Photocopy of public school diploms, Jefferson County, Idaho gives name as Reta Nebeker, graduated elementary schools May 6, 1932--viewed by VS

Photocopy of marriage license, Jefferson County, Idaho gives Reta Nebeker to Elmer Radford, married May 2, 1935--viewed by VS

363-119-026-314

PLACE OF BIRTH

County of Jefferson

City of Rigby RD 2

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 — File No. 76225

Primary Registration District No. 2176 — Registered No. 25

Full Name of Child Robert Kenneth Coles

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M			yes	3 - 19 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Henry H. Coles.	FULL MAIDEN NAME	Amelia Campbell
RESIDENCE	Rigby RD 2	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Newman

(Physician or midwife)

Address Rigby RD 2

Given names added from a supplemental report

....., 19....

Registrar

Filed 1-10 19 26 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-79951

[redacted] 219231-022-249

[redacted] OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Registration District No. 94 File No. 76228

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Irene Carlson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	12 31 1919

FATHER		MOTHER	
FULL NAME	Noel Carlson	FULL MAIDEN NAME	Katie Corbet
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W B Burk

(Physician or midwife)

Address .....

Filed Jan 10 1920

W B Burk Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 4 1966
APR 19 1974

76622 9.022-415

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. 76229

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Ida Elaine Lowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 29 1919

FATHER		MOTHER	
FULL NAME	Frank J Lowe	FULL MAIDEN NAME	Hazel A Davis
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 3/4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Wright

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov — 1920

W D Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1943

619-130, 022-766

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 76230

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Miles Russell Wardle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 30 1919

FATHER		MOTHER	
FULL NAME	Athearner Wardle	FULL MAIDEN NAME	Rose Alice Powell
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Egin Ida
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W Bennett

(Physician or midwife)

..... 19.....

Address .....

Registrar

Filed 1, 10, 1920 W Bennett

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1955

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 [redacted] 3-469

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Teton Registration District No. File No. 76231

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Vernal E Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 13 1919

FATHER

FULL NAME Vernon Gardner

RESIDENCE Teton Ida

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Teton Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Kathryn Morris

RESIDENCE Teton, Ida.

COLOR white AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Morgan, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) E. Eggers MD

Physician

(Physician or midwife)

Address Teton Ida

Filed 1 10 1920 W Durrant

Registrar

299-11[illegible]

PLACE OF BI[illegible]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton — Registration District No. ____ File No. 76232

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Earl Ellis Bird.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 13 1919

FATHER		MOTHER	
FULL NAME	Ellis Bird	FULL MAIDEN NAME	Alda Housley
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Paradise, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 05 A.M. on the date above stated.

(Signature) E. Eames M.D.

Physician (Physician or midwife)

Address Teton Idaho

Filed Jan 10 1920 W D Weed Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

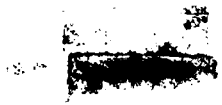
____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 14, 1941. E.W.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-127-022-98

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. ......

File No. 76233

No. ...... St.

Primary Registration District No. ......

Registered No. [redacted]

Hospital ......

FULL NAME OF CHILD Wray Davis McDermed

Sex of Child: Boy	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth: Dec. (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William McDermed	FULL MAIDEN NAME	Zella Briggs
RESIDENCE	St Anthony.	RESIDENCE	Saint Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denver Colo.	BIRTHPLACE	Rigby, Ida.
OCCUPATION	Miller.	OCCUPATION	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ...... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray Phys (Physician or midwife)

Given names added from a supplemental report.

...... 19......

Registrar

Address St Anthony Ida

Filed 1/1 1920 [illegible] Registrar

MAR 13 1953

693-106-022 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford — Registration District No. ____ File No. 76234

No. ____ St. — Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Baby Nickelsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	Dec	6	19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vernon H. Nickelsen	Mary Rasband
RESIDENCE	Wilford (P.O. Sugar City) R.F.D. No 1	Sugar City R.F.D No 1
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Franklin Idaho	Helen City, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Earl Emmett MD

Physician (Physician or midwife)

Address Ellon Idaho

Filed 1 10 1920

W. B. Wurl Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

249-202033-533

PLACE OF BIRTH
Name added 6-3-81
County of Madison
City of Rexburg Ida
No. ..... St.
Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-37

Registration District No. 102 File No. 76245
Primary Registration District No. 2178 Registered No. 1

Esther Smith

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2	Yes	June 2 19 11

FATHER	MOTHER
FULL NAME: Thomas L Smith	FULL MAIDEN NAME: Emma Elizabeth Ellsworth
RESIDENCE: Rexburg, Ida.	RESIDENCE: Rexburg, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Inman Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:[illegible] A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G G Parkinson M D
(Physician or midwife)
Address Rexburg Ida

Filed Jun. 19 22 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-8-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of San Diego } ss.

'81 MAY 13 9 47 AM

Certificate No. 76245
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-2-19 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Esther Smith

Subscribed and sworn to before me this 13th day of May, 19 81

Notary Public, Joan D. Cahill

Residing at 4002 Clairemont Mesa Blvd., San Diego 92117

My commission expires 3-7-84

(Seal) over

Esther Smith
Signature of Applicant

3454 Oak Glen L. S.D. Calif 92117
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 19 81

Notary Public, Joan D. Cahill

Residing at 4002 Clairemont Mesa Blvd., San Diego, Ca

My commission expires 3-7-84

(Seal) over

Pamela Bruce
Supporting Signature

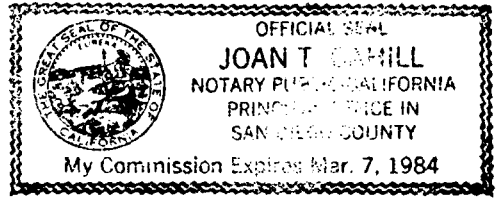
4002 Clmt. Mesa Blvd. San Diego, Ca 92117
Street Address, City, State

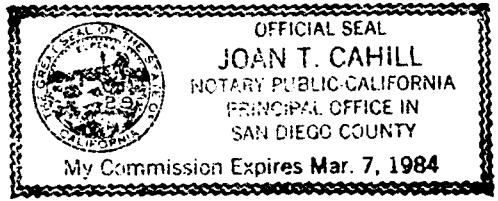
1 cc pd

Certificate of Graduation from the L.D.S.Seminaries gives name as Esther Smith, graduated May 23, 1937, from L.D.S.Seminary. Lester Petersen Principal Seminary.
Viewed by V.S.

JUN 3 1981

Family Record gives name as Esther Smith, twin born June 2, 1919, in Rexburg, Idaho, Married Feb. 2, 1940, to Ray James Anderson. Baptized July 3, 1927. Recorded 1965.
Viewed by V.S.





244-102-073-533

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76246

Primary Registration District No. 2178 Registered No. 2

FULL NAME OF CHILD Edwin Ellsworth Smith

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	Yes	June 2 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas X Smith	Emma Elizabeth Ellsworth
RESIDENCE	Rexburg Ida	Rexburg Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Utah	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:14 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D. (Physician or midwife)

Address Rexburg Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 19 20

..... Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

652-2 30-033-993

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-27

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76247

Primary Registration District No. 2178 Registered No. 3

FULL NAME OF CHILD Mariana Webster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James S Webster	Floretta Ricks
RESIDENCE	Rexburg, Ida.	Rexburg, Ida.
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Franklin Ida	Rexburg Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C W Martin

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed Jan. 20 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1968

253705-033-556

2001 PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-21

76248

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 4

FULL NAME OF CHILD ..... Glen Wallis Bell .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct. 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. A. Bell	Isabell Newby
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Rexburg Ida.	Rexburg Ida.
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth ..... 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. L. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed Jan. 19 22

Registrar

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1968
MAR 24 1972

157-108-033-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 76249

Registered No. 5

FULL NAME OF CHILD Robert S. Jeppesen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 8 1919

FATHER		MOTHER	
FULL NAME	Lorenzo P Jeppesen	FULL MAIDEN NAME	Edythe Secrist
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Parker, Ida.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. O. Martin

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed Jan 7 19 28

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-213-033-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. 76250

Primary Registration District No. 2178 Registered No. 6

Hospital .....

FULL NAME OF CHILD Emma Bowen Knapp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 13 1919

FATHER		MOTHER	
FULL NAME	Daniel F Knapp	FULL MAIDEN NAME	Elva C Bowen
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Wilford Ida
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ....5.... Number of children of this mother now living, including present birth ....5....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

(Signature) O. O. Martin

Physician
(Physician or midwife)

Address Rexburg Idaho

Filed Jan 22 19 22

[illegible] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1945

365-214-033-415

PLACE OF BIRTH name added 8-25-83 dl

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

Registration District No. 100

File No. 76251

No. ..... St.

Primary Registration District No. 2178

Registered No. 7

Hospital .....

FULL NAME OF CHILD ..... Vera Cleova Loveland .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	October 14 1919

FATHER		MOTHER	
FULL NAME	Bert Loveland	FULL MAIDEN NAME	Vera Davis
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sugar Employe	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan. 19 20

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-11-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 19 1 21 PM '83

State of Idaho
County of Fremont } ss.

Certificate No. 76251
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Loveland (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 14, 1919 (Date of Event)
in Sugar (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vera Cleova Loveland

Subscribed and sworn to before me this 18 day of July, 1983.
Notary Public, Priscilla Jayson
Residing at St. Anthony, Idaho
My commission expires 6-15-85
(Seal)

(I am the mother)
x Vera Jane Loveland
Signature of Applicant
x 230 East 3rd north
St. Anthony, Idaho 83445
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of July, 19 83
Notary Public, Priscilla Jayson
Residing at St. Anthony, Idaho
My commission expires 6-15-85
(Seal)

Bert Loveland
Supporting Signature
230 E 3rd N St Anthony Ida
Street Address, City, State
I am the father

2cc pd

LDS Church record of Blessing lists Vera Cleova Peterson born Oct 14, 1919 in Sugar to Charles Bertrum Loveland and Vera Jane Davis was blessed Dec 7, 1919. Viewed by V.S.

AUG 25 1983

LDS Record of Baptism lists Vera Cleova Peterson was baptised June 2, 1928. Viewed by V.S.

Form V. S. No. 11-C—25m-6-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

PLACE OF BIRTH

85+12 mo 7 318

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76252

Primary Registration District No. 2178 Registered No. 8

FULL NAME OF CHILD Grant Woodruff Heath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 21st 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred J. Heath	Emma Calvert
RESIDENCE	Sugar, Idaho	Sugar, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 19 20

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB -8 1971
Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 76252

Date Filed Jan. 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Heath (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1919 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church Records (Bible Record, Insurance Policy, Etc.) prepared on 2-15-39 AND 5-6-28 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	~~Grant W.~~ ~~Heath~~ GRANT WOODRUFF HEATH

Subscribed and sworn to before me this 5 day of February, 1971

Grant MacFarlane
Notary Public, residing at Salt Lake City, Utah
My commission expires July 9, 1971
(Seal)

Signed Ted W. Schwendiman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
17 W. South Temple, Salt Lake City, Utah 84101
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 2/1/71 nm Rush

Certificate of Baptism and Confirmation from LDS Church Holliday Ward gives child's name as Grant Woodruff Heath son of Frederick J. Heath and Emma Cahoon. Born October 21, 1919 at Sugar City, Idaho. Was Baptized May 6, 1928 by Frederick J. Heath. Confirmed a member May 6, 1928 by Elder Frederick J. Heath. Signed by James E. Moss, Bishop. Viewed by V. S. FEB 9 1971

LDS Church record regarding family of Fred J. Heath and Emma C. Heath gives child's name as Gratn W. Heath born Oct. 21, 1919 at Sugar City, Idaho. Dated Feb. 17, 1939. Signed by. F. L. DAvis, Notary Public residing ast [illegible], Rexburg, Idaho. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-231-022-299

PLACE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 16253

Primary Registration District No. 278 Registered No. 9

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma McKinley	Margaret Birch
RESIDENCE	Sugar R. R. # 1	Sugar R. R. # 1.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Sugar, Idaho	Wilford Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. B. Evans

Physician

(Physician or midwife)

Address Sugar City, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 1920

..... Registrar

[redacted]

NOV 30 1970

699-201-033-331

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

[redacted] OF IDAHO
[redacted] TAL STATISTICS
[redacted] TE OF BIRTH

County of Madison

City of Sugar

Registration District No. 100

File No. 76254

No. ..... St.

Primary Registration District No. 2178

Registered No. 10

Hospital .....

FULL NAME OF CHILD Dora Almira Wright

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 1st 1919

FATHER		MOTHER	
FULL NAME	Robert Wright	FULL MAIDEN NAME	Ada Clark
RESIDENCE	Sugar, Idaho	RESIDENCE	Sugar City
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	South Dakota
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 20 19 20

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-203-033-795

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76255

Primary Registration District No. 2178 Registered No. 11

FULL NAME OF CHILD NORMA GARNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	November 3rd 19

FATHER	MOTHER
FULL NAME Phillip Andrew Garner	FULL MAIDEN NAME Martha D. Pincock
RESIDENCE Salem	RESIDENCE Salem
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. D. Crane

Physician

(Physician or midwife)

Address Lujan, Idaho

Filed Jan. 19 30

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 2 11 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 76255

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Garner (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1919 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norma Garner

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of
July, 1976

Signed Maurice G. Lovell
(Signature of Any Credible Person)

Notary Public, residing at Ogden Utah
My commission expires March 9, 1977
(Seal)

..... (Street Address, City, State)

FORM DH 60-155 CL 8/28/75 nm

Certified copy of Record of birth registered with the L. D.S. Church gives name as Norma Garner born November 3, 1919 in Salem, Idaho. Father' sname Phillip Andrew Garner and mother's Maiden name, Martha E Pincock. Recorded in the Fremont Stake, Salem Ward. Entered on record March 7, 1920.
Viewed by V.S.

Insurance Policy issued June 11, 1949 to Norma G. Clark (Married name) G. initial used from maiden name Garner. Policy issued by the Great Mutual Life Ins. Co. and the policy # 5000-1465.
Viewed by V.S.

859-226-033-458

PLACE OF BIRTH

County of Bingham

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76256

Primary Registration District No. 2178 Registered No. 12

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Kemper	Mae Kate Meyer
RESIDENCE	Sugar	Sugar
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Evans

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan. 19 20

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1258

769-122-033-494

PLACE OF BIRTH

Form V.S. No. 10-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 76257

No. ..... St.

Primary Registration District No. 2178 Registered No. 43

Hospital .....

FULL NAME OF CHILD ARTHUR MIDDLETON PORTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 23 1919

FATHER		MOTHER	
FULL NAME	Melborne W. Porter	FULL MAIDEN NAME	Blanche Middleton
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Lorin F. Rich

Physician

(Physician or midwife)

Address Rexburg Idaho.

Filed Jan. 19 20

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont }

Certificate No. 7 [illegible] 1
Date Filed APR 20 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Arthur Middleton Porter (Name on original certificate) who was born (Was born or died) on Nov. 27, 1914 (Date of event)
in Rexburg (Place of event) Idaho Madison County are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	none given	Arthur Middleton Porter

Subscribed and sworn to before me this 16 day of April, 19 42

Thos. Flanagan
Notary Public, residing at Rexburg Ida

My commission expires 2/25/45
[SEAL]

Signed M W Porter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Fremont }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of April, 19 42

Thos. Flanagan
Notary Public, residing at Rexburg Idaho

My commission expires 2/26/45
[SEAL]

Signed [signature]
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

1259

694-205-033-546

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 76258

Primary Registration District No. 2178

Registered No. 14

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —		Yes	Dec 5 1919

FATHER		MOTHER	
FULL NAME	William Widdison	FULL MAIDEN NAME	Rebekah Edward
RESIDENCE	Rexburg, Idaho	RESIDENCE	Utah.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:08 a M. on the date above stated.

(Signature) Lorin F. Rich.

Physician
(Physician or midwife)

Address Rexburg Idaho.

Filed Jan. 19 20

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243.207.033-962

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyamn

No. ..... St.

Hospital .....

Registration District No. 100

File No. 76259

Primary Registration District No. 2178

Registered No. 10

FULL NAME OF CHILD Hannah Erma Butler

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		Yes	Dec 7th 19 (Month) (Year)

FATHER

FULL NAME: Joseph Butler

RESIDENCE: Lyman Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Fairfield Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Eliza Ann Robison

RESIDENCE: Lyman Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Morgan Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 11th

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec 7th 1919, at 4-55 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/20 19 20

G. W. Epe

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

76528

JUN 14 1971

PLACE OF BIRTH

County of .....

COLOR

AGE AT LAST BIRTHDAY

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED DEC 3 - 1971 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson

Certificate No. 76259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butler (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1919 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on Dec 1 - 71 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Hannah Erma Butler

Subscribed and sworn to before me this 2nd day of Dec, 19 71

Leonard E. Graham

Notary Public, residing at Rigby Ida

My commission expires 1-5-72

(Seal)

Signed Hannah Clifford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

358, Idaho Ave., Rigby, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Dec, 19 71

Leonard E. Graham

Notary Public, residing at Rigby Ida

My commission expires 1-5-72

(Seal)

Signed David E Anderson
(Signature of Any Credible Person)

454 Clarmont Rigby Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/14/71 nm

DEC 8 1971

Certificate of birth from LDS Church gives name as Hannah Erma Butler born Dec. 7, 1919.at Lyman, Idaho. Father's name given as Joseph Butler and mother's maiden name given as Eliza Robison. Enteredon record July 4, 1920.

Certificate of Blessing from LDS Church gives name as Hannah Erma Clifford daughter of Joseph Butler and Eliza Robison. Born Dec. 7, 1919. Was blessed July 4, 1920. Viewed by V. S.

1260.

96-208-033-63

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76260

Primary Registration District No. 9178 Registered No. 16

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 8 19 19

FATHER		MOTHER	
FULL NAME	Gaskell Morris Romney	FULL MAIDEN NAME	Geniere Katherine Wallis
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Idaho
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:40 a M. on the date above stated.

(Born alive or stillborn)

(Signature) Lorin F. Rich.

Physician

(Physician or midwife)

Address Rexburg, Idaho

Filed Jan. 7 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

APR 2 1968

693-109-026-766

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

[redacted] BUREAU [redacted] STICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 100

File No. 76261

Primary Registration District No. 2178

Registered No. 17

FULL NAME OF CHILD Henry Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Dec. 9 1917

FATHER	MOTHER
FULL NAME: Oscar Enos Nelson	FULL MAIDEN NAME: Iris Edna Goodwin
RESIDENCE: Menan, Idaho.	RESIDENCE: Menan, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Maiden Rock, Wis.	BIRTHPLACE: Anaconda, Mont.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

M. D.
(Physician or midwife)

Address Rigby, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 7 19 18

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 7 1940

269-210-033-415

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAH[redacted]
BUREAU OF VITAL ST[redacted]
CERTIFICATE OF BI[redacted]

No. 11-C—20m-8-8-17

Registration District No. 106 File No. 76262

Primary Registration District No. 2178 Registered No. 18

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Orson Rasmussen	Emma Clara
RESIDENCE	Sugar	Sugar
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Idaho	Utah
OCCUPATION	Stationary Engineer	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B. Evans

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Jan. 7 19 20

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963-113-033-791

PLACE OF BIRTH 100

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Registration District No. 100 File No. 76263

No. St. Primary Registration District No. 2178 Registered No. 20

Hospital

FULL NAME OF CHILD Frank G Gollinger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	12 13 1919

FATHER

FULL NAME Albert Gollinger Jr.

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Switzerland

OCCUPATION Laberer

MOTHER

FULL MAIDEN NAME Marie Graf

RESIDENCE Rexburg

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Switzerland

OCCUPATION House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 9-50 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mae Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....

Filed Jan 7 19 20

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1974

86-113-033-249

PLACE OF BIRTH

Form V. S. No. 11-O—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Archer

Registration District No. 100

File No. 76264

No. ..... St.

Primary Registration District No. 2178

Registered No. 21

Hospital .....

FULL NAME OF CHILD Verge Allen Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 13th 19

FATHER		MOTHER	
FULL NAME	Robert A. Young	FULL MAIDEN NAME	Sophia M Smith
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Archer Idaho	BIRTHPLACE	Independence Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec. 13th 1919, at 7-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

.....19.....

Filed 1/7 19 20

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Registrar

G. L. Eaton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1955

JAN 1 0 1945

851-214.033-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76265

Primary Registration District No. 2178 Registered No. 22

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 14th 19

FATHER	MOTHER
FULL NAME: Albert R. Heath	FULL MAIDEN NAME: Emily Mary Hemsley
RESIDENCE: Rexburg Idaho	RESIDENCE: Rexburg Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Oxford Idaho	BIRTHPLACE: S.L. City Utah
OCCUPATION: Grain Broker	OCCUPATION: Housewife

Number of child of this mother, including present birth ...4th. Number of children of this mother now living, including present birth ...4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec. 14th 1919 8-20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Melson

M.D.

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

.....19.....

Filed 1/7 19 20

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Registrar

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Registrar

493.216-037-294

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76266

Primary Registration District No. 2178 Registered No. 23

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 16 1919

FATHER		MOTHER	
FULL NAME	George Miller	FULL MAIDEN NAME	Ada Louise Kidd
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 0 M. on the date above stated.

(Signature) W. B. Evans

Physician

(Physician or midwife)

Address .....

Filed Jan 7 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

599-217-033-695

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76267

Primary Registration District No. 2178 Registered No. 23

FULL NAME OF CHILD ..... EMMA GAIL VIRGIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	March 17 1919

FATHER	MOTHER
FULL NAME Charles Virgin	FULL MAIDEN NAME Eleanor Windley
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Gilspie

M. D. (Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 7 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 13 9 56 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 76267

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Virgin (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 17, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High School transcript Elementary Certificate (Bible Record, Insurance Policy, Etc.) prepared on 12/5/77 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Emma Gail Virgin

Subscribed and sworn to before me this 17th day of December, 19 77.
Phyllis Ann Edwards
Notary Public, residing at Rexburg, Idaho
My commission expires 5-5-78
(Seal)

Signed Emma Gail Virgin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt #1 St Anthony, Idaho 83445
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of December, 19 77.
Phyllis Ann Edwards
Notary Public, residing at Rexburg, Idaho
My commission expires 5-5-78
(Seal)

Signed Wendell Virgin
(Signature of Any Credible Person)
RT #2 Box 46 Rexburg Idaho 83440
(Street Address, City, State)

FORM DH 60-155

CL 10/20/76

Certif of Blessing-from the LDS Church gives name as Emma Gail Virgin (Singleton) daughter of Nephi Charles Virgin and Eleanor Windley. born Dec 17, 1919 at Salem, Idaho. Blessed Feb 1, 1920. viewed by V. S.

High schhool transcript ~~from~~ gives name as Gail Virgin born Dec 17, 1919 entered Sept 1934. parent's name as Eleanor Virgin. for the school years 1934 to 1938. viewed by V. S.

Marriage certificate issued by the State of Utah County of Cache states that Emma Gail Virgin was married to Jesse M. Singleton on July 25, 1944, in County of Cache, Uth.
Viewed by V.S.

719-118-033-795

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 100

File No. 76268

Primary Registration District No. 2178

Registered No. 25

FULL NAME OF CHILD ..... JAY GIBSON GARNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	December 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence Garner	Lottie Pincock
RESIDENCE	Sugar City,	Sugar City, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... 4th ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. N. Evans

Physician

(Physician or midwife)

Address Sugar City, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 7 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 76268

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 18, 1941 (DATE OF EVENT)
in Sugar, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Jay Gibson Garner

Subscribed and sworn to before me this 29th
day of May, 1942.

Notary Public, residing at Idaho Falls
My commission expires 8-30-43
(SEAL)

Signed Laurine Garner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rt 3, Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of May, 1942

Notary Public, residing at Idaho Falls
My commission expires Aug 30, 1943
(SEAL)

Signed Grant R. Brown
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rt 2, Ririe, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 2 1942 By
(REGISTRAR'S SIGNATURE)

APR 11 1974

231-120-073-264.

2901 CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100

Primary Registration District No. 2178

File No. 76269

Registered No. 26

Hospital .....

FULL NAME OF CHILD John Everett Stacey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	12-20-19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Stacey	FULL MAIDEN NAME	LaVon Boulter
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:A.M. on the date above stated.

(Signature) G. T. Parkinson

M.D. (Physician or midwife)

Address Rexburg, Idaho

Filed Jan 7 19 20

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1969

1/16/41/ EA

155-220-033-699

PLACE OF BIRTH

Form V. S. No. 11-O—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 76270

Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 20th 1919

FATHER		MOTHER	
FULL NAME	Walter Jenkins	FULL MAIDEN NAME	Dora E. Fritz
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mexico City, Mex.	BIRTHPLACE	Ashton Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec 20th 1919, at 9-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.

(Physician or ~~Midwife~~) *

Address Rexburg Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 1/7 20 19..... A. G. Estes

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-120-033-696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Madison

City of Archer

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76271

Primary Registration District No. 2178 Registered No. 28

FULL NAME OF CHILD KEITH KENTON BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 20 1919

FATHER	MOTHER
FULL NAME: Abraham J. Brown	FULL MAIDEN NAME: Christina Fife
RESIDENCE: Archer	RESIDENCE: Archer
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Salt Lake City	BIRTHPLACE: Archer Ida.
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6—30 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Briggs

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Jan 7 1920

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 76271

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Keith Kenton Brown (Name on Original Certificate) who Born (Was Born or Died) on Dec 20 1919 (Date of Event)
in Archer Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record Correct (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Keith Kenton Brown

Subscribed and sworn to before me this 12th
day of March, 1942.

Signed Christina Fyffe Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. E. Burch
Notary Public, residing at Rigby Idaho.
My commission expires MY COMISSION EXPIRES DECEMBER 8, 1943
(Seal)

Lorenzo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

[redacted]

243-120-033-133

[redacted]

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Madison

City of Archer

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76272

Primary Registration District No. 2178 Registered No. 29

FULL NAME OF CHILD Mark Lucas Sutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec 20 1919

	FATHER	MOTHER
FULL NAME	Charles V Sutton	Ida Allen
RESIDENCE	Archer	Archer
COLOR	white	white
AGE AT LAST BIRTHDAY	24 (Years)	20 (Years)
BIRTHPLACE	Lyman Ida.	Teton basin
OCCUPATION	Farmer.	House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10—30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A Bag[redacted]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 7 19 20

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

.....
Registrar

[redacted]

One copy issued 10/26/40 D.T. B.

239-21-033-766

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76273

Primary Registration District No. 2178 Registered No. 30

FULL NAME OF CHILD KLEA GERTRUDE STITT

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	21 December 1909

FATHER		MOTHER	
FULL NAME	Benjamin Stitt	FULL MAIDEN NAME	Martha Good
RESIDENCE	Rexburg, Idaho	RESIDENCE	Eva Ellington Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician

(Physician or midwife)

Address Sugar City

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 7 1910

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MAY 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison (Born in) Bonneville (now live in)

Certificate No. 76273

Date Filed Jan 8, 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Klea Gertrude Stitt (Name on Original Certificate) who Born (Was Born or Died) on Dec. 21, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 21, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Klea Gertrude Stitt
Klea Gertrude Stitt		

Subscribed and sworn to before me this 3rd day of May, 1945

Notary Public, residing at Rupert Idaho

My commission expires Oct 15 1946 (Seal)

Signed Eva Stitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1945

Notary Public, residing at Rupert Idaho

My commission expires Oct 15 1946 (Seal)

Signed Klea Gertrude Stitt
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 10 1945

284-222-0173-466

PLACE OF BIRTH

name added 11-4-81

Form V. S. No. 11-C—25m-8-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 76274

Primary Registration District No. 2178 Registered No. 31

FULL NAME OF CHILD Norma Squires

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	12-22-19

FATHER	MOTHER
FULL NAME Charles Squires	FULL MAIDEN NAME Ivy Dowdle
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Capps

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/7/20 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

10-21-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 2 3 05 PM '81

State of WASHINGTON
County of GRANT } ss.

Certificate No. 76274
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Squires (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-22-19 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Norma Squires~~

Subscribed and sworn to before me this 27th day of OCTOBER, 1981

Notary Public, [signature]
Residing at MOSES LAKE
My commission expires 1-25-83
(Seal)

x Norma Squires Fahrniman
Signature of Applicant

2019 Terminal St. Moses Lake, Wa. 98837
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 4 1981

Cert of Baptism from LDS Church gives Norma Squires born 12-22-19 in Rexburg to Charles Squires and Ivy L Dowdle, was baptised 2-5-28. Viewed by V.S.

Church record gives Norma Squires born 12-22-19 at Rexburg to Charles Squires and Ivy L Dowdle was married 5-26-48 to Earl Miller Fuhriman. Viewed by V.S.

389-123-033-154

Form V. S. No. 11-C—Rim-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76275

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 32

Hospital .....

FULL NAME OF CHILD Clinton R. Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Yes	Dec. 23rd 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clinton P. Christensen	Vilate E. Anderson
RESIDENCE	[redacted]ty Idaho	Sugar City Idaho
COLOR	[redacted]	White
AGE AT LAST BIRTHDAY	23 (Years)	20 (Years)
BIRTHPLACE	Afton Wyoming	Emery Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On Dec. 23rd 1919 at 11-10 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Farley Nelson M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 1/7 1920

G. L. Hope
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a CERTIFICATE RETURN must be made for each and the number of each child in order of birth stated.

APR 24 1952

[redacted]

284-124-033-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76276

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 33

Hospital

FULL NAME OF CHILD GAROLD SQUIRES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12-24-19

FATHER	MOTHER
FULL NAME Whitney N Squires	FULL MAIDEN NAME Harriet Hendricks
RESIDENCE Rexburg Ida	RESIDENCE Rexburg Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated, at 8:20 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

[signature] (Physician or midwife)

Address Rexburg Ida

Filed 1-7-20 [signature] Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

FEB 16 1942

Certificate No. 76276

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Garold Whitney Squires (Name on Original Certificate) who was born (Was Born or Died) on December 24, 1919 (Date of Event)
in Hibbard, Madison County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on April 1, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Garold Squires

Subscribed and sworn to before me this 11th
day of February, 1942

M. R. Berkley
Notary Public, residing at South Gate, Calif.
My commission expires January 2nd, 1944
(Seal)

Signed Preston W. Squires
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Uncle of above) Lynwood, Calif.
10788 San Jose Ave, South-Ca
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 28 1972

SEP 24 1975

693-225-033-599

PLACE OF BIRTH

Form V. S. No. 11-C—20m-4-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 76277

Primary Registration District No. 2178 Registered No. 34

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	12-25-27

FATHER		MOTHER	
FULL NAME	George Willis	FULL MAIDEN NAME	Jessie Virgin
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ute
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4105 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/7/28 .....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-126-033-363

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76278

Primary Registration District No. 217 Registered No. 35

FULL NAME OF CHILD Douglas Lee Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12-16-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. Clifton Harris	Zina R. Cole
RESIDENCE	Rexburg Ida	Rexburg, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Idaho	Utah
OCCUPATION	Manager of Implement Store	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5:25 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. H. Sparks

M.D.
(Physician or midwife)

Address Rexburg Ida

Filed Dec. 19 19

D. [illegible] Registrar

4/19.127.033-692

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-12

CERTIFICATE OF BIRTH

Registration District No. 10C File No. 76279

Primary Registration District No. 2178 Registered No. 56

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12-27- 19

FATHER		MOTHER	
FULL NAME	Clark F Marshall	FULL MAIDEN NAME	Helen C Fiksdal
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Lloyd

M.D.
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/7/28 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-129-033-331

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76280

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 37

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 29th 1919

FATHER		MOTHER	
FULL NAME	Floyd D. Westover	FULL MAIDEN NAME	Margaret Clay
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Alma Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Dec. 29th 1919, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M. D.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 1/7 1920

G. Teske
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-229-033-593

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 76281

Primary Registration District No. 2178 Registered No. 38

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	12 29 1919

FATHER		MOTHER	
FULL NAME	J. Aurelian Watts	FULL MAIDEN NAME	Ellene Nichols
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth ..6.. Number of children of this mother now living, including present birth ..5..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eagle M. D. (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/7/20 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

26#30-033-434

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76282

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. .....

Primary Registration District No. 217 8 Registered No. 39

Hospital .....

FULL NAME OF CHILD ... William Hyrum Bohi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12-30-19

FATHER		MOTHER	
FULL NAME	Hyrum Bohi	FULL MAIDEN NAME	Gertrude McMinn
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. Clore

M.D.
(Physician or midwife)

Address Rexburg Ida

Filed 1/7/20 19.....

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DEC 15 '54

619-231-073-699

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No. 100

File No. 76283

Primary Registration District No. 2178

Registered No. 40

FULL NAME OF CHILD Phyllis Wardle

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth) | Legitimate? Yes | Date of Birth Dec. (Month) 31 (Day) 1919 (Year)

FATHER

FULL NAME Leslie L. Wardle

RESIDENCE Sugar, Idaho

COLOR White | AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Gladys Wright

RESIDENCE Sugar City,

COLOR White | AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth One | Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/7/20 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Own Child's Birth Cert. on file: (Idaho Birth) #49-07941 gives full maiden name of mother as Phyllis Wardle - viewed by V.S. State of Idaho Public School Diploma, Madison County, Elementary School, given at Sugar City, Idaho on May 24, 1931 gives full name of student as Phyllis Wardle - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Date of birth to be left as it is - 1-23-62.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 76283

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wardle (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1919 (Date of Event)

in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mothers family record (Bible Record, Insurance Policy, Etc.) prepared on 12-1-61 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Phyllis Wardle
Date of Birth	Dec. 31, 1919	December 30, 1919

Subscribed and sworn to before me this 1 day of December, 1961

Edna Weisbecy

Notary Public, residing at St. Anthony Ida

My commission expires 2-1-64

(Seal)

Signed Gladys Wright Wardle Simms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St Anthony, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of December, 1961

Notary Public, residing at St Anthony Idaho

My commission expires 2-1-64

(Seal)

Signed Marilyn Logan
(Signature of Any Credible Person)

St. Anthony, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-14-61. one copy pd. rec. #3661.

JAN 23 1962

652-130-025-265

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76286

Registration District No. 105 File No. 2

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD Germain John Westhoff

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 30 1919

FATHER	MOTHER
FULL NAME Bernard Westhoff	FULL MAIDEN NAME Scholastica Sonnen
RESIDENCE Green Creek Idaho	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wash.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick

Physician (Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jany 3rd 1920 H B Blake

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254418-025-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76299

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. .... St.

Hospital —

Registration District No. 105

File No. 5

Primary Registration District No. 2183

Registered No. ....

FULL NAME OF CHILD John A. Seubert.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Dec - 18 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME August Seubert.	FULL MAIDEN NAME Elizabeth B Muroll.
RESIDENCE Cottonwood	RESIDENCE Cottonwood.
COLOR White; AGE AT LAST BIRTHDAY 30 (Years)	COLOR White; AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Cottonwood Ida.	BIRTHPLACE Cottonwood Ida.
OCCUPATION Rancher	OCCUPATION House wife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr.

(Physician or midwife)

Address Cottonwood

Given names added from a supplemental report.

.... 19....

Registrar

Filed Jan 27 1920 H B Blake

Registrar

AUG 27 1942

699-120-025-249

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

76303

Registration District No. 105 File No. 9

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Orthland Frederick Orr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec 20 1916

FATHER	MOTHER
FULL NAME Ashley Frederick Orr	FULL MAIDEN NAME Grace L. Smith
RESIDENCE Cottonwood Ida.	RESIDENCE Cottonwood
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Physician & Surgeon	OCCUPATION Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ashley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed January 2, 1917 W B Blake Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-230-025-714

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76306

County of Idaho

City of Cottonwood — Registration District No. 105 — File No. 12

No. ..... St. — Primary Registration District No. 2183 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Lucile Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 30 1919

FATHER		MOTHER	
FULL NAME	Frank Howell	FULL MAIDEN NAME	Emma Gauf
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Photographer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 boy alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

(Signature) Healey F. Orr M.D.

(Physician or midwife)

Address Cottonwood Idaho

Filed Jan 27 1920 — H B Blake Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1970

613-225-025-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho
City of Kooskia
No. ____ St.
Hospital ____

AMENDED CERTIFICATE OF BIRTH

July 29, 1946
Registration District No. 106
File No. 76309
Primary Registration District No. 2184
Registered No. 2

FULL NAME OF CHILD Lilas Nita Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 25, 1919

What bacteriecidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 ... Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Milton Watson	FULL MAIDEN NAME	Mina McCready
RESIDENCE	Kooskia, Idaho	RESIDENCE	Kooskia, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Milt Watson

Father
(Physician or midwife)

Address Kooskia, Idaho

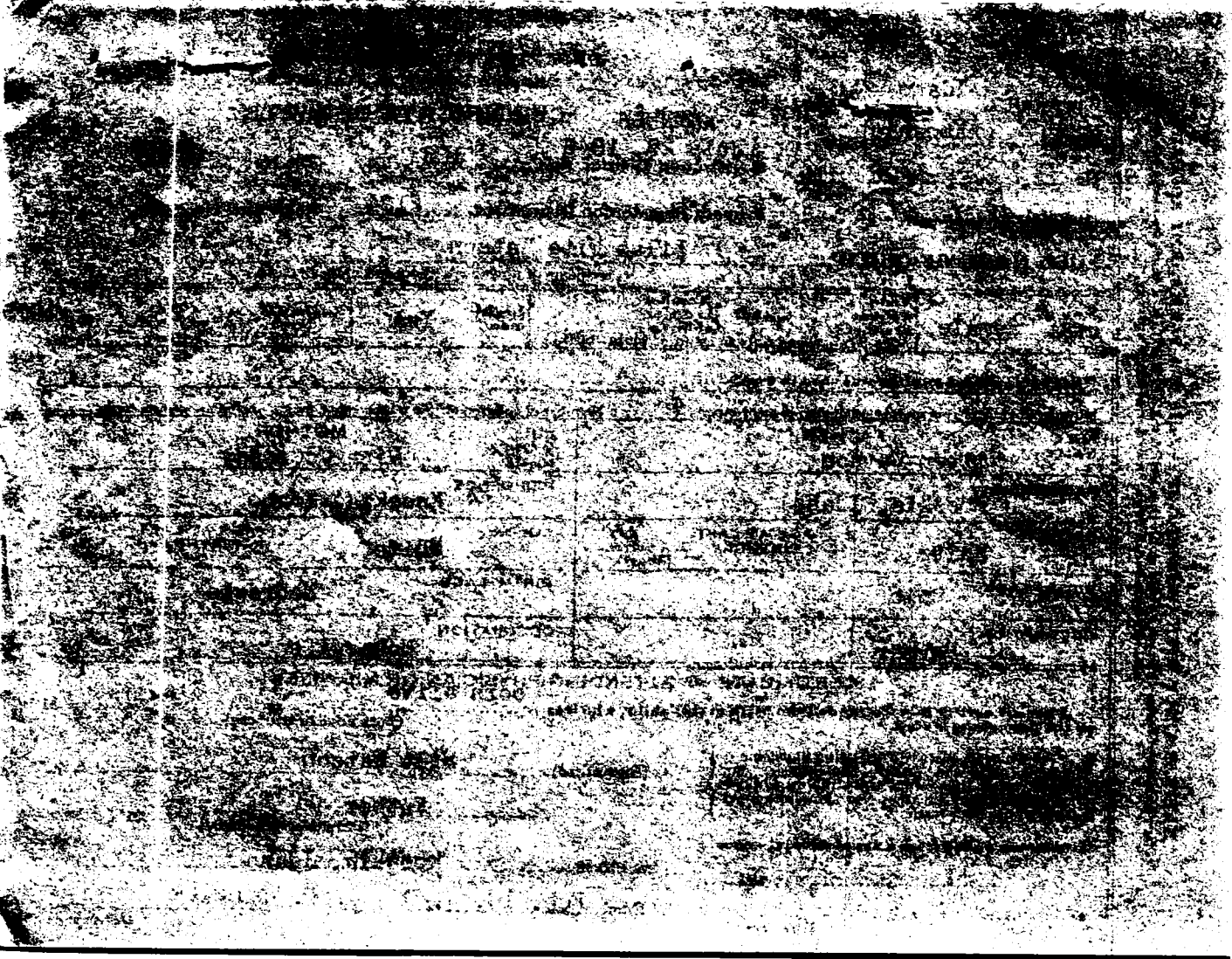
Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Feb. 10, 1920 J. W. Westmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 76309

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....
(Name on Original Certificate)
for ..... who ..... on .....
(Was Born or Died) (Birth or Death) (Date of Event)
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Meta Melvina Watson	Lilas Nita Watson

Subscribed and sworn to before me this 20 day of July 1946

E F Cleveland

Notary Public, residing at Kooskia Idaho

My commission expires May 1-1949

(Seal)

Signed Milt Watson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of July 1946

E F Cleveland

Notary Public, residing at Kooskia Idaho

My commission expires May 1-1949

(Seal)

Signed Mrs Mina Watson

(Signature of Any Credible Person)

Kooskia Idaho

(Street Address, City, State)

AUG 8 1946

JUL 30 1946

819-204-025-593

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 76310

Primary Registration District No. 2184 Registered No. 1

FULL NAME OF CHILD Vera May Haight

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 4 1919

FATHER		MOTHER	
FULL NAME	John Haight	FULL MAIDEN NAME	Vina Nicholson
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John J. Haight

Trailer
(Physician or midwife)

Address Kooskia - Idaho

Filed Jan 10 1920. J. M. Wuberhorst Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11

FEB 24 1975

849-117-028-459

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

76352

County of Kootenai

City of Harrison

Registration District No. 126 File No. 3

No. ..... St.

Primary Registration District No. 2204 Registered No. 41

Hospital .....

FULL NAME OF CHILD Lawrence Eugene Hurd

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 17th 1919

	FATHER	MOTHER
FULL NAME	Eugene Hurd	Florence Myrtle Merritt
RESIDENCE	Harrison	Harrison
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Todd County	Big Lake
OCCUPATION	carpenter	Home wife

Number of child of this mother, including present birth 6 X Number of children of this mother now living, including present birth 3 X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X Mrs C A Ward at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs Eugene Hurd

(Physician or midwife)

Address Mrs C. V. Ward

Filed Feb 1 1920 [signature] Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 3 1942

[redacted]

DECEASED

915-101-028-515

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

76353

Registration District No. 126 File No. B

Primary Registration District No. 2204 Registered No. 44

FULL NAME OF CHILD Robert Huston Davis

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec. 1 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME Benjamin Franklin Davis

RESIDENCE Rose Lake

COLOR white AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Burbon county, Kansas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Maud Lenore VanSickle

RESIDENCE Rose Lake

COLOR white AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Moscow, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 A.M. on the date above stated.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Address Rose Lake Ida

Filed 2-1-20

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 1942

96-403-028-415

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

76354

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 45

FULL NAME OF CHILD John Kenneth Rountree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 3 1919

FATHER		MOTHER	
FULL NAME	John Rountree	FULL MAIDEN NAME	Emma Davis
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Joel, Kansas	BIRTHPLACE	Burbon county, Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 A.M. on the date above stated.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Address Rose Lake

Filed 2-1 1920 M. Tenney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Amended 11-14-56

382 205-028653

County of Kootenai

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 76355

Primary Registration District No. 2204 Registered No. 16

FULL NAME OF CHILD Grace Estella Thaxter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec. 5, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	John Pearson Thaxter	FULL MAIDEN NAME	Grace Estella Wetzel
RESIDENCE	Near Lane, Idaho	RESIDENCE	Near Lane, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Monroe County, Iowa	BIRTHPLACE	Fort Benton, Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician
(Physician or midwife)

Address Rose Lake

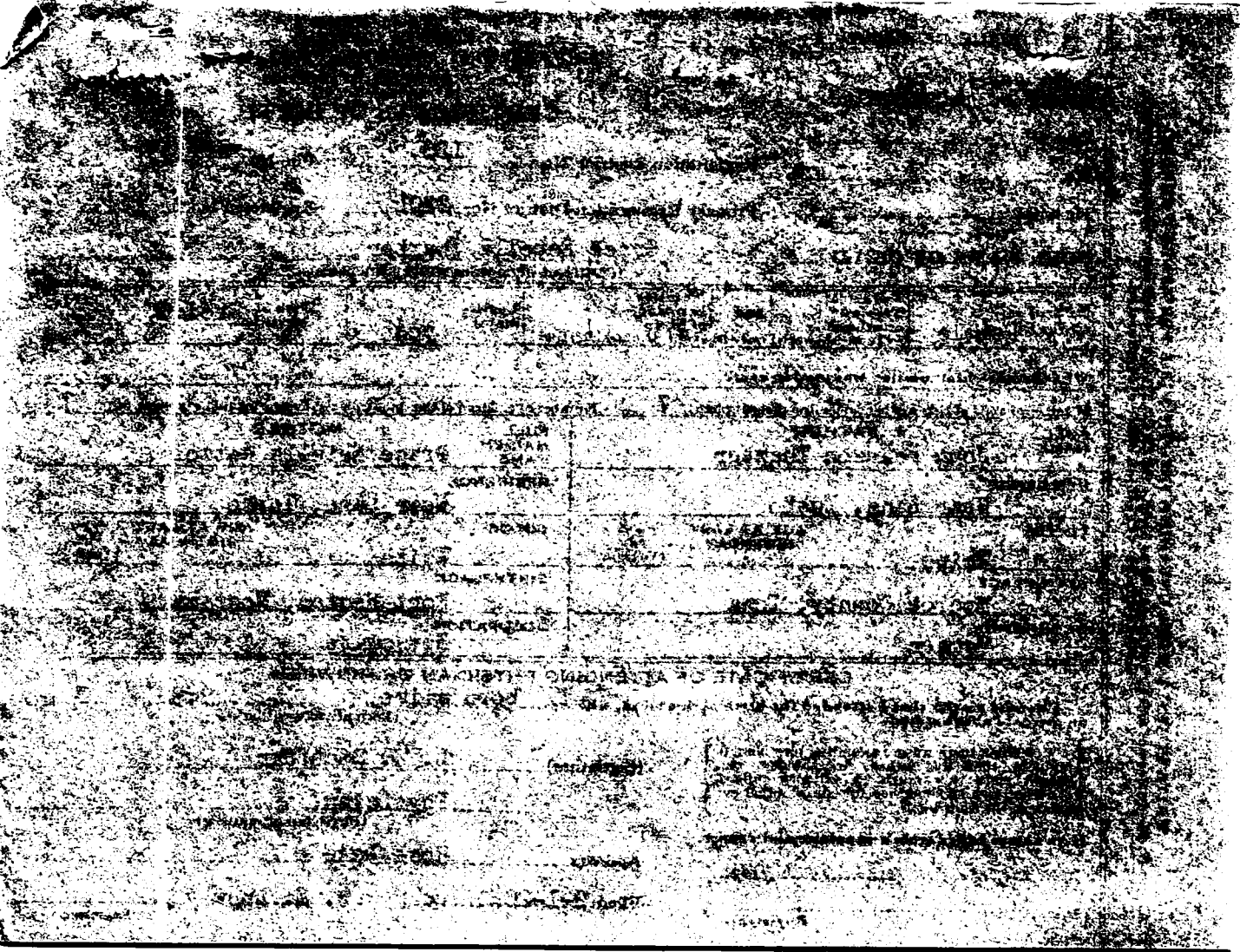
Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 2-1-20 192.. J. M. Fenway
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
OCT 29 1950
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles, }

Certificate No. 76355

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for [redacted] female child (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 5, 1919 (DATE OF EVENT)
in near Lane, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family history (CERT. RECORD, INSURANCE POLICY, ETC.) prepared on dates of events (GIVE DATE), are:
Child's birth Viewed by Vital Statistics 8-9-46

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ester Darlene	[redacted] Grace Estella Thaxter.

(Is child's correct name same as mother's)

Subscribed and sworn to before me this 17 day of November, 1942.

ADOLPH S. SWANSTROM, Notary Public
Notary Public, residing at for Los Angeles County, California.
My Commission Expires Nov. 25, 1943.
My commission expires (SEAL)
National Military Home, California

YES
Signed Helen Marie Garrett
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Sister.

(STREET ADDRESS, CITY, STATE)
Natl Military Home Branch, Los Angeles, California.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

State of Montana } ss.
County of Cascade }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Dec., 1942.

R-M Hardaway
Notary Public, residing at
My commission expires
(SEAL)

Signed John P Thaxter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(Father of Grace Estella Thaxter)
523 North 16th, Coeur D'Alene, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

195·108·028-168

PLACE OF BIRTH

County of Kootenai

City of Dudley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76356

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 47

FULL NAME OF CHILD John Victor Arnhold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 8 1919

FATHER	MOTHER
FULL NAME Anthony Arnhold	FULL MAIDEN NAME Hanna Johnson
RESIDENCE Kootenai county near Dudley	RESIDENCE Kootenai county near Dudley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Austria	BIRTHPLACE Sweden
OCCUPATION farmer	OCCUPATION Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

(Signature) L. J. Stauffer

physician

(Physician or midwife)

Address Rose Lake

Filed 2-1 1920 J. H. Finney Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK

JUN 30 1942

432-112 1037-235

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—25m-6-27

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 76361

Primary Registration District No. 2178 Registered No. 19

FULL NAME OF CHILD Arch. Douglas McKinlay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12-12-19

FATHER

FULL NAME: Arch McKinlay

RESIDENCE: Rexburg, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Implement Salesman

MOTHER

FULL MAIDEN NAME: S Lavett Stevens

RESIDENCE: Rexburg, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G G Cooper M D

(Physician or midwife)

Address Rexburg Ida

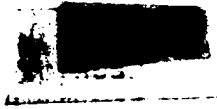
Filed Dec 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 76361

State of Utah } ss.
County of Sevier }

Date Filed May 15, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Arch Douglas McKinley who was born on Dec. 12, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Newdale Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Baptism prepared on Oct-25, 1928-no.72, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Arch Douglas McKinley

Subscribed and sworn to before me this 15th
day of May, 1944

Notary Public, residing at Richfield, Utah

My commission expires 12/15/44
(Seal)

Signed Archibald McKinley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Richfield, Ut
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Sevier }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of May, 1944

Notary Public, residing at Richfield

My commission expires My Commission Expires Aug. 6, 1946
(Seal) Residing at Richfield, Utah

Signed A. C. McKinley
(Signature of Any Credible Person Other Than Previous Year)

Richfield, Utah
(Street Address, City, State)

MAY 17 1944

1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4132.217.037-493

PLACE OF BIRTH

County of Owyhee

City of Owyhee

No. ..... St.

Hospital .....

[redacted] BUREAU [redacted] TISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

O. 2 76362

Registration District No. 3 Millers Creek Idaho

File No. 1 Jan. 1919

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Stella McKee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Jan. 17 1919

FATHER	MOTHER
FULL NAME Charles McKee	FULL MAIDEN NAME Lizzie Dick
RESIDENCE Post Office Owyhee Nevada	RESIDENCE Post Office Owyhee Nevada
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Humboldt Nevada	BIRTHPLACE X
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was did not alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) D G Richardson M D

(Physician or midwife)

Address Owyhee Nevada

Filed Feb 19[illegible]

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

This one Supplemental!

Thanks for the nice book of blanks. Send me one for deaths please. yours ever too for better

DAR

367·216·003-259

Form V. S. No. 11-C-25m-9-5-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76382

PLACE OF BIRTH

County of Bonnock

City of Pocatello

No. .... St.

Hospital ....

Registration District No. 84 File No. 56

Primary Registration District No. 2161 Registered No. 2979

FULL NAME OF CHILD Caterino Lopez

Sex of Child: Girl	Twin, Triplet or other? ... and Number in order of birth ... (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Dec 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John S. Lopez	FULL MAIDEN NAME	Miss Rose Scivano
RESIDENCE	1555 No Main St Pocatello Idaho	RESIDENCE	1555 No Main Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	May 3, 1890	AGE AT LAST BIRTHDAY (Years)	Oct 16, 1896
BIRTHPLACE	Cotrone Italy	BIRTHPLACE	Chicago Ill.
OCCUPATION	Boiler Maker H.	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hom H Baeen

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.................................19......

.... Registrar

Filed Jan 21 1920 O. B. Steel

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

962-23[illegible]

County of Bannock

STATE OF IDAHO
BUREAU OF VITAL ST

76[illegible]

City of Pocatello Registration District No. 84 File No. 35

No. [illegible] St. Primary Registration District No. 1161 Registered No. 2762

Hospital St Anthonys No Name

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter S. Robbins	Bessie Johnson
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Mo	Indiana
OCCUPATION	Telegraph Operator	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rapp

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Jan 4 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—32m-7-33-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76400

County of Bannock

City of Pocatello Registration District No. 84 File No. 53

No. ..... St.

Hospital Pocatello Gen. Primary Registration District No. 2161 Registered No. 2761

FULL NAME OF CHILD Robert Clyde Arnett

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	12 30 1919

FATHER		MOTHER	
FULL NAME	Clyde Drum Arnett	FULL MAIDEN NAME	Emma M. Hayes
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Boulder Colo	BIRTHPLACE	Ida Springs, Colo.
OCCUPATION	P. O. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Day

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Jan 28 1920 C. D. Green

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75469

(County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS APR 5 10 55 AM '73

State of ..... ss.

County of .....

Certificate No. 76400

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Arnett (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by & univ. diploma marriage certificate (Bible Record, Insurance Policy, Etc.) prepared on March 30, 1973 (copied) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Robert Clyde Arnett

Subscribed and sworn to before me this 26th day of March, 1973

Notary Public, residing at Kelly M. Abernathy 404 Balser, Longmont

My commission expires October 14, 1975

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

ATTORNEY AT LAW 1301 SPRUCE ST. BOULDER COLORADO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of Boulder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30TH day of March, 1973.

Notary Public, residing at 7380 Grandview, Boulder

My commission expires .....
(Seal)

My Commission Expires September 7, 1976

Signed x Martha L. Arnett
(Signature of Any Credible Person)

x 1111 Forest Ave Boulder Colo.
(Street Address, City, State)

FORM DH 60-155 CL 2/7/73

Certificate of Marriage from Colorado gives groom's name as Robert Clyde Arnett and the bride's name as Helen Schriener. Dated Sept. 29, 1949. Viewed by V. S.

MAY 8 1973

Diploma from Univeristy of Colorado date Aug. 1951 gives name as Robert Clyde Arnett. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

[redacted]

[redacted] 76401

City of Pocatello. Registration District No. 84 File No. 55

No. ..... St.

Primary Registration District No. 2161 Registered No. 2960

Hospital .....

FULL NAME OF CHILD Raymond Deer Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 30 1919

	FATHER	MOTHER
FULL NAME	Raymond Vinta Deer	Edith Mary (Kennedy) Deer
RESIDENCE	1105 N. Grant St Pocatello Ida	1105 Grant St Pocatello Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	17 (Years)
BIRTHPLACE	La Plata Missouri	Knoxville Iowa
OCCUPATION	Pipe Fitter	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:20 A. M. on the date above stated.

(Signature) John A. Warren

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed Jan 2, 1920 O. B. Neely Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

11-27-41

[redacted]

OCT 22 1971

619-130-003-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76402

County of Bannock

City of Pocatello

Registration District No. 84 File No. 55

No. ..... St.

Hospital General

Primary Registration District No. 161 Registered No. 159

FULL NAME OF CHILD Glen Larsen Farr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 30 1919.

FATHER		MOTHER	
FULL NAME	Rodney Keith Farr	FULL MAIDEN NAME	Blanche Larson.
RESIDENCE	Arimo, Idaho.	RESIDENCE	Arimo, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Logan, Utah.	COLOR	White,
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Pocatello, Idaho.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed Jan 21 1920 [signature]

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]-51

STATE OF OHIO

[illegible] VITAL STATISTICS

CERTIFICATE OF BIRTH

76402

City or [illegible]

Registration District No. [illegible]

File No. [illegible]

Primary Registration District No. [illegible]

Registered No. [illegible]

Hospital

FULL NAME OF CHILD

Sex of Child

Twin or triplet (or other)?

Number child of this mother living including present birth

Number of children of this mother now living including present birth

(To be answered only in event of plural birth)

Date of Birth (Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING [illegible]

I hereby certify that I attended the birth of this child, who was born alive at the date above stated.

While [illegible] was in attendance by physician or midwife this [illegible] [illegible] should notify this office at once. A [illegible] this case that no further attendance may [illegible] [illegible]

Given name added from a supplemental report

[illegible] or midwife

IN CASES WHERE DELAYED REGISTRATION IS A PREREQUISITE TO SCHOOL ENTRANCE, THIS RECORD MUST BE FILED WITH LOCAL REGISTRAR BEFORE A CERTIFIED COPY CAN BE ISSUED.

NOTE—If child was born in a hospital or institution, the person in charge of such institution must furnish the information required on this certificate which relates to the birth of such child, and must report the birth to the local registrar within five days after such birth.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL '73

State of UTAH
County of SALT LAKE } ss.

Certificate No. 76402

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Farr (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1919 (Birth or Death) (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record, Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on February 8, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Glen Larsen Farr

Subscribed and sworn to before me this 29 day of Sept, 1973

Charles A Jones
Notary Public, residing at Salt Lake
My commission expires May 28, 1976
(Seal)

Signed Blanche L Farr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
931 Lorraine Ave S L C, Ut 84106
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of Sept, 1973

Charles A Jones
Notary Public, residing at Salt Lake
My commission expires May 28, 1976
(Seal)

Signed Hilda L Larsen
(Signature of Any Credible Person)
3334 So 825 E #4
Salt Lake City Ut 84106
(Street Address, City, State)

FORM DH 60-155 CL 8/27/73 lcc pd. rec.# 24401

Certificate of Blessing from LDS Church gives name as Glen Larsen Farr son of Rodney K. Farr and Blanch Larsen. Born December 30, 1919 at Pocatello, Idaho Was Blessed Feb. 8, 1920. Viewed by V. S.

NOV 29 1973

Marriage Certificate from Utah gives groom's name as Glen Larsen Farr and the bride's name as Maude Ann Jones. [illegible] married June 1, 1938. Viewed by V. S.

643-130-007-259

MARK RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 319 N. Main St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 76403

Registration District No. ..... File No. 55

Primary Registration District No. 2161 Registered No. 2358

Hospital .....

FULL NAME OF CHILD Arthur Ogden Fullmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	12 30 1919

FATHER		MOTHER	
FULL NAME	Kenneth O Fullmer	FULL MAIDEN NAME	Melva E Bergeson
RESIDENCE	319 N Main	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:48 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Young (Physician or Midwife)

Address Pocatello Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 7 1920

H H Steed

Registrar

466-129-003-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76404

County of Bannock.

City of Pocatello.

Registration District No. 84 File No. 55

No. 650 N. Seventh St.

Hospital St. Anthony's

Primary Registration District No. 2161 Registered No. 2457

FULL NAME OF CHILD Robert Eugene Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	December 29 1919

FATHER	MOTHER
FULL NAME: Byron David Moore.	FULL MAIDEN NAME: Jessie Wolf.
RESIDENCE: 657 S. Main St. Pocatello, Idaho	RESIDENCE: 657 S. Main St. Pocatello, Idaho.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Holbrook, Nebraska	BIRTHPLACE: Louisburg, Kansas.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

If not 1st child, give number of each child by former marriage.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or ~~midwife~~)

Address Pocatello Idaho.

Filed Jan 2, 1920 [signature]

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

899-22-003-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76405

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. Two miles So. St. Pocatello

Primary Registration District No. 2161 Registered No. 2956

Hospital Home

FULL NAME OF CHILD Yukio Hiraka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Dec. 22 1919

FATHER	MOTHER
FULL NAME Harry T. Hiraka	FULL MAIDEN NAME Ei Takeda
RESIDENCE Two miles north of Pocatello	RESIDENCE Two Miles North of Pocatello
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farming	OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report.

19

Registrar

Filed Jan 12 1920 C. B. Treat
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-219-003-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76406

County of Bannock

City of Pocatello

Registration District No. 84 File No. 55

No. ____ St.

Hospital St Anthony

Primary Registration District No. 161 Registered No. 2155

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
X				Yes	12	19	1919

FATHER		MOTHER	
FULL NAME	Amos Nathaniel McEuen	FULL MAIDEN NAME	Ella May Morgan
RESIDENCE	Crystal, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Lewisville, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J M Kay

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Jan 26 1920 O B Duell

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-119-003-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

76407

County of Bannock

City of Lava Hot Springs Ida

Registration District No. 84

File No. 55

No. St.

Primary Registration District No. 210

Registered No. 2954

Hospital

FULL NAME OF CHILD Keith Reed Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE ~~FEMALE~~			yes	Dec 19 1917

FATHER

FULL NAME: Charles E. Miles

RESIDENCE: Lava Hot Springs, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Paradise, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Margaret Hansen

RESIDENCE: Lava Hot Springs, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Hyrum, Utah

OCCUPATION: housewife

Number of child of this mother, including present birth XX 10 Number of children of this mother now living, including present birth XX 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 8 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. W. Henning M.D.

Lava Hot Springs Idaho (Physician or midwife)

Address Pocatello Idaho

Filed Jan 27 1920 O. B. Steed Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 76407

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Keith ~~Clegg~~ Miles (Name on Original Certificate) who Born (Was Born or Died) on Dec. 19, 1919 (Date of Event)
in Lava. Hot Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
No. of Children	12 born 10 living	10th born 8th living
Sex	Female	Male

Subscribed and sworn to before me this 7th day of March, 1942.

Geo. F. Thiessen
Notary Public, residing at Boise
My commission expires 4-4-1942
(Seal)

Signed Mrs. Mathie Miles McDonald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 1942

266-118-003-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76408

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. ____ St.

Hospital Pocatello Gen. Primary Registration District No. 2161 Registered No. 2453

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	12	18	1919

FATHER		MOTHER	
FULL NAME	Martin Bowman	FULL MAIDEN NAME	Mary Beckers
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Holland	BIRTHPLACE	Same
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 10 M. on the date above stated.

(Signature) J. M. Kay.

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Jan 20 1920 T. B. Green Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795·217·003-551

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76409

County of Bannock.

City of McCammon.

No. ..... St.

Hospital .....

Registration District No. 84 File No. 55

Primary Registration District No. 2161 Registered No. 152

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			7th	Yes	Dec. 17th 19 19

FATHER	MOTHER
FULL NAME: Bert Green.	FULL MAIDEN NAME: Edna Evans.
RESIDENCE: McCammon, Idaho.	RESIDENCE: McCammon, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Woodruff, Utah.	BIRTHPLACE: Brigham City, Utah
OCCUPATION: Farmer.	OCCUPATION: House-Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

(Signature) Wilmer J. McDill

Physician
(Physician or midwife)

Address Pocatello Idaho

Filed Jan 7, 19 20 O. B. Neely
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-117-003-652

[redacted]

Form V. S. No. 11-C—20m-9-3-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 729 North Grant

Hospital

TICS

76410

55

Registration District No. 84

File No.

Primary Registration District No. 2161

Registered No. 2907

FULL NAME OF CHILD Emil Fredrick Bartholomai

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12 - 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emil Bartholomai	Lillian Mary Webb
RESIDENCE	729 North Grant	729 North Grant
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Bassell Switzerland	Salem Georgia
OCCUPATION	O.S.L. Loco. Fireman	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Emil Donnelly

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Jan 2, 1920 O. B. Reed

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/5/41 L. B.

[redacted]

JUL 18 1944

862-113-003-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76411

County of Bannock.

City of Pocatello. Registration District No. 84 File No. 55

No. 650 N. Seventh St.

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 2950

FULL NAME OF CHILD Jesse William Hobson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	December 13 1919.

FATHER

FULL NAME: Jesse Ver Hobson.
RESIDENCE: Oxford, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Oxford, Idaho.
OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Annie Sophronia Hadley.
RESIDENCE: Oxford, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Brigham, Utah.
OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 P. M. on the date above stated.

(Signature) [redacted]

(Physician or midwife)

Address Pocatello Idaho

Filed Jan 2, 1920 O B Steele Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419.103.003-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76412

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 84 File No. 55

Primary Registration District No. 2161 Registered No. 7447

Hospital .....

FULL NAME OF CHILD Elton Marsitte Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 3 1917

FATHER		MOTHER	
FULL NAME	Elton Marsitte	FULL MAIDEN NAME	Vergie Casterino
RESIDENCE	Pebble Ida.	RESIDENCE	Pebble Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 58 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Kennedy M.D.

Lava Hot Springs Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 27 19 20 W. E. Steel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 1919-299765

133-130-003-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76413

County of Bannock

City of ——— Registration District No. 84 File No. 55

No. 3 miles east of Pocatello St., Primary Registration District No. 2161 Registered No. 2948

Hospital

FULL NAME OF CHILD Albert Franklin Allen

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	1	yes	Nov 30 1917

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ira May Allen	FULL MAIDEN NAME Evangeline Robinson
RESIDENCE Ranch near Pocatello	RESIDENCE Ranch near Pocatello
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Bellevue, Idaho	BIRTHPLACE Leadwell, Kans.
OCCUPATION Rancher	OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——— (Born alive or ~~stillborn~~) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira M. Allen (father)

(Physician or midwife)

Address Pocatello Ida

Filed Jan 24 1918

Given names added from a supplemental report.

.....19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/30/40 L.B.

253-106-cc03-289

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

76414

County of Bannock

City of Lava Hot Springs Ida

Registration District No. 84 File No. 55

No. St.

Primary Registration District No. 2161 Registered No. 2947

Hospital

FULL NAME OF CHILD Jessie Ray Kelley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	no	first	yes	Oct 6 1919

FATHER

FULL NAME Clarence L. Kelley

RESIDENCE Lava Hot Springs Ida

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Serre County, Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Edna Elvira Byington

RESIDENCE Lava Hot Springs Ida

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Lava Hot Springs Ida

OCCUPATION housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 5 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. Hemming M.D.

(Physician or midwife)

Address Lava Hot Springs Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 27 1920

J. B. Lee
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1944

493·112·003 - 763

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 76415

Registration District No. 84 File No. 55

Primary Registration District No. 2161 Registered No. 2946

FULL NAME OF CHILD Charles Vern Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		4th	yes	June 12 1917

FATHER		MOTHER	
FULL NAME	Ray R. Mills	FULL MAIDEN NAME	Anna Poller
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Lava Hot Springs Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Paradise, Utah	BIRTHPLACE	Marsh Valley Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. Hemmings M.D.

Lava Hot Springs Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 27 1920

J. D. Lee Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-112-003-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76416

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. ..... St.

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 2445

FULL NAME OF CHILD Geo. Wm. Kimber, Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 12 1919

FATHER

FULL NAME George William Kember

RESIDENCE 406 S. 3rd E. Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE England

OCCUPATION Passenger Brakeman

MOTHER

FULL MAIDEN NAME Ella Anna Cobartz

RESIDENCE 406 S. 3rd E. Pocatello Idaho.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Lincoln Co. Kansas.

OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

(Signature) Ann Newton

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Jan 8, 1920 O B Steely Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/13/ 41 Z.J.

SEP 16 1985

785-210-003-843

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76417

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. ..... St.

Hospital St Anthony Primary Registration District No. 216 Registered No. 2944

FULL NAME OF CHILD Mary Elizabeth Catherine Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	12	10	1919

FATHER		MOTHER	
FULL NAME	Calvin James Nelson	FULL MAIDEN NAME	Mary Hulbhan
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ireland	BIRTHPLACE	Latonya, Ohio
OCCUPATION	City Clerk. City of Pocatello	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5-45 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) D W May
(Physician or midwife)

Address Pocatello Idaho

Filed Jan 20 1920 D B Steed
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 76417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Elizabeth Phelan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 10th, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on December 23rd, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Elizabeth	Mary Catherine Phelan

Subscribed and sworn to before me this 10th
day of August, 19 43

Notary Public, residing at Los Angeles, Calif.
My commission expires Oct. 11th, 1943
(Seal)

Signed Mary L Phelan (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4812 Frieda Dr., Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of August, 1943

Notary Public, residing at Los Angeles, Calif.
My commission expires Oct. 11th, 1943.
(Seal)

Signed Paul Phelan Sr. (father)
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State) 4812 Frieda Dr., Los Angeles, Calif.

FEB 24 1976

AUG 17 1943

713.109.003-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76418

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. 454 So. Main St.

Primary Registration District No. 216 Registered No. 2943.

Hospital

FULL NAME OF CHILD John Robert Patton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	Dec 9 1919

FATHER

FULL NAME John Robert Patton (Sr)

RESIDENCE Pocatello, Idaho

COLOR W. AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Patton, Penn.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Gertrude Patrick

RESIDENCE [redacted]

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Hazelhurst, Miss.

OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born dead (Stillborn)~~ (Born alive ~~or stillborn~~), at 12 noon M. on the date above stated.

(Signature) J. M. Clay

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Jan 28 1920 O. B. Street Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-212-007-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76419

County of Bannock

City of Pocatello

No. ..... St.

Hospital General Hosp

Registration District No. 84

File No. 55

Primary Registration District No. 2161

Registered No. 2942

FULL NAME OF CHILD NANCY ELLEN JACKSON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		3	Yes	Dec 12th 1919

FATHER	MOTHER
FULL NAME Robert H. Jackson	FULL MAIDEN NAME Rose E. Pratt
RESIDENCE Salmon Ida.	RESIDENCE Salmon Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kremling Colorado	BIRTHPLACE Colby Kansas
OCCUPATION Home breaker	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 2, 20 [illegible]

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

JUN 25 1943

Certificate No. 76419

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Infant (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec 12, 1919 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Service Society (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 22, 1926 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unname	Nancy Ellen Jackson

Subscribed and sworn to before me this 21st
day of June, 1943

J. Jewell

Notary Public, residing at Salt Lake City, Ut.

My commission expires 2-16-46

(SEAL)

Signed Rose E. Jackson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 19, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of June, 1943

J. Jewell

Notary Public, residing at Salt Lake City, Ut.

My commission expires 2-16-46

(SEAL)

Signed Jos Tavares, Caseworker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Family Service Society
(STREET ADDRESS, CITY, STATE)
611 Beason Building Salt Lake City, U.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 25 1943

292-207-003-593

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76421

County of Bannock

City of Pocatello Registration District No. 84 File No. 55

No. ..... St.

Hospital St Anthony's Primary Registration District No. 2161 Registered No. 2940

FULL NAME OF CHILD Dorothy Ruth Kiser

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	12 7 1919

FATHER		MOTHER	
FULL NAME	Albert Kiser	FULL MAIDEN NAME	Ethel Nicholas
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Dayton, Ohio	BIRTHPLACE	Hamilton, Canada
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12 30 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) W. M. Kay.

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Jan 20 1920 O. B. Steely

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/5/41 L. B.

619-207-003-689

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76422

County of Bannock.

City of Robin Idaho

Registration District No. 84 File No. 55

No. ..... St.

Primary Registration District No. 2161 Registered No. 2434

Hospital .....

FULL NAME OF CHILD Mary Jean Farnniun

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.			1st.	Yes.	Dec. 7th. 1919

FATHER	MOTHER
FULL NAME: Casper Farnnin	FULL MAIDEN NAME: Mary K. Whitney
RESIDENCE: Robin Idaho	RESIDENCE: Robin Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Robin Idaho.
OCCUPATION: Mechanic	OCCUPATION: House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Wm J. McDill

Physician
(Physician or midwife)

Address Paradise Idaho

Filed Jan 7th 1920 O B Bitterly
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1919-241906

719-106-003-571

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76423

County of Bannock.

City of Arimo.

No. ..... St.

Hospital .....

Registration District No. 84 File No. 55

Primary Registration District No. 216 Registered No. 1938

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			1st	Yes	Dec. 6th 1919

FATHER	MOTHER
FULL NAME: Wilford Parris.	FULL MAIDEN NAME: Mary Pearl Egan.
RESIDENCE: Arimo, Idaho.	RESIDENCE: Arimo, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Richmond, Utah.	BIRTHPLACE: Richmond, Utah.
OCCUPATION: Farmer	OCCUPATION: House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:50 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Wilson J McDill

Physician

(Physician or midwife)

Address Pocatello Idaho

Filed Jan 7, 1920 B Steeley
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-117-003-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76424

County of Bannock

City of McCammon Idaho. Registration District No. 84 File No. 55

No. ..... St.

Primary Registration District No. 2161 Registered No. 2437

Hospital .....

FULL NAME OF CHILD James Winfield Scott.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			1st.	Yes	Nov. 17 1919

FATHER

FULL NAME: James W Scott

RESIDENCE: McCammon Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Antigo Wis.

OCCUPATION: Car-Inspector

MOTHER

FULL MAIDEN NAME: Mable W. Remriel

RESIDENCE: McCammon

COLOR: White.

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: McCammon Idaho.

OCCUPATION: House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:00 P.M. on the date above stated.

(Signature) Wilson J. McDill

Physician. Physician
(Physician or midwife)

Address Pocatello Idaho

Filed Jan 7, 19 20 O B Greey
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

one copy 10/31/40 L.B.

AUG 30 1963

551-205-003-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76425

County of Bannock.

City of Arimo.

Registration District No. 84 File No. 55

No. ..... St.

Primary Registration District No. 2161 Registered No. 2736

Hospital .....

FULL NAME OF CHILD Vera Laverne Evans

Sex of Child: Girl.

Twin, Triplet or Other? Single. Number in order of birth: 3rd (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Nov. (Month) 5th (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Willis V. Evens.	FULL MAIDEN NAME: Nina S. Ross.
RESIDENCE: Robins Idaho .	RESIDENCE: Robin Utah.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah.
OCCUPATION: Farmer	OCCUPATION: House-Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

(Signature) Wm J. McDill

Physician & Surgeon. (Physician or midwife)

Address Pocatello Idaho

Filed Jan 7, 1920 D. A. Neely Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1976

393-215 403-619

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

76426

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 84 File No. 55

Primary Registration District No. 2161 Registered No. 2935

FULL NAME OF CHILD MELBA LILJENQUIST

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.	Single	3rd	YES	Oct. 28 1919.

FATHER	MOTHER
FULL NAME: Warren M. Liljenqist.	FULL MAIDEN NAME: Lena Ward.
RESIDENCE: McCammon Idaho.	RESIDENCE: McCammon.
COLOR: White. AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah
OCCUPATION: Farmer.	OCCUPATION: House-Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A-live (Born alive or stillborn), at 8:00 P.M. on the date above stated.

(Signature) William J. McDill

Physician & Surgeon
(Physician or midwife)

Address Pocatello Idaho

Filed Jan 7 1920 O. B. Steed
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 11 4 6
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Liljenquist (Name on original certificate) who was born (Was born or died) on October 25, 1919 (Date of event)
in McCammon, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on January 4, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Liljenquist	Melba Liljenquist

Subscribed and sworn to before me this 15 day of Dec., 19 41

J. F. Whitney
Notary Public, residing at McCammon

My commission expires 2-24-[illegible]
[SEAL]

Signed Lena Liljenquist
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

McCammon, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Dec., 19 41

J. F. Whitney
Notary Public, residing at McCammon

My commission expires 2-24-42
[SEAL]

Signed Mrs Kate Whitney
(Signature of any credible person other than the previous affiant)

McCammon
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

651-231-001-137

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1505 N 7th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 76434

Registered No. 49

Full Name of Child Naomi E. Weaver

SEX OF CHILD Fe	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 12 (Month) 31 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Douglas Weaver	FULL MAIDEN NAME Gladys Allen
RESIDENCE 1611 N 17th	RESIDENCE 1611 N 17th
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Colo
OCCUPATION Auto Tire Repairing	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 4 45 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician (Physician or midwife)

Given names added from a supplemental report

.... 19....

Address Overland Bldg

.... Registrar

Filed 2/4 1920 L. Hoffman Registrar

JUL 16 1968

718-228-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 718 Mc Kinley St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 76442

Registered No. 57

FULL NAME OF CHILD Clara Bell Payton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12 – 28 – 1919

FATHER		MOTHER	
FULL NAME	Benjamin F. Payton	FULL MAIDEN NAME	Annie F. Hodge
RESIDENCE	718 Mc Kinley St., Boise	RESIDENCE	718 Mc Kinley St., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Indiana	BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 15 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J. N. Braxtan
(Physician or midwife)

Address Boise, Idaho

Filed 2/12 1920 L. E. Gyman
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a [illegible] must be made for each and the number of each, in [illegible] stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 6 2 21 PM '72

State of ..... } ss.
County of .....

Certificate No. 76442

Date Filed Oct. 2, 1972

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Payton (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on December 28, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by 1. Bible Record 2. Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 1. Dec 28, 1919 2. Aug 31, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Has been omitted	Clara Bell Payton
Mother's Maiden Name	Annie F. Hodge	Anna Florence Hodges
FATHERS NAME		Benjamin Franklin Payton

Subscribed and sworn to before me this 18th day of October, 1972

Helen H. Berger
Notary Public, residing at Ontario, California
My commission expires 8-16-73
(Seal)

HELEN H. BERGER
NOTARY PUBLIC CALIFORNIA
SAN BERNARDINO COUNTY
My Commission Expires Aug. 16, 1973

Signed David L. Payton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3458 N E St San Bernardino Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1972

Nancy L. La Rocca
Notary Public, residing at Riverside
My commission expires 11-12-72
(Seal)

NANCY L. LA ROCCA
NOTARY PUBLIC
RIVERSIDE CO., CALIF.
My commission expires 11-12-72

Signed Otto Payton
(Signature of Any Credible Person)

2772 Berkeley Ave.
(Street Address, City, State)
San Jose, Calif

FORM DH 60-155

Family Bible Record gives name as Clara Bell Payton born Dec. 28, 1919. Viewed VS

Insurance Policy gives name as Clara Bell Allee dated Aug. 31, 1942. Viewed by V. S.

DEC 18 1972

319-228-001-713

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 76453

County of ADA

City of BOISE Registration District No. 2

No. ____ St. Primary Registration District No. 1004 Registered No. 68

Hospital Ethel Alley Arrington

Full Name of Child Ethel Alley Arrington

SEX OF CHILD Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate Yes | DATE OF BIRTH Nov 28 (Month) (Day) (Year)

FATHER

FULL NAME Arthur Arrington

RESIDENCE 467 N 2nd

COLOR white AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mo

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Grace Colson

RESIDENCE 467 N 2nd

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mich

OCCUPATION Housework

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 11-28-29

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

....., 19....

Registrar

Filed 2/17 19 30 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1973

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

Full Name of Child

MARRIAGE RECORDED FOR BINDING

253-101-003-419
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 76505

County of Bannock

City of Lava Hot Springs Ida Registration District No. 84 File No. 56

No. ..... St. Primary Registration District No. 20 Registered No. 3300

Hospital .....

FULL NAME OF CHILD Marvin Theodore Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 1 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard D. Bell	Alta A. Martin
RESIDENCE	Lava Hot Springs Ida	Lava Hot Springs Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Idaho	Ida
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Henning M.D.

Lava Hot Springs Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Feb 25 1920 O. P. Steel Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1942

266-213-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76506

County of Bannock

City of Lava Hot Springs

Registration District No. 84 File No. 56

No. ..... St.

Primary Registration District No. 216 Registered No. 2999

Hospital .....

FULL NAME OF CHILD Verda Bowden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin	second	yes	Sept 15 1917

FATHER	MOTHER
FULL NAME: Leslie W. Bowden	FULL MAIDEN NAME: Esther Oswald Jenks
RESIDENCE: Lava Hot Springs Ida	RESIDENCE: same
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Ogden Utah
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... (Born alive or stillborn) at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Fleming M.D.

Lava Hot Springs Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar

Filed Feb 25 1920 O. P. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-213:0003-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

76507

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Ida

Registration District No. 84

File No. 56

No. ..... St.

Primary Registration District No. 201

Registered No. 295

Hospital .....

FULL NAME OF CHILD Vera Borden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin		first	yes	Sept 13 1917

FATHER		MOTHER	
FULL NAME	Leslie W. Borden	FULL MAIDEN NAME	Esther Lucille Jacks
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) O. P. Hennessy M.D.

Lava Hot Springs Ida (Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address .....

Registrar

Filed Feb 25 1920

O. P. Lucas

Registrar

635-209-005-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of StMaries

Registration District No. 32

File No. 76611

No. ..... St.

Primary Registration District No. 20

Registered No. 96

Hospital Dr. Smith's

FULL NAME OF CHILD Alta Carol Fletcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Nov 9 19 9 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William P. Fletcher	FULL MAIDEN NAME: Georgia L. Maynard
RESIDENCE: Benewah, Idaho	RESIDENCE: Benewah, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: North Carolina	BIRTHPLACE: Colton, Wash.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Smith

Physician (Physician or midwife)

Address St Maries

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 4 1920 H E Smith Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

T..663-103-005-543

Amended 7-31-62

(Be sure the information is complete and accurate)

State File No. 76612

Local Reg. No. 97

Reg. Dist. No. 32

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Benewah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Benewah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Calvin b. (Middle) Nichols c. (Last) Wolfe

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 3, (Year) 1919

FATHER OF CHILD

7. FULL NAME: a. (First) Kalfru b. (Middle) B. c. (Last) Wolfe

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Washington

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Myrtle b. (Middle) M. c. (Last) Nichols

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: C. J. Kinsolving

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: St. Maries, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Mar. 8, 1920

20. REGISTRAR'S SIGNATURE: H.E. Hunt

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG.

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of KING

Certificate No. 76612

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cal Wolf (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1919 (Date of Event)
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Cal Wolf	Calvin Nichols Wolfe
Full Name of Father	Kalfru B. Wolf	Kalfru B. Wolfe

Subscribed and sworn to before me this 30 day of JAN, 1962

Notary Public, residing at [illegible]

My commission expires 3/18/62
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

21860 MILITARY ROAD KENT, WN
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of KING

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of JAN, 1962

Notary Public, residing at [illegible]

My commission expires 3/18/62
(Seal)

Signed [signature]
(Signature of Any Credible Person)

21860 Military Rd. Kent Wn
(Street Address, City, State)

FORM DH 60. 155 CL 1-23-62. one copy pd. rec. #5966.

Another Child's Birth Cert. on file: (Idaho Birth) #430468 gives full name of father as Kalfus Boone Wolfe - viewed by V.S.

Father's Death Cert. on file: (Idaho Birth) #52-1261 gives full name as Kalfra Boone Wolfe - viewed by V.S.

correcting spelling of father's last name -

Application for National Service Life Insurance, effective date Aug. 1, 1942 gives full name of insured as Calvin Nichols Wolfe, born November 3, 1919 at St. Maries, Idaho - age at time of application 23 years old - beneficiary is given as Mrs. Kal Wolfe, St. Maries, Idaho - viewed by V.S.

Social Security Card, 519-10-4434 gives full name as Calvin Nichols Wolfe - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-124-
609-795

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. 22 Milltown St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 70

Primary Registration District No. 215-5

File No. 76679

Registered No.

Full Name of Child John Wylie Garrison

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
			7 24 19 9

FATHER

FULL NAME: John W. Garrison

RESIDENCE: 22 Milltown

COLOR: White AGE AT LAST BIRTHDAY: 49 (Years)

BIRTHPLACE: Stone County, Mo.

OCCUPATION: Labourer

MOTHER

FULL MAIDEN NAME: Martha Pierce

RESIDENCE: 22 Milltown

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Christian Co. Mo.

OCCUPATION: Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G Wendle M.D.

(Physician or midwife)

Address Sandpoint Ida

Filed Mch 8 1920 Floyd G Wendle
Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

FEB 19 1953

482-225-009-954

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sagle

No. R. F. D. St.

Registration District No. 78

File No. 76684

Primary Registration District No. 2153

Registered No.

Hospital

FULL NAME OF CHILD Esther Dykstra.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes.	Dec 25 1917.

FATHER

FULL NAME Rudolph Dykstra

RESIDENCE Sagle.

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Springfield, S. Dak.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Lena Rengsma

RESIDENCE Sagle.

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Clark, S. Dak.

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Grace Dykstra

Mother-in-law.

(~~Physician or midwife~~)

Address

Given names added from a supplemental report.

19

Registrar

Filed March 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-9-116-0009-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boner

City of Kootenai

Registration District No. 79

File No. 76689

No. ____ St.

Primary Registration District No. 2155

Registered No. ____

Hospital ____

FULL NAME OF CHILD Marlin Weisz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes.	Oct 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Weisz	FULL MAIDEN NAME	Elizabeth Mathias
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Hungarian	BIRTHPLACE	Hungarian
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) C Strackbein

M D

(Physician or midwife)

Address Sandpoint

Filed Mch 8 1920 FLOYD G. WENDLE

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-113009-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 76690

County of Bonner

City of Sandpoint

No. 120 4 Main St.

Registration District No. 7 N

Primary Registration District No. 2 1 5 5

Registered No.

Hospital

FULL NAME OF CHILD Harold Alfred Warhamm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 13 1919

FATHER		MOTHER	
FULL NAME	Alfred Robt. Warhamm	FULL MAIDEN NAME	Hazel Montague
RESIDENCE	Morton - Idaho.	RESIDENCE	Morton - Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Va. Virginia T.	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A.M. on the date above stated.

(Signature) C P Strackhouse

M D (Physician or midwife)

Address Sandpoint

Filed Mch 8 1920 FLOYD G. WENDLE Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

38-22-1-009-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. R.R. #1 St.

Registration District No. 78

File No. 76691

Primary Registration District No. 2150

Registered No.

Hospital

FULL NAME OF CHILD OPAL MAE Chaney.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	Dec. 21 1919

FATHER	MOTHER
FULL NAME: Fred C Chaney.	FULL MAIDEN NAME: Hattie May Burns.
RESIDENCE: Sandpoint. R.R. #1.	RESIDENCE: Sandpoint. Ida - R.R. #1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Ill.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 10 P.M. on the date above stated.

(Signature) C P Strackbein

M D

(Physician or midwife)

Address Sandpoint

Filed Feb. 8 1920 FLOYD G. WENDLE
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH OR~~ DEATH

State of Idaho } ss.
County of Bonner

Certificate No. 76691
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Opal Mae Chaney (Name on ~~original~~ certificate) who Was born (Was born or died) on Dec. 21, 1919 (Date of event)
in Sand Point, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Affidavit (Bible record, insurance policy, etc.) prepared ~~on~~ by Mother (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Chaney	Opal Mae Chaney
Opal Mae Chaney		
Dec. 21, 1919		

Subscribed and sworn to before me this 27th
day of November, 1941.

Probate Judge
~~Notary Public~~, residing at Sand Point, Ida.
My commission expires
[SEAL]

Signed Hattie May Burns Chaney
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
R#1, Sand Point, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of November, 1941.

Francis J. Long - Probate Judge
~~Notary Public~~, residing at Sandpoint, Idaho
My commission expires January 1943
[SEAL]

Signed Julia Powell
(Signature of any credible person other than the previous affiant.)
109 So 2d, Sandpoint, Idaho
(Street Address, City, State)

Received for filing on DEC [illegible] By
(Registrar's signature)

381-104-009249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 76692

No. ____ St.

Primary Registration District No. 2155

Registered No. ____

Hospital —

FULL NAME OF CHILD Jesse Lorenzo Chandler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 4 1919

FATHER	MOTHER
FULL NAME Charles E. Chandler	FULL MAIDEN NAME Julia Francis Burrows
RESIDENCE Sandpoint, Ida.	RESIDENCE Sandpoint, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Wash.
OCCUPATION Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:45 P.M. on the date above stated.

(Signature) C P Strawhacker

M D

(Physician or midwife)

Address Sandpoint.

Filed Mch 8 1920

FLOYD G. WENDLE

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-113009-817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Graham Add. St.

Hospital

Registration District No. 78

Primary Registration District No. 2135

File No. 76693

Registered No.

FULL NAME OF CHILD Edwin Parkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 13 19

FATHER		MOTHER	
FULL NAME	Charles Parkins	FULL MAIDEN NAME	Agnes Hagaman
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Starkhouse

M.D. (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

19

Registrar

Filed Mch 9 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 17 1941

219-213-009-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 81

File No. 76700

No. ..... St.

Primary Registration District No. .....

Registered No. 39

Hospital .....

FULL NAME OF CHILD Juanita Roulette Barnes

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Feb (Month) - 13 (Day) - 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Barnes	FULL MAIDEN NAME	Lola Crawford
RESIDENCE	Laclede, Idaho,	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Sawmill employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M.R.King Physician

(Physician or midwife)

Address Laclede, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Feb-13-1920 M.R.King Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

356/13-010-819

Form V. S. No. 11-C—26m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Grant

No. _____ St.

Hospital Home

Registration District No. 73

Primary Registration District No. 2170

File No. 76705

Registered No. 6

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 13 1917

FATHER		MOTHER	
FULL NAME	Joseph Lewis	FULL MAIDEN NAME	Bradie May Harris
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Simmons
midwife
(Physician or midwife)

Address Wm Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1/23 19 18 _____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

29-K-112-0110-742

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 76706

Primary Registration District No. 21-0 Registered No. 7

FULL NAME OF CHILD David Darrell Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 12 1919

FATHER		MOTHER	
FULL NAME	David Simmons	FULL MAIDEN NAME	Miss Gustavesen
RESIDENCE	Ucon Ida	RESIDENCE	Ucon Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:50 a M on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Address Ucon Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/23 19 20 [illegible] Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-229.010-169

PLACE OF BIRTH

County of Bonneville

City of Mun

No. _____ St.

Hospital Home

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 76707

Primary Registration District No. 2.15-0 Registered No. 6

FULL NAME OF CHILD Eva Thedora Sessions

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	yes	Dec 29 1919

	FATHER	MOTHER
FULL NAME	Earl D. Sessions	FULL MAIDEN NAME Laura Jorgensen
RESIDENCE	Mun	RESIDENCE Mun
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Menan Idaho	BIRTHPLACE Denmark
OCCUPATION	Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Mun Ida

Filed 1/23 19 20 [illegible] Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386224.010-318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 76712

Primary Registration District No. 2.1.V.0. Registered No. 1

Hospital .....

FULL NAME OF CHILD Mary Ennis Thornton

Sex of Child: female

Twin, Triplet or other? and Number in order of birth: 2
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Dec 24 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Jeremiah Thornton	FULL MAIDEN NAME: Grace Taylor
RESIDENCE: Idaho Falls Ida	RESIDENCE: Idaho Falls Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Smithfield Utah	BIRTHPLACE: Mendota Minn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Dec 24/1919 at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Idaho Falls Ida

Filed 1/16 1920 .....
Registrar

FEB 10 1942

498-108-010-498

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 76717

No. ..... St. Primary Registration District No. 21 v 3 Registered No. 9

Hospital L. D. S. General

FULL NAME OF CHILD Ichiro Miyawaki

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 8th 191.9

FATHER	MOTHER
FULL NAME: Shichiroemon Miyawaki	FULL MAIDEN NAME: Tatsuyo Miyawaki
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: Japanese	COLOR: Japanese
AGE AT LAST BIRTHDAY: March 29 (Years) 38	AGE AT LAST BIRTHDAY: Jan 22 1901 (Years) 18
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Jan 9 1920 [illegible] Registrar

(Over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 certified copies issued 5-29-37 PBA 4747-4748

413-110-012-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Howe

Registration District No. 59 File No. 76735

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Hamilton MacDonald

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	Oct 10th 1919

FATHER	MOTHER
FULL NAME Duncan MacDonald	FULL MAIDEN NAME Pearl Violet Johnson
RESIDENCE Howe, Idaho	RESIDENCE Howe, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Rhinelander Wisconsin
OCCUPATION Mine Contractor	OCCUPATION Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. A Walker.

Mrs Mary Perkins (Physician or midwife)

Address Howe Idaho

Given names added from a supplemental report. 19.....

Filed 1-3 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1973

623-211-

2016 PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 76799

Registered No. 1444

FULL NAME OF CHILD Dorothy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec 11 1919

FATHER	MOTHER
FULL NAME: Thos Osterhout	FULL MAIDEN NAME: Minnie Preston
RESIDENCE: Declo. Ida	RESIDENCE: Declo, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Connor, Idaho	BIRTHPLACE: American Fork Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 8 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 20 1920

Dr. J. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

961-2041016-667

PLACE OF BIRTH

3-21-81

County of Cassia (Name added)

City of Burley

No. RTD 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-6-17

CERTIFICATE OF BIRTH

Registration District No. 117

File No. 76802

Primary Registration District No. 2196

Registered No. 1437

FULL NAME OF CHILD Gladys Jean Roach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	Dec 4 1919

FATHER	MOTHER
FULL NAME William W Roach	FULL MAIDEN NAME Jennie Fox
RESIDENCE Burley R 3	RESIDENCE Same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at noon M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G P Smith M D

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

19

Registrar

Filed Jan 20 1920 Dr J E Porter

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JAN 22 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Tooele } ss.

Certificate No. 76802
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Roach (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 4, 1919 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Gladys Jean Roach

Subscribed and sworn to before me this 14 day of January, 1981.
Notary Public, Nancy A. Anne
Residing at Tooele Utah
My commission expires July 18, 1983
(Seal)

Jean Roach Farrington
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Tooele } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of January, 1981.
Notary Public, Nancy A. Anne
Residing at Tooele Utah
My commission expires July 18, 1983
(Seal)

William W. Roach
Supporting Signature

58 Roosevelt St
Street Address, City, State
Mexico, Utah 84047

CL 5/21/79

Family Records gives name as Gladys Jean Roach born Dec 4, 1919, Burley, Idaho, to Mr. & Mrs Wm Roach.
Viewed by V.S.

Church record issued 1920, gives name as Gladys Jean Roach born Decmebe 4, 1919 at Burley, Idaho. Parents anmes William Walter Roach and Jennie Fox

MAR 21 1981

534-205-46-643

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-17

Registration District No. 117 File No. 76803

Primary Registration District No. 21.94 Registered No. 1438

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth 12 (Month) 5 (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME S H Eldredge	FULL MAIDEN NAME Vinetta Fulmer
RESIDENCE Burley	RESIDENCE Burley
COLOR W	AGE AT LAST BIRTHDAY 46 (Years)
COLOR W	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Ut	BIRTHPLACE Ut
OCCUPATION Farming	OCCUPATION Hsef

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 10 00 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Burley Ida.

Filed Jan 10 1918 Dr. J. C. Parkinson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255:105:016-691

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-27

CERTIFICATE OF BIRTH

Registration District No. 117 — File No. 76804

Primary Registration District No. 2196 — Registered No. 1439

FULL NAME OF CHILD Baby Beuch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 5 19

FATHER		MOTHER	
FULL NAME	J L Beuch	FULL MAIDEN NAME	Anna Vorangham
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cutler M.D.
(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 19 20 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

569-106-016-4.93

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-27

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76805

Primary Registration District No. 2196 Registered No. 1440

FULL NAME OF CHILD ..... Emmo Earl Albertson

Sex of Child: boy | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Dec (Month) (Day) 19 (Year)

FATHER

FULL NAME C. Albertson

RESIDENCE Albion

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Idaho

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Emma Miller

RESIDENCE Albion

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 6 (Born alive or stillborn) at 6 P.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cuther

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed January 10 1928 Dr. J. C. Patterson

Registrar

693-106-016-243

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76806

Primary Registration District No. 2196 Registered No. 1441

FULL NAME OF CHILD Thomas Granger Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 6 1919

FATHER		MOTHER	
FULL NAME	C. O. Williams	FULL MAIDEN NAME	Emma Louise Buet
RESIDENCE	Burley, Ida	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Pleasant View, Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D.

P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 10 1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-208-016-1411

PLACE OF BIRTH

County of Cassia

City of Twin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76807

Primary Registration District No. 2196 Registered No. 1442

FULL NAME OF CHILD Baby Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		7	Yes	Dec 8. 1917

FATHER	MOTHER
FULL NAME Heber Carlson	FULL MAIDEN NAME Lizetta Ann Adams
RESIDENCE Twin	RESIDENCE Twin
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 8, at 6 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. H. Cutler

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 5 19 18

Dr. J. C. Portteus

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-108-016-353

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C-Rev-1942

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76808

Primary Registration District No. 2196 Registered No. 1443

FULL NAME OF CHILD Warren Glenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Dec 8 19??

FATHER

FULL NAME Walter L Glenn

RESIDENCE Burley

COLOR W. AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Emma Feltham

RESIDENCE Burley

COLOR W. AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec 8 (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cutler

Burley (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 20 1920

Dr J. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1975

14-15-41

168-111-016 [illegible]

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76809

Primary Registration District No. 2196 Registered No. 1445

FULL NAME OF CHILD Johnston Wayne Elwood James

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	Dec	11	19

	FATHER	MOTHER
FULL NAME	Clifford E. Johnston	FULL MAIDEN NAME Sarah Anderson
RESIDENCE	Burley Ida	RESIDENCE Burley Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Coalville Utah	BIRTHPLACE Denmark
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 A. M. on the date above stated.

(Signature) R. J. Stony M.D.

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

Filed Jan. 20 1920 Dr. J. C. Patterson

Registrar

156-213-016-712

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76810

Primary Registration District No. 2196 Registered No. 1446

FULL NAME OF CHILD Pearl Jeffs.

Sex of Child Girl — Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth — Legitimate? yes. Date of Birth 12 — 18 1919. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jeffs.	FULL MAIDEN NAME	Polly Puckett.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36. (Years)	AGE AT LAST BIRTHDAY	36. (Years)
BIRTHPLACE	Wellsville Utah.	BIRTHPLACE	Goose Creek Utah
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 9. Number of children of this mother now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive? (Born alive or stillborn) at 12 00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. F. Capen M.D.

(Physician or midwife)

Address Burley Ida.

Filed Jan 10 1920 Dr. J. C. Pettenger Registrar

8-Y CO. 24688

[illegible]

291-115-016-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. R F D 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17.

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76811

Primary Registration District No. 219 Registered No. 1447

FULL NAME OF CHILD Baby Braden, Merle Savage Braden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	yes	Dec 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Braden	Mary Pearl Savage
RESIDENCE	Burley R 7 D 1	Rural
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farm	House

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born above on the date above stated. at 3 30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith MD
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 2 1920

Dr. J. C. Patterson
Registrar

42

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 76811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Braden (Name on Original Certificate) who was born (Was Born or Died) on December 15, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on January 5, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Braden	Merle Savage Braden

Subscribed and sworn to before me this 17th day of February, 1942

Jane Baynton

Notary Public, residing at Burley, Idaho

My commission expires April 7, 1945

(Seal)

Signed Mary Pearl Braden

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F. D. Burley, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1942

Jane Baynton

Notary Public, residing at Burley, Idaho

My commission expires April 7, 1945

(Seal)

Signed John D. Braden

(Signature of Any Credible Person Other Than Previous Year)

R. F. D. Burley, Idaho

(Street Address, City, State)

FEB 27 1942

MAR 5 1942

255-218-016-697

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

76812

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1448

FULL NAME OF CHILD Severe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 18 1917

FATHER		MOTHER	
FULL NAME	J. G. Severe	FULL MAIDEN NAME	Mary Wrison
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 24 1917 Dr. J. C. Patterson

Registrar

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

156-120-016-219

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76813

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1449

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male			yes	Dec	20	19

FATHER		MOTHER	
FULL NAME	J. H. Jewkes	FULL MAIDEN NAME	Sarah Elizabeth Bailey
RESIDENCE	Burley Ida	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D. D. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan. 20 1920

Wm J. Bartlett
Registrar

133-22-1016259

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76814

Primary Registration District No. 2196 Registered No. 1450

FULL NAME OF CHILD ____

Sex of Child F — Twin Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) Legitimate? yes Date of Birth 12 (Month) - 21 (Day) — 191 9 (Year).

FATHER		MOTHER	
FULL NAME	Nelson Allen	FULL MAIDEN NAME	Luella Snider
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Monterey Cal.	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Whitman Co. Wash.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 P.M. on the date above stated.

(Signature) G. A. Cooper

Physician (Physician or midwife)

Address ____

Filed Jan 10 1920 Wm J. C. Patterson

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-125-016-264

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital ..... Baby Greco

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—21m-9-17

CERTIFICATE OF BIRTH

Registration District No. 117

File No. 76816

Primary Registration District No. 2196

Registered No. 1452

FULL NAME OF CHILD ..... Baby Greco

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 25 1917

FATHER		MOTHER	
FULL NAME	Jno Greco	FULL MAIDEN NAME	Laura Ann Sorenson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hswf

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

MD (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 5 1918 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dkw 02 1919-28314 + 93585

238-202-016-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 76817

Registered No. 1453

FULL NAME OF CHILD Julia Adelaide Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. F. Schmidt	Julia Judd
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Ore.	Arizona
OCCUPATION	Mechanic	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 16 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/3/41 L. B.

418-105-1016-749

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-27

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76818

Primary Registration District No. 2196 Registered No. 1454

FULL NAME OF CHILD Douglas Steve Mahoney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 5 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stephen Mahoney	Florence Giles
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	23
BIRTHPLACE	Iowa	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 16 1928

Dr. J. C. Patterson

Registrar

APR 1 0 1942

652-206 016-753

Amended 3/14/79

Form V. S. No. 11-C—25m-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 76819

Primary Registration District No. 2196 Registered No. 1455

FULL NAME OF CHILD Dorothy E. Webster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 6 1929

FATHER		MOTHER	
FULL NAME	H. D. Webster	FULL MAIDEN NAME	Irene Pethick
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Pa.
OCCUPATION	Electrician	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Filed Feb. 16 1930 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 29 4 04 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of San Bernardino }

Certificate No. 76819

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Webster (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 6, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on October 8, 1960 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy E. Webster

Subscribed and sworn to before me this 23rd day of January, 19 79

Dorothy Swartz

Notary Public, residing at Cucamonga, Ca.

My commission expires December 22, 1980 (Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1868 N. Euclid Ave., Upland, Ca. 91786 (Street Address, City, State)

DOROTHY SWARTZ NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE IN SAN BERNARDINO COUNTY My Commission Expires Dec. 22, 1980

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 19 79

Dorothy Swartz

Notary Public, residing at Cucamonga, Ca.

My commission expires December 22, 1980 (Seal)

Signed [signature] (Signature of Any Credible Person)

Lucile Lantz

942 N. Euclid Ave., Ontario, Ca. 91762 (Street Address, City, State)

OFFICIAL SEAL
DOROTHY SWARTZ
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
My Commission Expires Dec. 22, 1980

FORM DH 60-155 C1 12/18/75

Applicaton to ~~XX~~ Great West Life Assurance Co. gives name of insured as Raymond Robert Sherwood and wife's name as Dorothy Webster Sherwood. born 6-12-19. dated Oct. 8, 1960. viewed by V. S.

Certified copy of Birth Record gives name as David Robert Sherwood born Feb 13, 1944 in San Bernardino, Calif. gives father's name as Raymond Robert Sherwood and mothers name as Dorothy Evelyn Webster. viewed by V. S.

MAR 15 1979

157-112-016-253

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

Registration District No. 117

File No. 76820

Primary Registration District No. 2196

Registered No. 1456

FULL NAME OF CHILD ..... RUSSELL BECK Jex

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 12 1919

FATHER

FULL NAME: A. J. Jex

RESIDENCE: Burley Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Utah

OCCUPATION: Bookkeeper.

MOTHER

FULL MAIDEN NAME: La Rue Beck

RESIDENCE: Burley Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth .... 1 ..... Number of children of this mother now living, including present birth .... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... (Born alive or stillborn) on the date above stated. at 2.35 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address ..... Burley, Ida.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed Feb 16 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 76820
Date Filed MAR 26

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Russell Beck Jex (Name on Original Certificate) who Was Born (Was Born or Died) on Dec. 12 - 1919 (Date of Event)
in Burley, Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 12 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Jex	Russell Beck Jex

Subscribed and sworn to before me this 24 day of March, 1942.
E. Henderson
Notary Public, residing at Salt Lake City, Utah.
My commission expires Mar 31 1945
(Seal)

Signed Alex J. Jex (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1403 Federal Way, Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1942.
E. Henderson
Notary Public, residing at Salt Lake City Utah.
My commission expires Mar 31 1945
(Seal)

Signed Mrs. Leone T. Jex (aunt)
(Signature of Any Credible Person Other Than Previous Year)
Kaysville, Utah
(Street Address, City, State)

218-213016-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76821

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1457

FULL NAME OF CHILD Bayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 13 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. P. Bayes	Cressie Tabor
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Kentuckey	Kentuckey
OCCUPATION	Sugar Mill Foreman	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Porterfield

M. D.

(Physician or midwife)

Address Burley, Idaho

Filed Feb 16 1920 Dr. J. C. Porterfield Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-214016-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 76822

Primary Registration District No. 2196 Registered No. 1458

FULL NAME OF CHILD Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 14 1917

FATHER		MOTHER	
FULL NAME	C E Jones	FULL MAIDEN NAME	Martha A Hill
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho.	BIRTHPLACE	Wyo.
OCCUPATION	Sugar mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 16, 1918 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-281-016-692

Form V. S. No. 11-C—Rev. 6-9-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

Primary Registration District No. 2196

File No. 76823

Registered No. 1429

Hospital .....

FULL NAME OF CHILD Bernice Gunnow

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	March 31 1917

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Fred Gunnow	FULL MAIDEN NAME Elizabeth Wishop
RESIDENCE Burley	RESIDENCE Idaho
COLOR W	AGE AT LAST BIRTHDAY 38 (Years)
COLOR W	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Ills.	BIRTHPLACE Wisconsin
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G. F. Smith MD (Physician or midwife)

Address Burley Idaho

Filed Jan. 24 1918 Dr. J. C. Patterson Registrar

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-115:016-395

Form V. S. No. 11-C—25m-8-9-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. R.7. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 76824

Registered No. 1430

FULL NAME OF CHILD Isabirt Nephi Johnson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		1	yes	July 15 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rees Louis Johnson	FULL MAIDEN NAME	Julia May Livingston
RESIDENCE	Burley R7 Dr	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 20 1920

Dr. J. C. Patterson
Registrar

113-102-016-1-5-5

Form V. S. No. 11-C—Rev. 9-3-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76825

Primary Registration District No. 2196 Registered No. 14-21

FULL NAME OF CHILD Lauren Luther Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		1	yes	Sept 7 19

FATHER		MOTHER	
FULL NAME	Ernest Jacobsen	FULL MAIDEN NAME	Minerva Lauser
RESIDENCE	Burley	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Smith MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 20 19 20 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-202-16-133

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital Jerome

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76826

Primary Registration District No. 2196 Registered No. 1432

FULL NAME OF CHILD Georgia Ann Cowley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	10 — 2 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don Cowley	Lynn Allen
RESIDENCE	Burley Ida	Burley Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	31 (Years)	29 (Years)
BIRTHPLACE	Lyon Utah	Lewiston, Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

(Signature) W A Cooper

Physician (Physician or midwife)

Address

Filed Dec 2 1919 Dr. J. C. Parkinson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1944

238-21-016-319

PLACE OF BIRTH

County of Cassia

City of Burley

No. RFD 2 St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 16-0-Ida.04-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76827

Primary Registration District No. 2194 Registered No. 1433

Baby Schmidt Catherine Mary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	and	1	Yes	Oct 11 19

FATHER		MOTHER	
FULL NAME	Harry L Schmidt	FULL MAIDEN NAME	Katie Larsen
RESIDENCE	Burley Rt 2	RESIDENCE	Same
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.41 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Jan 28 1918 Dan J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1943

613-120-01-6-417

Form V. S. No. 11-0-2000-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Declo — Registration District No. 117 — File No. 76828

No. ..... St. — Primary Registration District No. 219 b — Registered No. 1434

Hospital ..... Gabon Walker

FULL NAME OF CHILD LOWELL ROTHMORE WALKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	yes	Nov 20 1917

FATHER		MOTHER	
FULL NAME	Fred D. Walker	FULL MAIDEN NAME	Kate Maggart
RESIDENCE	Declo	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Mo
OCCUPATION	Farm	OCCUPATION	Farmer

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

(Signature) G P Smith MD

(Physician or midwife)

Address Burley Idaho

Filed Jan 2 1918 — Dr. J. C Pattison, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 76828

State of Idaho
County of Jerome } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lowell Rothmore Walker (Name on Original Certificate) who born (Was Born or Died) on Nov. 20, 1919 (Date of Event)
in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lowell Rothmore Walke

Subscribed and sworn to before me this 11th
day of July 1942
Samuel E. Vance Jr
Notary Public, residing at Hazelton
My commission expires Feb. 2, 1943
(Seal)

Signed Catharine B. Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Declo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they ~~are~~ true to the best of his knowledge.

Subscribed and sworn to before me this 11 th
day of July 1942
Samuel E. Vance Jr
Notary Public, residing at Hazelton
My commission expires Feb. 2, 1943
(Seal)

Signed Marie Lindsay
(Signature of Any Credible Person Other Than Previous Year)
Hazelton, Idaho
(Street Address, City, State)

JUL 13 1942

JUL 14 1942

629/102.016-493

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-C—Rev. 6-6-47

CERTIFICATE OF BIRTH

76829

Registration District No. 117 File No. .....

Primary Registration District No. 21.94 Registered No. 1425

FULL NAME OF CHILD Keith Olbray

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	Dec 7 1917

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME David Olbray	FULL MAIDEN NAME Laura Miles
RESIDENCE Burley	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farm	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Smith MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 20 19 18 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-202 no 16-751

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76830

Primary Registration District No. 2196 Registered No. 1436

FULL NAME OF CHILD Hulda Caroline Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female				Dec. 2 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Axel Johnson	FULL MAIDEN NAME	Hulda Caroline Pearson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec. 4 1917 at 4.35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Curtis (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1918 Dr. J. C. Porter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-222-016-793

PLACE OF BIRTH
Amended 2-1-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. ____ St.
Hospital ____

Registration District No. 117 File No. 76833
Primary Registration District No. 2196 Registered No. 1459

FULL NAME OF CHILD PATRICIA PETERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 22 1919

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Earl E. Peterson	FULL MAIDEN NAME: Clara E. Rich
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Patterson
(Physician or midwife)
Address Burley, Idaho

Give names added from a supplemental report.

...., 192....
Registrar.

Filed Feb. 20 1920 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JAN 26 956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New Jersey
County of Somerset } ss.

Certificate No. 76833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Patricia Peterson (Name on Original Certificate) who was born (Was Born or Died) on D.c. 22, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by First Grade Certificate June 3, 1915 (Bible Record, Insurance Policy, Etc.) prepared on November 28, 1947 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's first name	Claire	Clara

Subscribed and sworn to before me this 18th day of January, 1956.

Mary A. Nevius
Notary Public residing at Somerville, N. J.
My commission expires NOTARY PUBLIC OF NEW JERSEY
(Seal) MY COMMISSION EXPIRES JUNE 15, 1958

Signed Clara R Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

21 W. Orchard Apt. 5 Somerville N.J.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Jersey
County of Somerset } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 19 56.

Mary A. Nevius
Notary Public, residing at Somerville, N.J.
My commission expires NOTARY PUBLIC OF NEW JERSEY
(Seal) MY COMMISSION EXPIRES JUNE 15, 1958

Signed Ardeen Hulles
(Signature of Any Credible Person)

Foothill Village, Somerville N.J.
(Street Address, City, State)

FORM DPH 55. 155

819-228-016-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. M-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 76834

Primary Registration District No. 2196 Registered No. 1460

FULL NAME OF CHILD Carol Louise Harfster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 28 1919

FATHER		MOTHER	
FULL NAME	H. L. Harfster	FULL MAIDEN NAME	Ruth E. Warner
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr
OCCUPATION	Baker.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Address Burley, Idaho

Filed Feb. 20 1920 Dr. J. C. Patterson Registrar

814-126-016-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 76835

Primary Registration District No. .....

Registered No. 1461

FULL NAME OF CHILD ..... Hamilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 26 1917

FATHER		MOTHER	
FULL NAME	R. B. Hamilton	FULL MAIDEN NAME	Alice McClaren
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 10:15 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Burley Idaho.

Filed Feb 26 1918 Dr. J. C. Patterson Registrar

743-223-016-229

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Bellevue

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No. 117

Primary Registration District No. 2196

File No. 76845

Registered No. 1471

FULL NAME OF CHILD Kathleen Pullman

Sex of Child Female

Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec. 28 (Month) (Day) 1920 (Year)

FATHER

FULL NAME J L Pullman

RESIDENCE Burley Ida.

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Denmark.

OCCUPATION Prop Brick Yard.

MOTHER

FULL MAIDEN NAME Minnetta Skinner

RESIDENCE Burley Ida.

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 20 1920

Dr. J. C. Patterson
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of borth (Birth or death)
for ..... (Name on original certificate) who born (Was born or died) on December 23, 1919 (Date of event)
in Burley, Cassia Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Hospital record (Bible record, insurance policy, etc.) prepared on Dec. 23, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name omitted		Kathleen Pullman

Subscribed and sworn to before me this 25th
day of July, 19 41
D. T. Powell
Notary Public, residing at Burley, Idaho
My commission expires Dec. 14, 1941.
[SEAL]

Signed Mamie Pullman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Box 655, Burley, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Cassia } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of July, 19 41
D. T. Powell
Notary Public, residing at Burley, Idaho
My commission expires Dec. 14, 1941
[SEAL]

Signed Lola Biller
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

962-126-16-16-169

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-27

CERTIFICATE OF BIRTH

Registration District No. 717 File No. 76852

Primary Registration District No. 2196 Registered No. 1478

FULL NAME OF CHILD Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 26 1919

FATHER		MOTHER	
FULL NAME	W S Ross	FULL MAIDEN NAME	Effie Jordan
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Neb
OCCUPATION	Laborer	OCCUPATION	Hsef

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) P B Cutler

MD (Physician or midwife)

Address Burley

Filed Feb 25 1920 Dr. J. E. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1976

25-4-101-016-217

PLACE OF BIRTH

STATE OF IDAHO — Form V.S. No. 11-C—Rev. 6-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 76888

County of Cassia

City of Oakley, Idaho

No. ..... St.

Hospital .....

Registration District No. 122 File No. XXII

Primary Registration District No. 2199 Registered No. 24

FULL NAME OF CHILD Herman Earl Bedke (Herman Earl Bedke)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 1 1917

FATHER

FULL NAME: Ernest Earl Bedke

RESIDENCE: Basin

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Basin Idaho

OCCUPATION: Stock-raiser

MOTHER

FULL MAIDEN NAME: Miriam Smith Sagers

RESIDENCE: Basin

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Utah (Salt Lake City)

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Raine M.D.

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 16 1917

H. W. Nelson

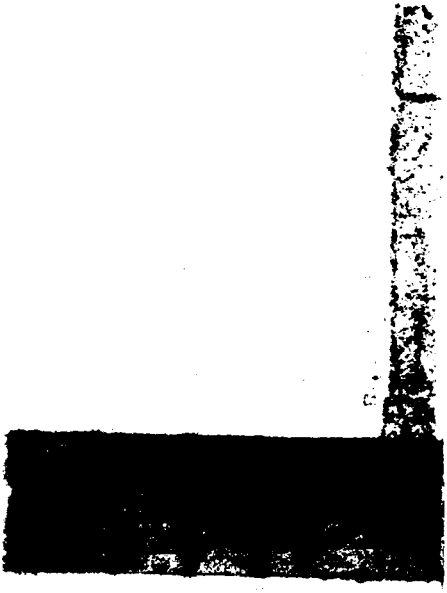
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-23-1940 D.P.



FEB 2 1967

493.125.017-651

PLACE OF BIRTH

Form V. S. No. 11-C—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Humphrey

Registration District No. 125

File No. 76913

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD Scott Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. B Miller	Genova Weaver
RESIDENCE	Humphrey	Humphrey
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 32	White / 22
BIRTHPLACE	Penn.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs B C Scott

(Physician or midwife)

Address Humphrey Idaho

Filed Feb 19 1920

Feb 10, 1920

C E Loomis MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-216-019-7866

PLACE OF BIRTH [redacted] IDAHO

Form No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of May

Registration District No. 41

File No. 76937

No. ____, ____ St.

Primary Registration District No. 2116

Registered No. ____

Hospital ____

FULL NAME OF CHILD Leslie Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	12-16-1919

FATHER

FULL NAME: Ezra Baker

RESIDENCE: May

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ida.

OCCUPATION: Rancher + Stockraiser

MOTHER

FULL MAIDEN NAME: Daisy Fowler

RESIDENCE: May

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ida.

OCCUPATION: House Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Shiman M.D.

(Physician or Midwife)

Address May Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/10 1920 M. Deming Greene Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than [illegible] at birth, a SEPARATE RETURN must be made for each and the number [illegible] of each, in order of birth, added

JUN 1 1945

789-204-019-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-8-8-17

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 108

Primary Registration District No. 2186

File No. 76944

Registered No. .....

FULL NAME OF CHILD Roberta Philps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			yes	Sept. 4 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Robert W. Philps	FULL MAIDEN NAME: Ethyl Thompson
RESIDENCE: Challis, Ida.	RESIDENCE: Challis, Ida.
COLOR: Wh.	COLOR: Wh.
AGE AT LAST BIRTHDAY .... (Years)	AGE AT LAST BIRTHDAY .... (Years)
BIRTHPLACE: Scotland	BIRTHPLACE: ##### Utah.
OCCUPATION: Farmer	OCCUPATION: H-wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hurley M.D.

(Physician or midwife)

Address ##### Challis, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 2/6 19 20

..... Registrar

C. L. Hurley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1973

[redacted]

Form V. S. No. 11—25m-1-1-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Mackay

No. _____ St.

Hospital _____

Registration District No. 76 File No. 57 76946

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD Veril Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec 16 1917

FATHER		MOTHER	
FULL NAME	J. H. Thompson	FULL MAIDEN NAME	Josie Hill
RESIDENCE	Mackay.	RESIDENCE	Mackay.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	Hsf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell M.D.

(Physician or midwife)

Address Mackay Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2/25 1918 Rose Mawaks Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Uintah } ss.

Certificate No. 76946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Verl Thompson (Name on Original Certificate) who was born (Was Born or Died) on Dec 16, 1919 (Date of Event)
in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Verl Thompson
Verl Thompson		

Subscribed and sworn to before me this 30th
day of June, 19 42.
Verl Thompson Notary Public
Notary Public, residing at Vernal, Utah
My commission expires June 5, 1945
(Seal)

Signed Pearl Hansen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Uintah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of June, 19 42.
Notary Public
Notary Public, residing at Vernal, Utah
My commission expires June 5, 1945
(Seal)

Signed William Thompson
(Signature of Any Credible Person Other Than Previous Year)

Vernal, Utah
(Street Address, City, State)
Vernal City, Utah

JUN 24 1942 JUL 8 1342

JUL 9 1942

639-219-022-219

PLACE OF BIRTH

Copy

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 76990

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Verla Luella Flint

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Apr 19 19 19

FATHER		MOTHER	
FULL NAME	Wm L Flint Jr	FULL MAIDEN NAME	Nellie E Karlsson
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Harshbarger

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 10 1919

Wm Lorkin M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1976

WHICH BIRTH DAY IS CORRECT

not

dup of 1919-69409

244-119. 023-695

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 10 20 File No. 77000

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Charles Carl Sumpter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 19 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Sumpter	Ethel Fenley
RESIDENCE	Emmett	Lane
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Mark.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

....19....

Registrar

Filed Nov 19 19 17 J. L. Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

525-12-025-766

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77039

County of Ida

~~City of~~ Spring Camp Registration District No. 104 File No.

No. ——— St.

Primary Registration District No. Registered No.

Hospital ———

FULL NAME OF CHILD Boyd Eberhardt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 21 1919

FATHER		MOTHER	
FULL NAME	Herman Eberhardt	FULL MAIDEN NAME	Grace Cook
RESIDENCE	Spring Camp	RESIDENCE	Spring Camp
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Salem Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5. A- M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Lee Kelley

Nurse
(~~Physician or midwife~~)

Address Spring Camp.

Given names added from a supplemental report.

19

Registrar

Filed Apr 19 19 W. A. Foskett
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1975

457-127-025-453

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-T-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Lucile — Registration District No. 104 — File No. 77048

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Ellis George Deasy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 27 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Deasy	Jessie Clark Mae Delmage
RESIDENCE	Lucile	Lucile
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Gold Hill - Nevada	White Bird -
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 -- A. M. on the date above stated.

(Signature) Mrs. Lula Loomis

Midwife
(Physician or midwife)

Address Lucile Ida.

Filed June 19 19

W. A. Foskett
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

77044

City of Weillake

Registration District No. 105

File No. 13

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD Rosie May Hartley

Sex of Child Female

Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 17 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Raybee Hartley	FULL MAIDEN NAME Annie Celausesa
RESIDENCE Weillake	RESIDENCE Weillake
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housekeeping

Number of child of this mother, including present birth 7 a a

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Eastman

Midwife (Physician or midwife)

Address Weillake Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feby 28 1920 H B Blake Registrar

Please sign

S-Y CO. 24655

SEP 2 4 1942

666-110 [redacted] 027-258

PLACE

STATE OF IDAHO — Form V. S. No. 11-C—25m-9-8-15
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

name added 9-5-84 dl

County of [redacted]

City of Edon

Registration District No. 23 — File No. 77060

No. ____ St.

Primary Registration District No. 1017-1017 — Registered No. ____

Hospital ____

FULL NAME OF CHILD James Lee Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12, 10, 1919

FATHER		MOTHER	
FULL NAME	Claude Woodward	FULL MAIDEN NAME	Cora Bunge
RESIDENCE	Edon, Idaho	RESIDENCE	Edon, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colo.	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 9 M. on the date above stated.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Address Edon, Idaho

Filed Mar 12 1920 — E. D. Pope — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-5-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 5 3 05 PM '84

State of _____ } ss.
County of _____ }

Certificate No. 77060
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Woodward (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 10, 1919 (Date of Event)

in Eden (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	James Lee Woodward

Subscribed and sworn to before me this 5th day of Sept, 1984.

Notary Public, Darlene Leavitt

Residing at Boise Ada Idaho

My commission expires Jan 10, 1987

(Seal)

James Lee Woodward
Signature of Applicant

1005 E. Main Boise
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

U.S.N. Dog Tag or ID Tag lists James Lee Woodward as in U.S. Navy. Obviously old. Viewed by V.S.

SEP 5 1984

Certificate of Eligibility from Veterans Administration lists name of Veteran as James L. Woodward. Dated Sept 19, 1949. Viewed by V.S.

Deed of Trust from Idaho First National Bank Head Office lists customer as James L. Woodward. Dated May 13, 1965. Viewed by V.S.

414-227-527-65-9

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 77073

No. ..... St.

Primary Registration District No. 17-2017 Registered No. .....

Hospital Home.

FULL NAME OF CHILD Madesh, Margaret Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			3	yes	Dec 24 19

FATHER		MOTHER	
FULL NAME	Nicholas Madesh.	FULL MAIDEN NAME	Helen Werden.
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Hungary.	BIRTHPLACE	Hungary.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2-15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Fuller

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar 1 1920 E. D. Fuller M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 17 1950

DECEASED

231-20-1229-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Crescent

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 68

Primary Registration District No. _____

File No. 77153

Registered No. _____

FULL NAME OF CHILD Mary Blake

Sex of Child: Female

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Nov. 7. 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Fredrick Blake	FULL MAIDEN NAME	Margaret Kohnecke
RESIDENCE	Crescent Idaho	RESIDENCE	Crescent Idaho
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive — (Born alive or stillborn) at 11. A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Had no physician or Midwife — Reported to Dr. A. Rothrock

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report. _____ 19____

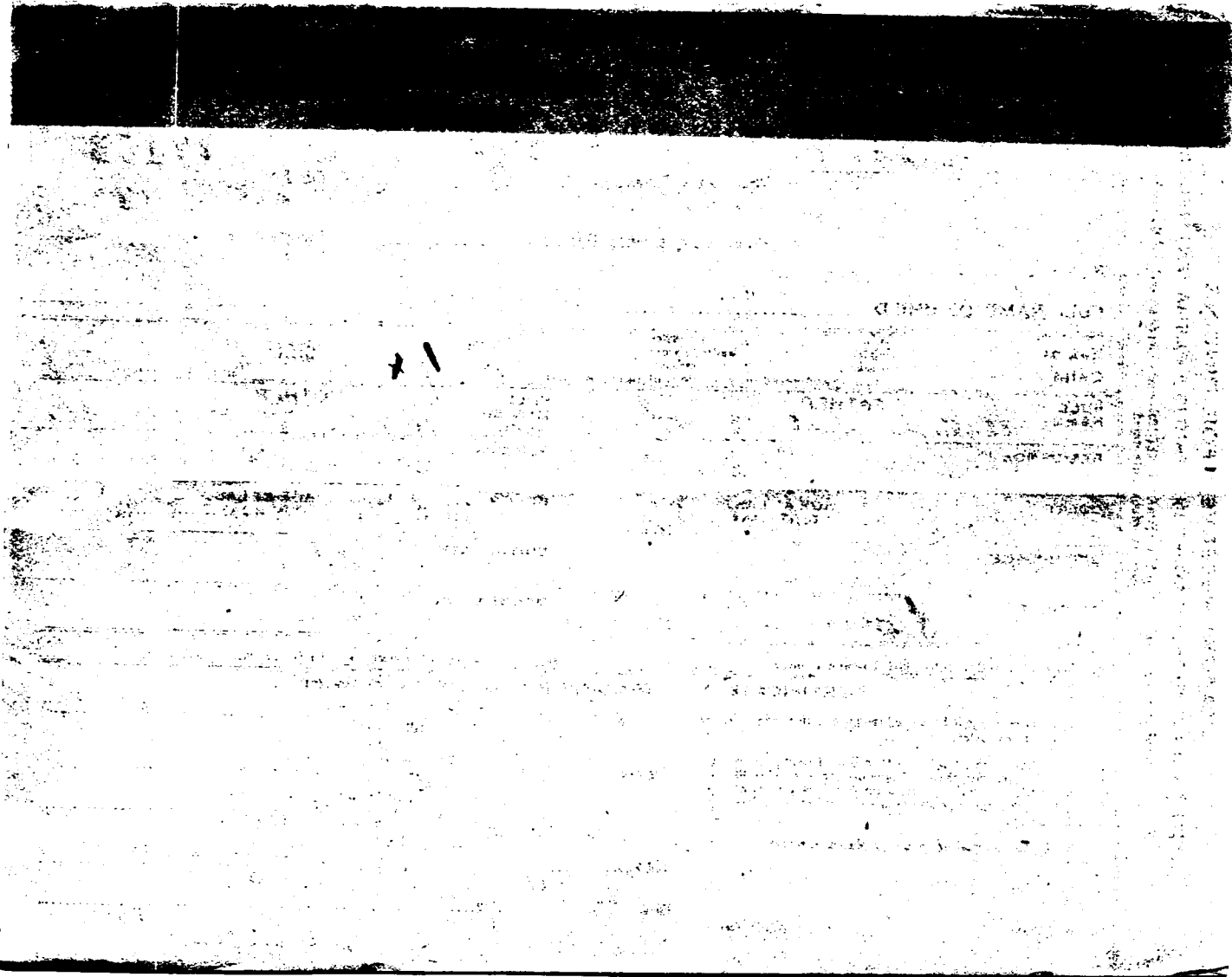
Filed 2-24 1920

R. T. Peppler Registrar

_____ Registrar

Juliaetta Idaho

S-Y CO. 24695



235-119-0 29-213

Form V. S. No. 11-C—25m-7-21-19.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Juliet

No. X St.

Hospital X

Registration District No. 68 File No. 77154

Primary Registration District No. Registered No.

FULL NAME OF CHILD Lester C Sleadd

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	M/N (To be answered only in event of plural births)	5	Yes	Nov 19 1919

FATHER

FULL NAME Allen Le Roy Sleadd

RESIDENCE Juliette

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Emporia Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hattie Georgie Baldwin

RESIDENCE Juliette Latah Co Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Coeur d'Alene

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J H Tully MD

(Physician or midwife)

Address Kendrick Idaho

Filed 2-16 1920 R.R. Pepper

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1958

533121-029-381

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68

File No. 77155

No. ____ St.

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Donald Lee Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 21 19 17

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allie Evangle Ellis	Ruth Thelma Letcombe
RESIDENCE	Kendrick	Kendrick (Chamberlain)
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	19 (Years)
BIRTHPLACE	Kendrick	Kendrick
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 24-1919 at 9:36 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Kelly MD

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report Donald Ellis Nov 21 1917

Filed 2-26 1920

R. P. Pepple
Registrar

Registrar

Juliette

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-211-029-652

PLACE OF BIRTH

County of Latah

City of Kendrick

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11[illegible]

CERTIFICATE OF BIRTH

Registration District No. 68

File No. 77156

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Marcelle Larene Bolon.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 11 1919

	FATHER	MOTHER
FULL NAME	Fred Bolon	FULL MAIDEN NAME Agnes Westling
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	21 (Years)
BIRTHPLACE	Wash.	Minnesota
OCCUPATION	Hardware - clerk	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child (stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, or owner of the premises must make this return. A stillborn child is one which has not breathed nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____ Registrar

B-Y CO. 24655

C. Rathvon M.D.
(Physician or midwife)

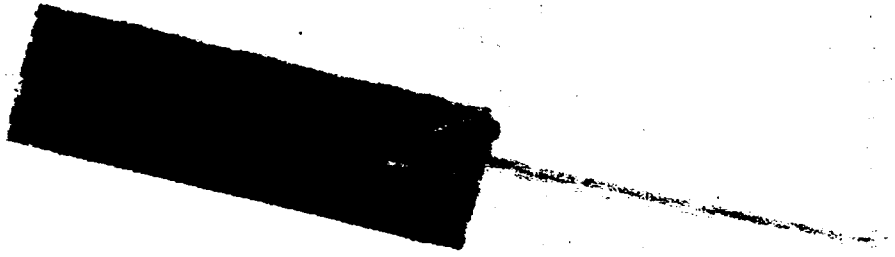
Address Kendrick Idaho.

Filed 2-24 1920

R P Pepper
Registrar

Latah Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



866 118 033-496

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg — Registration District No. 100 — File No. 17193

No. ____ St.

Primary Registration District No. 2178 — Registered No. 53

Hospital ____

FULL NAME OF CHILD Darrell Lee Hooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Albert Alonzo Hooper	FULL MAIDEN NAME	Priscilla Rachel Drollinger
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) C Womack

Physicians

(Physician or midwife)

Address Rexburg, Idaho

Filed Feb 2 1920 — Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1964

JUN [illegible] 1965

DECEASED

719-12-1033-652

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Form W. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 77194

Primary Registration District No. 2178 Registered No. 54

FULL NAME OF CHILD Austin Garner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 24 1919

FATHER	MOTHER
FULL NAME Walter Garner	FULL MAIDEN NAME Rilla Webster
RESIDENCE Rexburg, Idaho	RESIDENCE Rexburg Idaho
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Franklin Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) C W Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed June 19 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1973

433-117 033-316

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital ..... ELVIN LeROY

FULL NAME OF CHILD [redacted] Mc Culloch

Form V. S. No. 11-C-25m-6-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 77195

Primary Registration District No. 2178 Registered No. 95

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct. 17 1919

FATHER		MOTHER	
FULL NAME	Chas. McCulloch Jr.	FULL MAIDEN NAME	Dora Lawing
RESIDENCE	Felt, Idaho	RESIDENCE	Felt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive at 5:A M. on the date above stated.

(Born alive or stillborn)

(Signature) A.O. Martin

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed Dec. 31 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 77195

Date Filed [illegible] 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)
in Elvi n Leroy Mc Culloch (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alvin McCullock	Elvin LeRoy McCulloch

Subscribed and sworn to before me this 30th day of March, 1943.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943
(Seal)

Signed Mrs Dora L McCulloch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

71 N. 3rd West Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 43.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27 1943
(Seal)

Signed Charles Mc Culloch
(Signature of Any Credible Person Other Than Previous Year)

71 N. 3rd West, Rexburg, Idaho.
(Street Address, City, State)

APR 17 1982

962-216-033-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77196

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 120 File No. .....

Primary Registration District No. 2178 Registered No. 56

FULL NAME OF CHILD Ilene Roberts

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	11-16-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry C Roberts	Lillian F Dale
RESIDENCE	Sugar City	Sugar City
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	24 (Years)
BIRTHPLACE	Sugar City	Grass Creek Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. M. Roberts MD

(Physician or midwife)

Address .....

Filed 3/1 1920

G. E. Esplin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

375-228-033-432

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77197

County of Madison

City of Hibbard

Registration District No. 100 File No.

No. [redacted] St.

Primary Registration District No. 2178 Registered No. 57

Hospital

FULL NAME OF CHILD Ruby Marie Clements

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 28 1919

FATHER		MOTHER	
FULL NAME	Joseph William Clements	FULL MAIDEN NAME	Rebecca Violet McKenna
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas Idaho	BIRTHPLACE	Newtra Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. O. Martin

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed Nov. 19 19

Registrar

JUL 17 1958

692-115-033-363

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Cedar point

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 77198

Primary Registration District No. 2118 Registered No. 0-8

FULL NAME OF CHILD Grant J Fisher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m				Yes	Dec. 10 1919

FATHER

FULL NAME Fred M. Fisher

RESIDENCE Madison Co. Cedar point

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Bountiful Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ann Lucinda Tolman

RESIDENCE Madison Co. Cedar Point

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Bountiful Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:40 P. M. on the date above stated.

(Signature) A W Martin

Physician (Physician or midwife)

Address Rexburg Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 19 19--

Registrar

NOV 0 5 2015

L.D.S. Church Certificate of Membership, blessed Feb. 1, 1920 gives full name as Grant J. Fisher, born Dec. 15, 1919 at Rexburg, Idaho to Frederic Merle Fisher and Ann Lucinda Tolman - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Another Child's Birth Cert. on file gives full name of father as Lucinda Tolman - #111130 viewed by V.S. Beneficial Life Insurance Co. Policy, dated June 6, 1930, policy no. 105920 gives full name of insured as Grant J. Fisher, age 10, born Dec. 15, 1919 at Route 1 - Rexburg, Idaho - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake

Certificate No. 77198
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Fisher (male child) (Name on Original Certificate) who born (Was Born or Died) on Dec 15 1919 (Date of Event) in Cedar Point, Idaho - Madison County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 19 May 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Grant J Fisher
Full Maiden Name of Mother	Ann Lucinda	Ann Lucinda Tolman

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1963

R. J. Washington

Notary Public, residing at Salt Lake City, Utah
My commission expires April 5, 1966
(Seal)

Signed Ruby W. Brown
(Signature of Any Credible Person)

1886 So. 8th East, Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155 CL 1-2-63. nm

JAN 4 1963

319-224-033-466

Amended 7-9-63

(Be sure the information is complete and accurate)

State File No. 7799

Local Reg. No. 59

Reg. Dist. No. 100

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mildred

b. (Middle): Yvonne

c. (Last): Carlson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Dec. (Day) 24, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Charles

b. (Middle):

c. (Last): Carlson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): New York City, New York

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Grace

b. (Middle): May

c. (Last): Mooers

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kofven, Minn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: C. W. Martin

18c. ADDRESS: Rexburg, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE: G.G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 3 1963 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 77199

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Mildred Evon Carlson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on September 23, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mildred Evon Carlson	Mildred Yvonne Carlson
Mother's Maiden Name	Grace May Moores	Grace May Mooers

Subscribed and sworn to before me this 26 day of ....., 1963.

..... Notary Public, residing at Butte Mont.

My commission expires 6-12-64

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

103 West Quartz (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of ....., 1963.

..... Notary Public, residing at Butte Mont.

My commission expires 6-12-64

(Seal)

Signed Evon Carlson (Signature of Any Credible Person)

103 West Quartz (Street Address, City, State)

Butte Montana

FORM DH 80-155 CL 3-14-63. nm

L.D.S. Church Certificate of Baptism and Confirmation, baptized July 31, 1931 gives full name as Mildred Yvonne Carlson, born December 24, 1919 at Rexburg, Idaho to Charles Carlson and Grace May Mooers - viewed by V.S.

Library Certificate of Award, School District No. 60, Kalispell, Montana, dated March 11, 1931 gives full name as Mildred Yvonne Carlson - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #57378 gives full maiden name of mother as Grace Mooers - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Idaho Registration District No. 100 File No. 77239

No. _____ St. Primary Registration District No. 2178 Registered No. 99

Hospital _____

FULL NAME OF CHILD Laverne Redford Maughan

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 20 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Mr. Wm. P. Maughan	FULL MAIDEN NAME Martha Redford
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Wellsville Utah	BIRTHPLACE Wellsville Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 12.40 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 2 1919

Registrar

S-Y-CO 38071

MAY 7 1959

399-115-034-65

PLACE OF BIRTH

County of Cassia

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 77240

Primary Registration District No. 2015

Registered No. 25

FULL NAME OF CHILD ..... No Name .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 15 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: M. R. Tripp	FULL MAIDEN NAME: Stella May Annie West
RESIDENCE: Heyburn Idaho	RESIDENCE: Heyburn Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Deep Creek, Ida.	BIRTHPLACE: Sandy Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .... 4 .... Number of children of this mother now living, including present birth .... 3 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Dr. R. L. Story

(Physician or midwife)

Address .....

Filed Mar 5 1920

E. W. Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

578-134039-253

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77254

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. R I St.

Registration District No. 19

Primary Registration District No. 201

File No.

Registered No. 43

Hospital

FULL NAME OF CHILD WAYNE E., ELQUIST

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	yes	Dec 21 1920

	FATHER	MOTHER
FULL NAME	J. W. Elquist	FULL MAIDEN NAME Sarah Bell
RESIDENCE	Heyburn R I	Heyburn R I
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farm	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan 20 1921

E. A. Elquist
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-118-035-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77265

County of Teyonce

City of Nelson — Registration District No. 92 — File No.

No. ____ St. — Primary Registration District No. 2170 — Registered No. 47

Hospital

FULL NAME OF CHILD Baby Adair, James Vernon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes.	12 18 1919

FATHER		MOTHER	
FULL NAME	Ernest James Adair	FULL MAIDEN NAME	Margaret Greer
RESIDENCE	Nelson, Idaho	RESIDENCE	Nelson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Sheep Herder	OCCUPATION	Domestic-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.05 P. M. on the date above stated.

(Signature) W. Alvord Gore, M. D.

(Physician or midwife)

Address

Filed 2-29 1921 E E. Watts Registrar

Please sign

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 8 1954

318-106-035-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0205 8th St.

Hospital

Registration District No. 96 File No. 77282

Primary Registration District No. 1009 Registered No. 413

FULL NAME OF CHILD Taylor Elroy Steven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 6 1919

FATHER		MOTHER	
FULL NAME	Steven L. Naylor	FULL MAIDEN NAME	Edith L. Whittemore
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Omaha, Nebr.	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.

(Born alive or ~~dead~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Mar 10 1920 Susan E Bruce
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-113-035-556

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1617 - 11th Ave St.

Hospital No

FULL NAME OF CHILD Allen Roger Ralph

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 77283

Primary Registration District No. 1009 Registered No. 414

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 - 18 - 1919

FATHER		MOTHER	
FULL NAME	Lester Ralph	FULL MAIDEN NAME	Ruby Newman
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Starbuck Wash
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated. at 9 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. G. Perkins

(Physician or Midwife)

Address Lewiston Idaho

Filed Mar 10 1920 Anna E. Bruce Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

NOV 29 1968

MAY 11 1942

855-114-035-419

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 411 — 12th St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 77284

Primary Registration District No. 1009 Registered No. 415

FULL NAME OF CHILD Andrew Allen Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-14-1919

FATHER		MOTHER	
FULL NAME	Andrew Henry	FULL MAIDEN NAME	Agnes Daily
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Moscow Idaho	BIRTHPLACE	Augusta Kans.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 10 1920 Simon E Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1957

MAR 10 1944

813-222-035-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1524 8th Ave. St.

Hospital No

Registration District No. 96 File No. 77285

Primary Registration District No. 1009 Registered No. 416

FULL NAME OF CHILD Elnora Victoria Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	11-22-1919

FATHER	MOTHER
FULL NAME: Alva Hall	FULL MAIDEN NAME: Esther C. Evans
RESIDENCE: Lewiston Idaho	RESIDENCE: Lewiston Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Little Falls, Minn.	BIRTHPLACE: Juliaetta, Idaho.
OCCUPATION: Mechanic	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Filed Jan 10 1920

Susan E. Bruce
Registrdr

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 3 10 55 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 77285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hall (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name .	Unnamed	Elnora Victoria Hall
ELNORA VICTORIA HALL		

Subscribed and sworn to before me this 2nd day of December, 19 74

Notary Public, residing at Lewiston, Idaho
My commission expires July 1, 1976
(Seal)

Signed Esther C Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

631 Warner Trailer Court, Lewiston, Idaho 83501
(Street Address, City, State)

SUPPO[illegible] DAV[illegible] SECOND PERSO[illegible]

State of
County of } ss.

[This Affi[illegible] (See Chapte[illegible] Idaho Session Laws.)] Also be Executed.

The undersigned does solemnly swear that he has kn[illegible]wledge of the correc[illegible]cts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

K FORM DH 60-155 CL 6/13/74 16 cpd rec # 9584

Family Bible record ~~from~~ gives name as Elnora Victoria Hall. Born Nov. 22, 1919
viewed by V. S.

DEC 4 1974

North Idaho's Blue Sheild Plan gives name as Elnora Hall. dated May 1, 1955.
viewed by V. S.

563-231-035-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 323 - 12th St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No. 77286

Registered No. 417

FULL NAME OF CHILD Margaret Dorthey Vollmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12-31 1919

FATHER		MOTHER	
FULL NAME	Geo. D. Vollmer	FULL MAIDEN NAME	Mary Kilde
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Janitor	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Mar 20 1920 Noam E. Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1942

JUN 11 1951

JUL 13 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4164-223-016-619

PLACE OF BIRTH Amended 6/18/79

[redacted] Form V. S. No. 11-C—Rev. 64-27

County of Cassia

BUREAU C[redacted]ISTICS

CERTIFICATE OF BIRTH 77483

City of Burley

Registration District No. 117 File No. 77480

No. St.

Primary Registration District No. 2196 Registered No. 1451

Hospital

FULL NAME OF CHILD Dorothy Lucille Moultrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 23 19[illegible]

FATHER		MOTHER	
FULL NAME	F. L Moultrie	FULL MAIDEN NAME	Flonnie Fairchild
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 a.m. M. on the date above stated.

(Signature) F H Cutler MD

(Physician or midwife)

Address Burley

Filed Feb-5 19 20 Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
JUN 1 10 2?

State of _____ } ss.
County of _____

Certificate No. 77483
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Moultrie (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 23, 1919 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Dorothy Lucille Moultrie

Subscribed and sworn to before me this 5th day of June, 1979.

Notary Public, Jeanne Smalley

Residing at Clackamas

My commission expires My Commission Expires October 23, 1982

(Seal)

Dorothy Lucille Moultrie
Dorothy L Littlefield
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

CL 5/23/79 Copied

JUN 19 1979

Certif of Blessing from the LDs Church gives name as Dorothy Lucille Moultrie daughter of Fred Moultrie and Florence Fairchild. born Dec 23, 1919 at Burley Idaho. Blessed Mar 6, 1921. viewed by V. S.

Certif of Baptims from the lds Church gives name as Dorothy L. Moultrie daughter of Frederick L. Moultrie and Florence Fairchild. born Dec 23, 1919 at Burley, Idaho Baptized June 7, 1931. viewed by V. S.

469-104-001-316

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 77488

Registered No. 96

FULL NAME OF CHILD Charles Cowling Dorton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		2	yes	12/4/19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert Delane Dorton	FULL MAIDEN NAME	Ruby Cowling
RESIDENCE	409 Grove - Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Candy Maker	OCCUPATION	Housekeeper

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Almand, M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/15 1920 L. C. Freeman Registrar

S-Y CO. 24655

[redacted]

233.10.001-819

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 77508

No. ..... St.

Filed in 1919 File

Hospital St Alph

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Albert James St Clair

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Jan 1 1919

FATHER		MOTHER	
FULL NAME	Henry St Clair	FULL MAIDEN NAME	Susie Hartwell
RESIDENCE	435 So 11 - Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Clarke Co Ky	BIRTHPLACE	Idaho.
OCCUPATION	Shipping Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 P M.
(Born alive ~~or stillborn~~)
on the date above stated.

(Signature) C C S Lewis MD

(Physician or midwife)

Address Boise Ida.

Filed 2/13 1920 L C Truman
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C

City of Pocatello Registration District No. 84 File No. 57

No. ..... St.

Hospital Gen'l. Primary Registration District No. 2161 Registered No. 3030

FULL NAME OF CHILD John Pershing Cannon

Sex of Child M | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Sept. 29 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Frank Mullen Cannon	FULL MAIDEN NAME Kathryne McGovern
RESIDENCE Arco, Ida	RESIDENCE Arco, Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Cherokee, Cal.	BIRTHPLACE Vail, Iowa
OCCUPATION Physician	OCCUPATION Trained Nurse

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19..

..... Registrar

(Signature) Carl W. Clark

Physician.

(Physician or midwife)

Address Pocatello Idaho.

Filed Mar 31 1920 O. P. Steely Registrar

[redacted]

JUL 29 19[redacted]

244-218-003-928

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Pocatello

City of Bannock

No. Farm St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 77611

Registration District No. 84 File No. 57

Primary Registration District No. 2161 Registered No. 3029

FULL NAME OF CHILD Masako Sumida

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 18 1919

FATHER

FULL NAME Nazuo Sumida

RESIDENCE 3 miles N. Pocatello

COLOR Japanese AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Japan

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Goshiko Ishii

RESIDENCE 3 miles N. Pocatello

COLOR Japanese AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Japan

OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Cora M. Bird

Midwife
(Physician or midwife)

Address 905 So. Grain St.

Given names added from a supplemental report.

19

Registrar

Filed Mar 16 1920 O. T. Stevens
Registrar

First certified copy issued 5-5-37 PBA (4654)

753·114·005913

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bennevah

City of Dennet

Registration District No. 91

File No. 1 77645

No. ..... St.

Primary Registration District No. .....

Registered No. 5

Hospital .....

FULL NAME OF CHILD Gregory Peter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Dec 14 1919

FATHER		MOTHER	
FULL NAME	Gregory Thomas	FULL MAIDEN NAME	Christine Jackary
RESIDENCE	Dennet	RESIDENCE	
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Dennet	BIRTHPLACE	Dennet
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) No physician attended

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Filed March 21 1920

James E Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

197-127-005-000

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

Registration District No. 31 File No. 77646

No. ____ St.

Primary Registration District No. ____ Registered No. 6

Hospital ____

FULL NAME OF CHILD Hanislaus Moses William Arapa

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Dec 27 1919

FATHER	MOTHER
FULL NAME: Arapa Hanislaus	FULL MAIDEN NAME: Mary
RESIDENCE: Desmet	RESIDENCE: Desmet
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 1+1 (Years)	AGE AT LAST BIRTHDAY: 1+6 (Years)
BIRTHPLACE: Desmet	BIRTHPLACE: Desmet
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) No Physician attended

____
(Physician or midwife)

Address ____

Filed March 31 1920

Jues Le Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-130-010-842

PLACE OF BIRTH

Amended 4/3/79

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 77731

Primary Registration District No. 2170 Registered No. 20

FULL NAME OF CHILD Herbert Hoover Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-30-19 9

FATHER		MOTHER	
FULL NAME	J. F. Jensen	FULL MAIDEN NAME	Ellen Hublar
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Shupe MD

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mch 19.20 W. Townsend

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 77731

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 30, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Jensen	Herbert H. Jensen

Subscribed and sworn to before me this 2nd day of January, 19 77

J. Lloyd Hyslop
Notary Public, residing at Idaho Falls Idaho
My commission expires never expiring
(Seal)

Signed James L. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Jan, 19 77

EDWIN DEON ANTHONY
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires Mar. 25, 1982

Notary Public, residing at Las Vegas, Nevada
My commission expires Mar 25, 1982
(Seal)

Signed Marie Jensen Webster
(Signature of Any Credible Person)

26 Diamond Circle, Las Vegas, Nevada
(Street Address, City, State)

FORM DH 60-155

CL 11/20/78

APR 3 1979

Membership record from the LDS Church gives name as Herbert Hoover Jensen born Nov 30,1919 in Ucon,Idaho. father;s name as Hans F. Jensen and Ellen Hubler. Blessed Jan 4, 1920 and Baptized June 17, 1928. viewed by V. S.

Insurance policy with Great Northwest Life Ins. Co. gives name as Herbert Hoover Jensen. dated Dec 6, 1940. viewed by V. S.

453-129-010-296

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No. 7732

No. ..... St.

Primary Registration District No. 3 1 V - 0 Registered No. 19

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	12 29 1919

FATHER	MOTHER
FULL NAME Roy Decker	FULL MAIDEN NAME Lottie Brown
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White — AGE AT LAST BIRTHDAY 40 (Years)	COLOR White — AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Cattle man	OCCUPATION Home Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10-10.9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed 3/4 19 20

..... Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

25m-1-1-18

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77869

County of Custer

City of Leslie

356-227-0019-849 Registration District No. 76 File No. 60

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clara Qerita Tew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes.	Dec 27 1919

FATHER		MOTHER	
FULL NAME	Monroe Bird Tew	FULL MAIDEN NAME	Lillian A. Hurst
RESIDENCE	Leslie Ida.	RESIDENCE	Leslie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mapleton Utah	BIRTHPLACE	Old Mexico
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth, second

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farnell M.D.

(Physician or midwife)

Address Malad Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Apr. 8 1920 Rae Nowacki

..... Registrar

Registrar

S-V CO. 24656

[redacted]

632-226-022-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
amended 9-2-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 77926

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Damaris Luella Olsen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			4th	yes	11 - 26 1919

FATHER		MOTHER	
FULL NAME	Henry L Olsen	FULL MAIDEN NAME	Merlie Davis
RESIDENCE	St Anthony	RESIDENCE	Chester
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Alpine Utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 A. M. on the date above stated.

(Signature) J E Mellon MD

(Physician or midwife)

Address St Anthony Idaho

Filed Apr 10 -1920 W R Rust Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1973

8-7-81

RECEIVED
AUG 20 1981
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Fremont } ss.

Certificate No. 77926
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mary Oleson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-26-19 (Date of Event)

in St. Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Mary Oleson	Damaris LUella Olsen
mothers first name	Merle	Merlie

Subscribed and sworn to before me this 18 day of August, 19 81.
Notary Public, Lila D. Gold
Residing at St. Anthony, Idaho
My commission expires Lifetime
(Seal)

Damaris L. Clark
Signature of Applicant
406 W 2 No St. Anthony, Idaho 83445
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of August, 19 81.
Notary Public, Lila D. Gold
Residing at St. Anthony, Idaho
My commission expires Lifetime
(Seal)

Supporting Signature
41 D 4 21-B St. Anthony
Street Address, City, State

1 cc pd

SEP 2 1981

LDS church Certificate of Birth dated 4-19-73 states, Damaris Luella Olsen born 11-26-19 at St. Anthony, Fremont, Idaho to Henry Olsen and Merlie Davis recorded in Yellowstone Stake, St. Anthony Ward Record of Births and Blessings 1920, Page 1632, Line 869. Entered on record 1-4-20.

Marriage Certificate from State of Utah County of Salt Lake gives Damaris Luella Olsen of Parker and Vernon Lee Clark married 6-9-1938. Viewed by V.S.

Certificate from LDS Church giving Henry Lawrence Olsen and Merlie Damaris Davis married 7-18-28 at Logan, UT Viewed by V.S.

249-128-022-813

PLACE OF BIRTH amended 4/7/80

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Chester Registration District No. 99 File No. 77927

No. ..... St.

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Garold H. Burt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			6th	yes	11 28 19

FATHER		MOTHER	
FULL NAME	Harry Burt	FULL MAIDEN NAME	Jennie Hathaway
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Melton

MD

(Physician or midwife)

Address St Anthony Idaho

Filed Apr 10 1920 W Burt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
VITAL STATISTICS
FEB 4 02 PM '80

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 77927
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Paul Burt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 28, 1919 (Date of Event)
in Chester, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Paul Burt	Garold H. Burt

Subscribed and sworn to before me this 4th day of February, 19 80
Notary Public, T. E. Jones
Residing at Pocatello Idaho
My commission expires July 1, 1980
(Seal)

Garold H Burt
Signature of Applicant
2115 Dana St, Pocatello, Idaho
Street Address, City, State
Pocatello, Idaho 83201

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1/18/80

Baptismal recodr from the Redeemer Lutheran Church gives name as Garold Harry Burt child-of Harry Burt and Jenny Hathaway. born Nov 28, 1919 at Chester Idaho. Baptized on ZSept. 12, 1948. viewed by V. S.

APR 8 1980

Insurance policy from Aid Association for Lutherans gives nameas Garold Harry Burt dated April 16, 1958. viewed by V. S. Certif no. 910590.

386-29-022-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 77928

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elizabeth Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			4th	Yes	11-29-19

FATHER		MOTHER	
FULL NAME	Albert J Thompson	FULL MAIDEN NAME	Rebecca Stinson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) J E Mellon MD

(Physician or midwife)

Address St Anthony

Filed Apr 10 1920 W Burt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-28-022-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 77929

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Orvilla Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			6th	yes	11 - 29 - 19

FATHER		MOTHER	
FULL NAME	Lewis Allen	FULL MAIDEN NAME	Lois Brower
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Louisburg Utah	BIRTHPLACE	Parker Ida
OCCUPATION	Laborer	OCCUPATION	Laborer wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

(Signature) J O McClure

MD

(Physician or midwife)

Address St Anthony

Filed Apr 10 1930 W Merrill Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-228-022-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 77930

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Sybil Blair

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
F.			2nd		11 28 1919

FATHER	MOTHER
FULL NAME: Alma Blair	FULL MAIDEN NAME: Mary Peterson
RESIDENCE: St Anthony Idaho	RESIDENCE: St Anthony
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Richmond Utah	BIRTHPLACE: Richmond Utah
OCCUPATION: Farmer	OCCUPATION: Farmers wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. McMain

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Anthony Idaho

Filed Nov 10 1920 W B Burk
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-130-022-655

Amended 5/5/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 77931
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Robert b. (Middle): James c. (Last): Dahmer

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	11 30 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Peter b. (Middle): c. (Last): Dahmer

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Baideck, Russia	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hilda b. (Middle): c. (Last): Wentland

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Wohmin, Russia	9		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Melton
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Anthony, Idaho.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: April 10, 1920
22. REGISTRAR'S SIGNATURE: W. B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 5:30 PM

RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

...ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 24 2 43 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 77931

Date Filed March-21-1975

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Peter Dahmer (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1919 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on April 25TH 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Peter Dahmer	Robert James Dahmer

Subscribed and sworn to before me this 21st day of March, 19 75

Notary Public, residing at Pocatello Idaho
My commission expires Feb. 27-1978
(Seal)

Signed G W Dahmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

835 Cottage Ave Pocatello Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 19 75

Notary Public, residing at Pocatello Idaho
My commission expires Feb. 27-1975
(Seal)

Signed Ernest Dahmer
(Signature of Any Credible Person)

303 W. Hayes Pocatello Ida.
(Street Address, City, State)

FORM PH 60. 155 CL 11-1-67. one copy pd. rec. #22650.

Church Blessing record (written in Sweedish or German) gives nameas Robert James Dahmer. born Nov. 30, 1919 in St. Anthmy., Idaho. Blessed April 25, 1920 in Sugar City, Idaho. viewed by V. S.

~~Certificate of Baptism and Confirmation from the LDS Church gives name as Robert James Dahmer son of Pete Dahmer and Hulda Wentleand. Born Nov. 20, 1919. Baptized Jan. 5, 19~~

Marriage License and Certific te on file in Idaho (%8-4197) gives names as Robert J. Dahmer and Ruby M. Stone. dated July 18, 1958. viewed by V. S.

666.105.022-533

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77932

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD ~~Charles L~~ ORION COLON Woolsey

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			1st	yes	12 - 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. C. Woolsey	Nancy Elliott
RESIDENCE	St Anthony	St Anthony
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Bayaville, Utah	Missouri
OCCUPATION	Laborer	Laborer wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 + M. on the date above stated.

(Signature) J. E. Metton MD

(Physician or midwife)

Address St. Anthony

Filed Apr 10 1920 R. B. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont

Certificate No. 77932

OCT 26 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Orion Colon Woolsey (Birth or Death)
for Orion Colon Woolsey (Name on Original Certificate) who Born (Was Born or Died) on Dec 5- 1919 (Date of Event)
in St anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L D S Church Record (Bible Record, Insurance Policy, Etc.) prepared on Feb 1st 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles P.	Orion Colon Woolsey

Subscribed and sworn to before me this 24= day of October, 1942

Notary Public, residing at St anthony Idaho

My commission expires Jan 18- 1945
(Seal)

Signed Nancy Woolsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St anthony . Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24= day of October, 1942

Notary Public, residing at St anthony Idaho

My commission expires Jan 18- 1946
(Seal)

Signed Mrs W. R. Birch
(Signature of Any Credible Person Other Than Previous Year)

St Anthony Ida.
(Street Address, City, State)

OCT 27 19

022-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 77933

No. ..... St.

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD John McFarland

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	yes	12 10 1919

FATHER	MOTHER
FULL NAME J. Wallace McFarland	FULL MAIDEN NAME Almeda Wardle
RESIDENCE Hamer Idaho	RESIDENCE Hamer Ida
COLOR W	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Hamer Idaho	BIRTHPLACE Egin Ida
OCCUPATION Laborer	OCCUPATION Laborers wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11-30 A. M. on the date above stated.

(Signature) J E Mellon

MD

(Physician or midwife)

Address St Anthony

Filed Oct 10 1920 Lou Ewart Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-215-022-266 Amended 11-29-56

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St. Registration District No. 99 File No. 77934

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD MAXINE WARNER
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	12-15-1919 192

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. C. Warner	FULL MAIDEN NAME	Maltrude Bowen
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Beaver, Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. E. Melton

M.D. (Physician or midwife)

Address St. Anthony

Filed 4-10-1920 192 W. B. Wust Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 77934

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maxine Warner (Name on Original Certificate) who was born (Was Born or Died) on 12-15-1919 (Date of Event)
in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism License (Bible Record, Insurance Policy, Etc.) prepared on Jan. 1, 1928 (Give Date), are:
Marriage Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Name	Mary Measerve	Meltrude Bowen

Subscribed and sworn to before me this 27th day of November, 1946

Notary Public, residing at Moscow, Ida.
My commission expires 1960
(Seal)

Signed Meltrude Bowen Warner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

413 E. 1st Moscow, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1946

Notary Public, residing at Moscow, Ida.
My commission expires 1960
(Seal)

Signed Lyson C. Warner
(Signature of Any Credible Person)

413 E. First
Moscow, Idaho
(Street Address, City, State)

FORM DPH 55. 155

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 77934

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Dorothy Warner (Name on Original Certificate) who was born (Was Born or Died) on 12-15-1919 (Date of Event) in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Dec. 31, 1927 (Give Date), are: Baby book, family record 1919-1928 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Dorothy Warner	Maxine Warner

Subscribed and sworn to before me this 22nd day of October, 1956.

Notary Public, residing at Moscow, Idaho.
My commission expires 9-10-60
(Seal)

Signed Mrs L.C. Warner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

413 East 1st Moscow, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1956.

Notary Public, residing at Moscow, Idaho.
My commission expires 9-10-60
(Seal)

Signed L Stewart
(Signature of Any Credible Person)

418 E. FIRST ST.
MOSCOW, IDAHO
(Street Address, City, State)

FORM DPH 56.155

386-217-022-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 77935

No. ..... St.

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Belva Waynette Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			1st	yes	12 17 1920

FATHER		MOTHER	
FULL NAME	Frank Thompson	FULL MAIDEN NAME	Bonnie Mains
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	St Anthony	BIRTHPLACE	St Joe Mo.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Address St Anthony

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 10 1920 W Burk
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-12-0225-7139

Amended 1/18/1939

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 77936

No. ..... St.

Primary Registration District No. 2127 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert L. Cazier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3rd		12 24 1919

FATHER		MOTHER	
FULL NAME	W F Cazier	FULL MAIDEN NAME	Alice Garrett
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Murray Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M. on the date above stated.

(Signature) J E McClure

MD

(Physician or midwife)

Address St Anthony

Filed Dec 10 1920 C W Bennett Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

OCT 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
DEC 4 4 07 PM '72

State of California } ss.
County of Los Angeles }

Certificate No. 77936

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cazier (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1919 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Robert Lawrence Cazier
Sex of child	F	M

Subscribed and sworn to before me this 24th day of November, 19 72.

Notary Public, residing at Arcadia, California
My commission expires January 4, 1974
(Seal)

Signed William V Cazier (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

301 S. Witmer, Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/10/72

Certificate of birth from LDS Church gives name as Robert L. Cazier. Born Dec 24, 1919. Father's name William V. Cazier and mother's name Abbie Garrett. Entered on record April 4, 1920. Viewed by V. S.

DEC 13 1972

Honorable Discharge from the Army gives name as Robert L. Cazier born Dec. 2, 1919 Date of Separation Dec. 8, 1945. Viewed by V. S.

YEAR: 1919

FILE # 77937

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1919-77937 A & B TWINS

818-113-022-242
818-213-022-242

PLACE OF BIRTH

Twins

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B

Registration District No. 99

File No. 77937

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Twins { John Kenneth Haylor / Betty Jane Haylor.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy and girl	Twins	and	Girl 1st Boy 2nd	Yes	12	13	1919

FATHER		MOTHER	
FULL NAME	H. C. Haylor	FULL MAIDEN NAME	Agnes Ea Busch
RESIDENCE	St Anthony	RESIDENCE	[illegible]
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Irving Kansas	BIRTHPLACE	Colgate Oklahoma
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Mellon

MD

(Physician or midwife)

Address St Anthony

Filed Apr 11 1921 W Berch Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z

FEB 15 1951

Z-TWINS A+B

818-113-022-242
818-213-022-242

PLACE OF BIRTH

Twins

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B

Registration District No. 99

File No. 77937

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Twins { John Kenneth Haylor / Betty Jane Haylor.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy and girl	Twins	and	Girl 1st Boy 2nd	Yes	12	13	1919

FATHER		MOTHER	
FULL NAME	H. C. Haylor	FULL MAIDEN NAME	Agnes Ea Busch
RESIDENCE	St Anthony	RESIDENCE	[illegible]
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Irving Kansas	BIRTHPLACE	Colgate Oklahoma
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Mellon

MD

(Physician or midwife)

Address St Anthony

Filed Apr 11 1921 W Berch Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z

FEB 15 1951

Z-TWINS A+B

Amended Mar. 31, 1953

PLACE OF BIRTH

669-127-022-569

County of Fremont

City of St. Anthony

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 77938

Primary Registration District No. 2177 Registered No. ____

FULL NAME OF CHILD BILLY NEWTON WORRELL

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			YES	DEC. 27, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Kenny E. Worrell	FULL MAIDEN NAME	Ann North
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

M.D. (Physician or midwife)

Address St. Anthony

Give names added from a supplemental report.

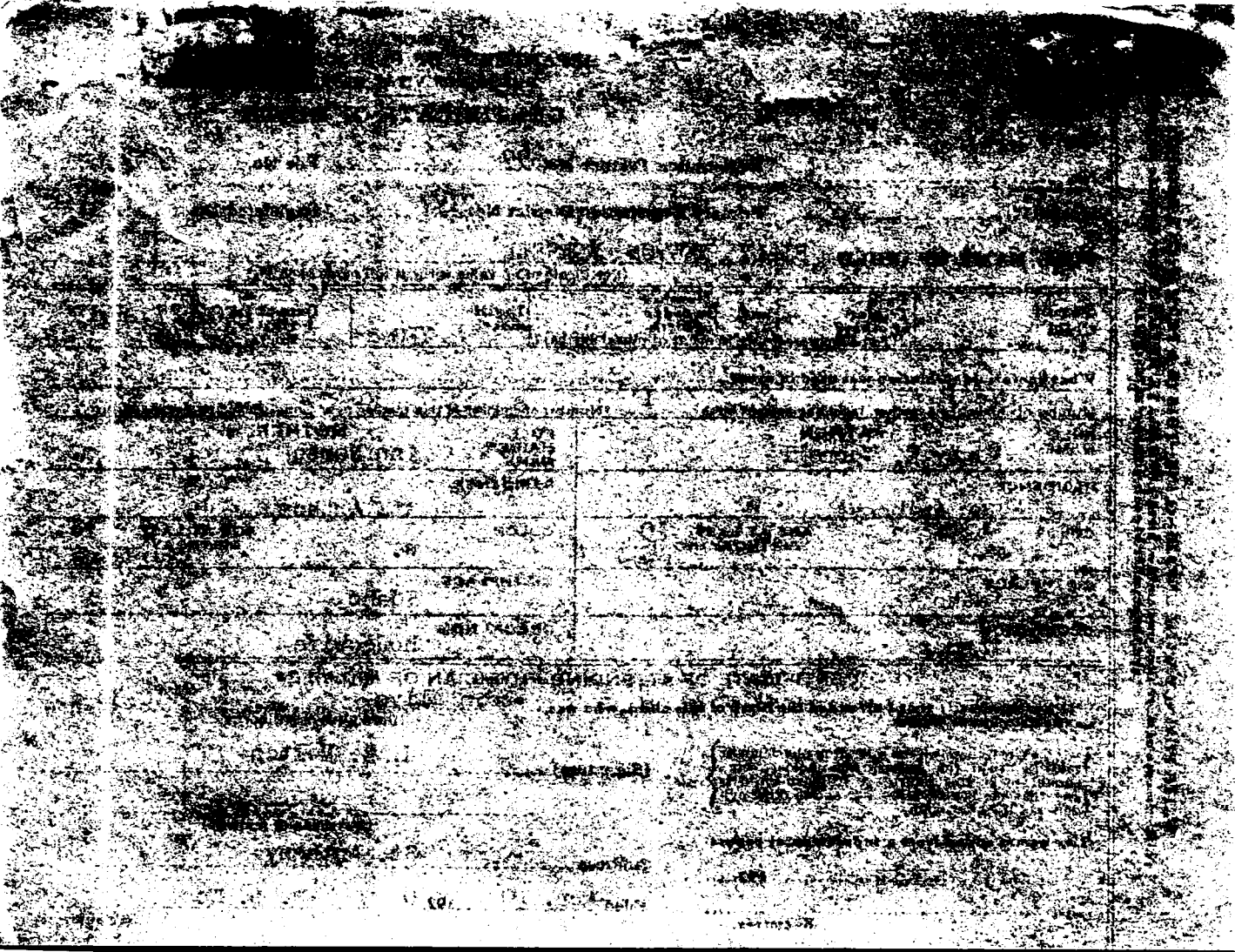
....., 192.....

Registrar.

Filed Apr. 10 1920 W. B. West

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 77938

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth W. Worrell (Name on Original Certificate) who Born (Was Born or Died) on 27 Dec. 1919 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on March 16, 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Kenneth W. Worrell	Billy Newton Worrell

Subscribed and sworn to before me this 16th day of March, 19 53

Clerk of District Court
~~Notary Public~~, residing at St. Anthony, Idaho
My commission expires Elective
(Seal)

Signed Ann Worrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1953

Clerk of District Court
~~Notary Public~~, residing at St. Anthony, Idaho
My commission expires Elective
(Seal)

Signed Florence Dare
(Signature of Any Credible Person)
St Anthony, Idaho
(Street Address, City, State)

DPH 52.155

1 c. pd.

OFFICE OF THE
SUPERINTENDENT

OFFICE OF THE
CLERK

RECEIVED
MAR 28 1953
DIVISION OF VITAL
STATISTICS

Fremont County Joint School District A-215

County Court House

St. Anthony, Idaho

TO WHOM IT MAY CONCERN:

This is to certify that the records on file in my office show that Bill Worrell was born December 27, 1919 and that he was the son of K. E. Worrell and Anne Worrell.

The record further shows that he lived with his parents in Fremont County, Idaho, in St. Anthony Independent School District No. 2.

The record shows that he had a sister by the name of "Jean" Worrell, born May 2, 1921.

This is according to the Census record on file in Fremont County, Idaho, dated September 1936.

Dated this 27th day of March, 1953.

Signed: _____
County Superintendent of Schools
Fremont County, Idaho.

259-228-022-433 amend 11-20-81

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker Registration District No. 99 File No. 77939

No. ..... St.

Primary Registration District No. 2127 Registered No. .....

Hospital .....

FULL NAME OF CHILD Linna Bergeson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			4th	yes	12 28 19

FATHER		MOTHER	
FULL NAME	James Bergeson	FULL MAIDEN NAME	Mabel Allen
RESIDENCE	Parker Ida	RESIDENCE	Parker Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah Lewiston	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD
(Physician or midwife)

Address St Anthony

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 20 1920 W Durrant Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
Nov 19 10 00 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Fremont } ss.

Certificate No. 77939
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Katherine E Bergeson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-28-19 (Date of Event)
in Parker (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Katherine E Bergeson	Linna Bergeson

Subscribed and sworn to before me this 10 day of November, 1981.
Notary Public, Kenneth L Phillips
Residing at St Anthony
My commission expires Life
(Seal)

Linna Bergeson Rhodehamel
Signature of Applicant
Box 12 Parker Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of November, 1981.
Notary Public, Kenneth L Phillips
Residing at St Anthony, Idaho
My commission expires Life
(Seal)

Zella Bergeson Barrett Lobnitz
Supporting Signature
St Anthony, Idaho
Street Address, City, State

Cert of Blessing gives Linna Bergeson born 12-28-19 at Parker to James Berguson and Mabel Allen was blessed 4-4-20. # 35.
Viewed by V.S.

NOV 20 1981

Old West Life Insurance Co of Boise, Idaho gives Linna B Rhodehouse as insured age 42. Policy date 6-7-62. Viewed by V.S.

994-230-022-533

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77940

County of Fremont

City of St Anthony Registration District No. 99 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD Marie Rider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F			1st	yes	12	30	1919

FATHER

FULL NAME Ralph Rider

RESIDENCE St Anthony

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Downey Idaho

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Lula Elliott

RESIDENCE St Anthony

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Wilson Wyoming

OCCUPATION Housework

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 10 A M. on the date above stated.

(Signature) J. E. Mellon

M D

(Physician or midwife)

Address St Anthony

Filed Jan 10 1920 W. Sleight Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

443-1162 - 925-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 77990

Hospital

Primary Registration District No. 1001 Registered No. 17

FULL NAME OF CHILD MICHAEL Parker Mulhall

Sex of Child Male | Twin Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec. 16 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Earl Ambrose Mulhall	FULL MAIDEN NAME Sylvia Parker
RESIDENCE Grangeville Ida	RESIDENCE Grangeville Ida
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Rock Valley Iowa	BIRTHPLACE Grangeville Ida.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman

Physician

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed April 1 1920 G O Stockton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ~~Idaho~~ Ada }

Certificate No. 77990

FEB 11 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for John Parker Mulhall (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec 16 - 1920 (DATE OF EVENT)
in Grangeville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	John Parker Mulhall	~~Michael Parker Mulhall~~

Subscribed and sworn to before me this 10th day of February, 19 42

Teresa Villeneuve

Notary Public, residing at Boise, Idaho

My commission expires Dec. 3rd, 1945.

(SEAL)

Signed Ruby R Harding

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1514 Warm Springs Ave Boise Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 19 42

Teresa Villeneuve

Notary Public, residing at Boise, Idaho.

My commission expires Dec. 3rd, 1945.

(SEAL)

Signed R B Kathy

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1514 Warm Springs Ave., Boise, Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 10 1942

MAR 15 1949

253-125-co28-418

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V [redacted] 16-18

CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 1050

File No. [redacted]58

Registered No. 20

Full Name of Child Bell

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one		one	yes.	Aug 28 1919

FATHER		MOTHER	
FULL NAME	John Bell	FULL MAIDEN NAME	Yvonne Iva Mayer
RESIDENCE	Coeur d Alene Ida	RESIDENCE	Coeur d Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Minnesota
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 03 Numbef of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W H Hoaglen

Physician

(Physician or midwife)

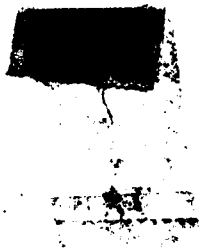
Address Coeur D'Alene Ida

Filed Apr. 8 1920 Gus Nelson

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1115-201-

035-349

PLACE OF BI[redacted]

County of Ada Boise

City of Meridian Culdesac Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78124

Registration District No. 48 File No. 1

Primary Registration District No. 2727 Registered No. 24

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 1 1919

FATHER		MOTHER	
FULL NAME	Charley Daniels	FULL MAIDEN NAME	Effie Turner
RESIDENCE	Culdesac Idaho.	RESIDENCE	Culdesac Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:36 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaspard

Physician (Physician or midwife)

Address Culdesac Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 10 1919 Jew Laughlin
Registrar

S-Y CO. 20174

[redacted]

[redacted]

617-203-2-35-868

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-28

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

78125

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 48

File No. 1

No. ____ St.

Primary Registration District No. 2127

Registered No. 25

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	10 3 1919

FATHER		MOTHER	
FULL NAME	Willie Wapceli	FULL MAIDEN NAME	Nancy Hoyt
RESIDENCE	Coeur d'Alene Idaho.	RESIDENCE	Coeur d'Alene Idaho
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

(Signature) George Gaugnard

Physician

(Physician or midwife)

Address Coeur d'Alene Idaho.

Filed Dec 10 1919

J. W. Lamey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-116-035-168

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

STATE OF IDA[illegible]
BUREAU OF VITAL ST[illegible]

CERTIFICATE OF BIRTH

78126

Registration District No. 48 File No. 1

Primary Registration District No. 5127 Registered No. 76

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	10 16 19[illegible]

FATHER		MOTHER	
FULL NAME	Theodore Mattson	FULL MAIDEN NAME	Florence E. Johns
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignaud

Physician (Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 19[illegible] [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79228·035-765

PLACE OF BIRTH

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78127

County of Kootenai

City of Coeur d'Alene Ida.

Registration District No. 48

File No. 1

No. ..... St.

Primary Registration District No. 7127

Registered No. 27

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 28 1919

FATHER		MOTHER	
FULL NAME	Jesse J. Gipson	FULL MAIDEN NAME	Rose Jandell
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gausmund

Physician (Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 10 1919 John Kaufmann Registrar

dup of 1919-308014

343-204-035-312

DELAYED

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 14 C—3m-8-5-17

CERTIFICATE OF BIRTH

78128

County of Key Renee

City of Caldesne

Registration District No. 48 File No.

No. St.

Primary Registration District No. 2127 Registered No. 28

Hospital

FULL NAME OF CHILD Vivian Bernice Lucas

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	11 4 191 7

FATHER		MOTHER	
FULL NAME	Jack Lucas	FULL MAIDEN NAME	Bertha Minnie Case
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gansmond

Physician

(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 10 1920 J. E. McLaughlin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED STAMP ADDED TO CERTIFICATE FACE 11/09/2017 AJT

APR 0 3 2017 X2
NOV 0 9 2017
FEB 2 8 2018

MAY 2 2 1942

BOTH DELAYED

DUP OF 19-344879

215-208-035-751

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78129

County of Nez Perce

City of Culdesac

Registration District No. 48

File No. 4

No. ..... St.

Primary Registration District No. 21-27

Registered No. 29

Hospital .....

FULL NAME OF CHILD Emma Banks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	11 8 1917

	FATHER	MOTHER
FULL NAME	A. A. Banks	FULL MAIDEN NAME Mona Pearl
RESIDENCE	Culdesac	RESIDENCE Culdesac
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Washington
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jamieson

Physician (Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 10 1917 H. M. Langfeldt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-116-085-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 78130

County of Nez Perce

City of near Myrtle Culdesac

Registration District No. 48 File No. 1

No. St.

Primary Registration District No. 2127 Registered No. 30

Hospital

FULL NAME OF CHILD VERNON CLARK STOREY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	November 16th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Storey	Nettie M. Clark
RESIDENCE	Myrtle Idaho	Myrtle Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaumnard

Physician

(Physician or midwife)

Address Culdesac Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 10 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 78130

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Storey (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 17, 1919 (DATE OF EVENT)
in Myrtle, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on MAY 6 - 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Vernon Clark
Date of Birth	Nov. 17, 1919	Nov. 16, 1919

Subscribed and sworn to before me this 6th day of May, 1942

Notary Public, residing at Lewiston

My commission expires NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES SEPTEMBER (SEAL)

Signed Mrs. Nettie M Storey (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May, 1942

Mary Howard

Notary Public residing at Lewiston, Idaho

My commission expires 9/6/43 (SEAL)

Signed F. H. Vea (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lenore, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)

FEB 2 1943

OCT 31 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-220-035-532

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78131

County of Key Perce

near City of Lapwai

Registration District No. 48 File No. 1

No. ..... St.

Primary Registration District No. 21.27 Registered No. 31

Hospital .....

FULL NAME OF CHILD: .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	11 20 1918

FATHER		MOTHER	
FULL NAME	Louis James	FULL MAIDEN NAME	Theresa Black Elk
RESIDENCE	Lapwai Idaho	RESIDENCE	Lapwai Idaho.
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	None	OCCUPATION	Housewife

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Gaquard

Physician

(Physician or midwife)

Address Culdesac Idaho

Filed Dec 10 1918 Hollis Laughlin

Registrar

755-122-035-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78132

County of Nez Perce

City of Culdesac

Registration District No. 48 File No. 1

No. St.

Primary Registration District No. 2127 Registered No. 32

Hospital

FULL NAME OF CHILD Edward Lewis Pentzer

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	11 22 1918

FATHER		MOTHER	
FULL NAME	Lorenza H. R. Pentzer	FULL MAIDEN NAME	Bertha May Wooley
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gerganoff

Physician (Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 10 1918

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-026-035-955

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

78133

County of Nez Perce

City of Culdesac

Registration District No. 48

File No. 1

No. ..... St.

Primary Registration District No. 7127

Registered No. 33

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 26 1917

FATHER		MOTHER	
FULL NAME	Edward J. Hill	FULL MAIDEN NAME	Neoma Reeves
RESIDENCE	Culdesac Idaho.	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Garrand

Physician

(Physician or midwife)

Address Culdesac Idaho.

Filed Dec 10 1917

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-219-035-253

PLACE OF BIRTH

Form V. S. No. 11-O—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 78134

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 48 File No. 1

Primary Registration District No. 2127 Registered No. 34

FULL NAME OF CHILD Dorothy Elizabeth Hilgers

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Hilgers	Rheda Bellows
RESIDENCE	Culdesac Idaho.	Culdesac Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	35
BIRTHPLACE	Wisconsin	Kansas
OCCUPATION	Plumber	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gangmark

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1920 Nellie Laughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1975

NOV 16 1944

259-123-235-563

PLACE OF BIRTH

Form V. S. No. 11-C—Rev.1937

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78135

County of Key Pere

near City of Myrtle

No. ..... St.

Registration District No. 48

File No. 1

Primary Registration District No. 2127

Registered No. 25

Hospital .....

FULL NAME OF CHILD Darrell Cleon Kerby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 23 1919

FATHER

FULL NAME: Charles Kerby

RESIDENCE: Myrtle Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Washington

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Pearl Nolan

RESIDENCE: Myrtle Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Goignard

Physician

(Physician or midwife)

Address Culdesac Idaho

Filed Jan 10 1920 J. E. Kerby Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 16 10 52 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 78135

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kerby (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 23, 1919 (Date of Event)
in Myrtle, Idaho (Nez Perce) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Kerby	Darrell Cleon Kerby

Subscribed and sworn to before me this 7th day of February, 19 78

Peggy Rode
Notary Public, residing at Lewiston
My commission expires 06/08/81
(Seal)

Signed Pearl Kerby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Asotin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1978

Notary Public, residing at Clarkston
My commission expires April 15, 1981
(Seal)

Signed Thelma K Fox
(Signature of Any Credible Person)

15216 N. 8th St Apt 2-44
Clarkston, Wa. 99403
(Street Address, City, State)

FORM DH 50-155

CL 12/28/77

Application for Insurance gives name as Darrell C. Kerby born Dec. 23, 1919 in My

Myrtle Idaho. Applied for Insurance Sept. 22, 1951.
Viewed by V.S.

Military Record and Report of Separation certificate of Service gives name as Darrell C. Kerby born Decem-er 23, 1919 at Myrtle, Idaho.
Entered service June 10, 1941 and Separated November 23, 1945.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-130-035-247

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78136

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 48 File No. 1

Primary Registration District No. 21-27 Registered No. 36

FULL NAME OF CHILD Dewsert Delmar Shaub

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander Shaub	Willie Pugh
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Russia	South Dakota
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born above (Born alive or stillborn), at 10:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Garrigues

Physician

(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1920 Howe Laughlin Registrar

12/4/40 L. B.

DEC 10 1970

666130-035-958

Form V. S. No. 11-C—25m-6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78137

County of Nez Perce

City of Culdesac

Registration District No. 48 File No. 1

No. St.

Primary Registration District No. 1477 Registered No. 37

Hospital

FULL NAME OF CHILD Milton Garth Wooley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur L. Wooley	Evalyn Reynolds
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	45
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaymard

Physician

(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Jan 1 D 1920 J. M. McKaughan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FEB 9 - 1966
FEB 11 1966
FEB 16 1966

966-220-031-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78138

County of Lewis

City of Winchester Registration District No. 48 File No. 1

No. ..... St.

Primary Registration District No. 227 Registered No. 38

Hospital .....

FULL NAME OF CHILD Ethel Pearl Rowden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 20 1919

	FATHER	MOTHER
FULL NAME	George W. Rowden	Laffie Snyder
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	31 (Years)
BIRTHPLACE	Missouri	Nebraska
OCCUPATION	Labor	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Mrs Mae Hoskins

Midwife

(Physician or midwife)

Address Winchester Idaho

Filed Mar 10 1920 J. W. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 6 1973

219-209-031-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78139

County of Lewis

City of Winchester

Registration District No. 48 File No. 1

No. .... St.

Primary Registration District No. 2127 Registered No. 39

Hospital

FULL NAME OF CHILD Ruth Madalon Bare

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Dec (Month) 9th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tobe Hobert Bare	FULL MAIDEN NAME	Helen Julia Christopher
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Lumber Mill Grader	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. McLaughlin

Physician (Physician or midwife)

Address Winchester Ida

Given names added from a supplemental report.

.... 19....

.... Registrar

Filed Mar 10 1920 H. W. McLaughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-386176

944.230 071-183

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH,

County of Lewis

City of Forest

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78144

Registration District No. 48 File No. 1

Primary Registration District No. 217 Registered No. 24½

FULL NAME OF CHILD Baby Rudolph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Michael Rudolph	Ida Amy Aytch
RESIDENCE	Forest Ida	Forest
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	59	40
BIRTHPLACE	Illinois	Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:40 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Etta Mae Hosley Nurse
by D Lew Laughlin
(Physician or midwife)

Address Weuches Co Ida

Filed Nov 10 1919 Jew Laughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

587710-22-989

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ____ St.

Hospital

Form V. S. No. H—25m-6-15-18

ICS

Registration District No. 100 File No. 78151

Primary Registration District No. 2178 Registered No. 101

Full Name of Child Ralph M. Chantrill

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				Yes	Feb 10 19

	FATHER	MOTHER
FULL NAME	William Chantrill	FULL MAIDEN NAME Susan Martineau Chantrill
RESIDENCE	Newdale	Newdale
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	College, Utah	Logan, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Chantrill

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19....

Registrar

Filed 4-7 19 20 G. G. Keeler

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-223-035-219

PLACE OF BIRTH

County of Nez Perce

City of Peck-

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 78223

Primary Registration District No. 2371 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		5	Yes	11-23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John William Hull	Euretta Barnett
RESIDENCE	Peck R-Ida	Peck R-Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	26
BIRTHPLACE	Mo	Nebr.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

(Signature) J. M. Lyle M.D.
(Physician or midwife)

Address Peck R-Ida

Filed 11-23 1919 J. M. Lyle
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

346-122-035-795

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 93 File No. 78224

Primary Registration District No. 2371 Registered No. ____

FULL NAME OF CHILD Jack C. Leffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	11-22-19

FATHER	MOTHER
FULL NAME Gideon Pierce Leffman	FULL MAIDEN NAME Nora May Green
RESIDENCE Peck	RESIDENCE Peck Idaho
COLOR W AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Penn	BIRTHPLACE No. Car.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Filed 11-22 19 19 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

APR 1 4 1972

515-209-035-944

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. 78244

Primary Registration District No. 1009 Registered No. 4640

FULL NAME OF CHILD Rita Eileen Van Dyk

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 9 1919

FATHER		MOTHER	
FULL NAME	Adrian M. Van Dyk	FULL MAIDEN NAME	Francine Buser
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Holland	COLOR	White
OCCUPATION	Foundry man	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Holland
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Peterson

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 16 1920 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

No. 11-C—25m-7-21-19

[redacted]

File No. 78247

Registration District No. [redacted] Primary Registration District No. 2120. Registered No. [redacted]

Hospital [redacted]

FULL NAME OF CHILD Baby Mabry, Mary J.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Dec. 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Reginald Mabry	Dadie Ray Atkins
RESIDENCE	Three Creek	Three Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Salt Lake City, Utah	Oklahoma
OCCUPATION	Rancher	Housework.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

(Signature) Joseph Segal, M.D.

(Physician ~~or midwife~~)

Address Jarbidge, Nevada.

Filed March 19, 1920 W. H. Schuyler, M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

and record

JAN 14 1963

595-223-042-419

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 601- 3rd W St.

Hospital Reo

Registration District No. 27 File No. 78289

Primary Registration District No. 1285 Registered No.

FULL NAME OF CHILD Naomi Kirkman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		9	yes	12 23 191

FATHER		MOTHER	
FULL NAME	Lawrence E Kirkman	FULL MAIDEN NAME	Kathryn Marguardsen
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls, Ida. Filmore Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Springville Utah	BIRTHPLACE	Fillmore Utah
OCCUPATION	Agriculturist	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 2-23- (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R Morgan (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

.....19.....

Filed Mar 12 1919 John F. Caughlin Registrar

.....Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, information required must be made for each and the number of child in order of birth stated.

K

MAY 29 1963

349-203-042-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Idaho

Registration District No. 37 File No. 78291

No. ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital Residence

FULL NAME OF CHILD Essie Irene Turnipseed

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	Yes	Dec 3 1919

FATHER		MOTHER	
FULL NAME	Robert L. Turnipseed	FULL MAIDEN NAME	Bessie Williams
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mississippi	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) on the date above stated. 12-3-20, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R Morgan

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 12 1920 John F Laughlin
Registrar

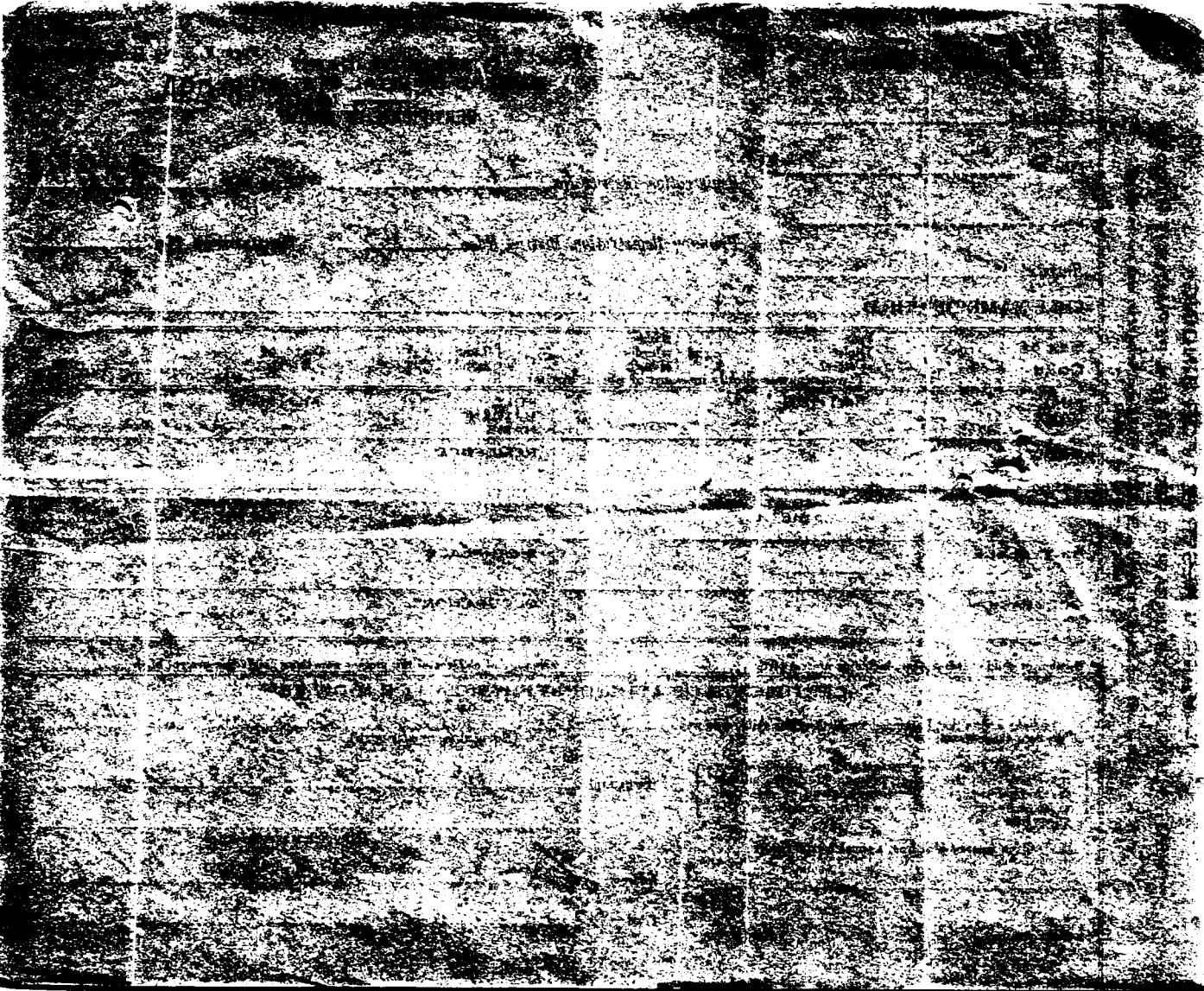
.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



365-224-040-265

11—25m-6-18-18

STATISTICS

78350

PLACE OF BIRTH

County of Jackson

City of

No. St.

Registration District No. 173 File No. 17

Primary Registration District No. 7701 Registered No.

Hospital

Full Name of Child Emma Jo Long

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legit. male?	DATE OF BIRTH (Month) (Day) (Year)
F		1	Yes	July 24 1919

FATHER		MOTHER	
FULL NAME	Sam Long.	FULL MAIDEN NAME	Maud Bly Bonham.
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida.	BIRTHPLACE	Missouri
OCCUPATION	Mill man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Hasson

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3/10 1920 Geo S Ledbetter

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1943

614-105-040-897

PLACE OF BIRTH

County of Shoshone.

City of Kellogg

No. ..... St.

Hospital Wardner

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

78351

Registration District No. 173 File No. 10

Primary Registration District No. 1701 Registered No. .....

Full Name of Child Edward Theodore Wadsley.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		1	Yes	Dec 5 1899

FATHER

FULL NAME Arthur Bell Wadsley

RESIDENCE Kellogg, Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE England.

OCCUPATION Assayer

MOTHER

FULL MAIDEN NAME Annie Sophia Higgins

RESIDENCE Kellogg, Idaho.

COLOR White AGE AT LAST BIRTHDAY 28. (Years)

BIRTHPLACE Ireland.

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.20 P. M on the date above stated.

(Signature) J. R. Mason,

(Physician or midwife)

Address .....

Filed 3/10 1900 Geo. S. Lesher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DEC 18 1941

MAY 31 1973

667-125-001-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11—25m-1-1-18.

PLACE OF BIRTH

County of Ada

City of Boise

No. R.F.D #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 78428

Primary Registration District No. 2004 Registered No. 210

FULL NAME OF CHILD Donald Marion Fox

Sex of Child: Boy | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: October 25 (Month) (Day) 1918 (Year)

FATHER

FULL NAME: Marion Kennedy Fox

RESIDENCE: R.F.D #1 Boise, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Mechanicsburg, Ohio

OCCUPATION: Lineman

MOTHER

FULL MAIDEN NAME: Elanor Grace Perry

RESIDENCE: R.F.D #1 - Boise, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Falk, Idaho

OCCUPATION:

Number of child of this mother, including present birth: Second. Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

(Signature) Leo Cullen

(Physician or midwife)

Address .....

Filed 4/8 1920 L.D. Foman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24650

[redacted]

154-125-015-313

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Sode Springs Idah

Registration District No. 11

File No. 78439

No. ..... St.

Primary Registration District No. 2048

Registered No. 18

Hospital .....

FULL NAME OF CHILD Ray Carlesen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Oct 25, 19[illegible]

FATHER		MOTHER	
FULL NAME	Chas G. Carlesen	FULL MAIDEN NAME	Inger Lund
RESIDENCE	Sode Springs	RESIDENCE	Sode Springs
COLOR	W	AGE AT LAST BIRTHDAY (Years)	54
COLOR	W	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stock Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:30 P. M. on the date above stated.

(Signature) Ellen Hackley

(Physician or midwife)

Address Sode Springs Idaho

Filed Oct 29 19 26 Ellen Hansen
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Ellen Hansen
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN FOR BINDING

154-125-015-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sedo Spring John

No. ..... St.

Registration District No. 11 File No. 78440

Primary Registration District No. 2048 Registered No. 11

Hospital .....

FULL NAME OF CHILD Jay Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	yes	Oct 25, 1919

FATHER		MOTHER	
FULL NAME	Alec C. Anderson	FULL MAIDEN NAME	Jessie Ball
RESIDENCE	Sedo Spring	RESIDENCE	Sedo Spring
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Ellis Hancock
Registrar

(Signature) Ellis Hancock

(Physician or midwife)

Address Sedo Spring Idaho

Filed April 29, 1920

Ellis Hancock
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1168 [illegible] 719

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Sago Idaho

Registration District No. 11 File No. 78442

No. ____ St.

Primary Registration District No. 2046 Registered No. 13

Hospital ____

FULL NAME OF CHILD Clide Richard Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		4	yes	June 21 (Month) (Day) 1918 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albin Edward Johnson	Signe Marie Nilsson
RESIDENCE	Sago Idaho	Sago Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	34 (Years)	29 (Years)
BIRTHPLACE	Utah	Sweadon
OCCUPATION	farmer	farmer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Ellis Kaney Registrar

(Signature) Mary A B Turner
(Physician or midwife)

Address Sago Idaho Route

Filed Oct 29 1918 Ellis Kaney Registrar

S-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

493-214-001-795

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital ..... Josephine

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 124

Primary Registration District No. 320

File No. 78453

Registered No. 87

FULL NAME OF CHILD Evelyn Miller

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 14 1917

FATHER		MOTHER	
FULL NAME	Joseph Fred Miller	FULL MAIDEN NAME	Addie Maydee Green
RESIDENCE	Kuna Ada	RESIDENCE	Kuna Ada
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Chicago Ills	BIRTHPLACE	Elsberry Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Funk MD

(Physician or midwife)

Address Kuna Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/12 19 20

H Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1945

DECEASED

133-229-001-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Registration District No. 124

File No. 9-78454

Primary Registration District No. 2202

Registered No. 58

Hospital .....

FULL NAME OF CHILD Linda Elaine Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 29 1949

FATHER		MOTHER	
FULL NAME	Thomas Roy Allen	FULL MAIDEN NAME	Linda Elaine Barstow
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Polk Co Ore	BIRTHPLACE	Oregon City Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 4:30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion D. Funk M.D.

M. D.
(Physician or midwife)

Address Kuna Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/12 19 50

H. Bussell
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 0 1969

952-29-001-243

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 17-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 78455

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... John x Perry Inselman .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 29 1917

	FATHER	MOTHER
FULL NAME	Glen Inselman	Idella Mabel Butler
RESIDENCE	Kuna Ida	Kuna Ida
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	~~Bellevue~~ Michigan	Midland Ter
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive* at 3:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Sink M.D.
M.D.
(Physician or midwife)

Address Kuna Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/12 19 20 H. Bussee Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795 - 111 - 003 - 331

PLACE OF BIRTH

County of Bannock

City of Mc Cammon

No. R F D St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2

File No. 78456

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Leonard Phil Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 11 1917

FATHER		MOTHER	
FULL NAME	H. M. Green	FULL MAIDEN NAME	Ella Clark
RESIDENCE	Mc Cammon	RESIDENCE	Mc Cammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Woodruff, Ida.	BIRTHPLACE	Woodruff, Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Green M.D.

(Physician or midwife)

Address Mc Cammon, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

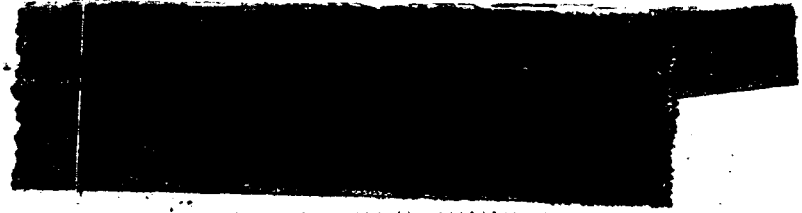
Filed March 30 1918

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 1942

253-102-003-819

PLACE OF BIRTH

County of Bannock

City of McCammon

No. R.F.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 18457

Primary Registration District No. Registered No.

FULL NAME OF CHILD Oakley Harris Hotchkiss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept. 2, 1917

FATHER		MOTHER	
FULL NAME	Clyde M. Hotchkiss	FULL MAIDEN NAME	Charlotte Harris
RESIDENCE	McCammon, Ida.	RESIDENCE	McCammon, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Union City, Pa.	BIRTHPLACE	Woodruff, Utah.
OCCUPATION	Farmer & Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Harrington M.D.

Physician (Physician or midwife)

Address McCammon Idaho

Given names added from a supplemental report.

....19.... Filed March 30 1920. J. J. Harrington M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 4-13-60

PLACE OF BIRTH

155-111-003-466

County of Bannock

City of Robin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 78458

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Willis G. Jenkins
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 11, 1919

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME: William Jenkins	FULL MAIDEN NAME: Mary Elizabeth Mower
RESIDENCE: Robin, Ida.	RESIDENCE: Robin, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Provo, Utah	BIRTHPLACE: Lewiston, Utah
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.

Physician
(Physician or midwife)

Address McCammon, Ida.

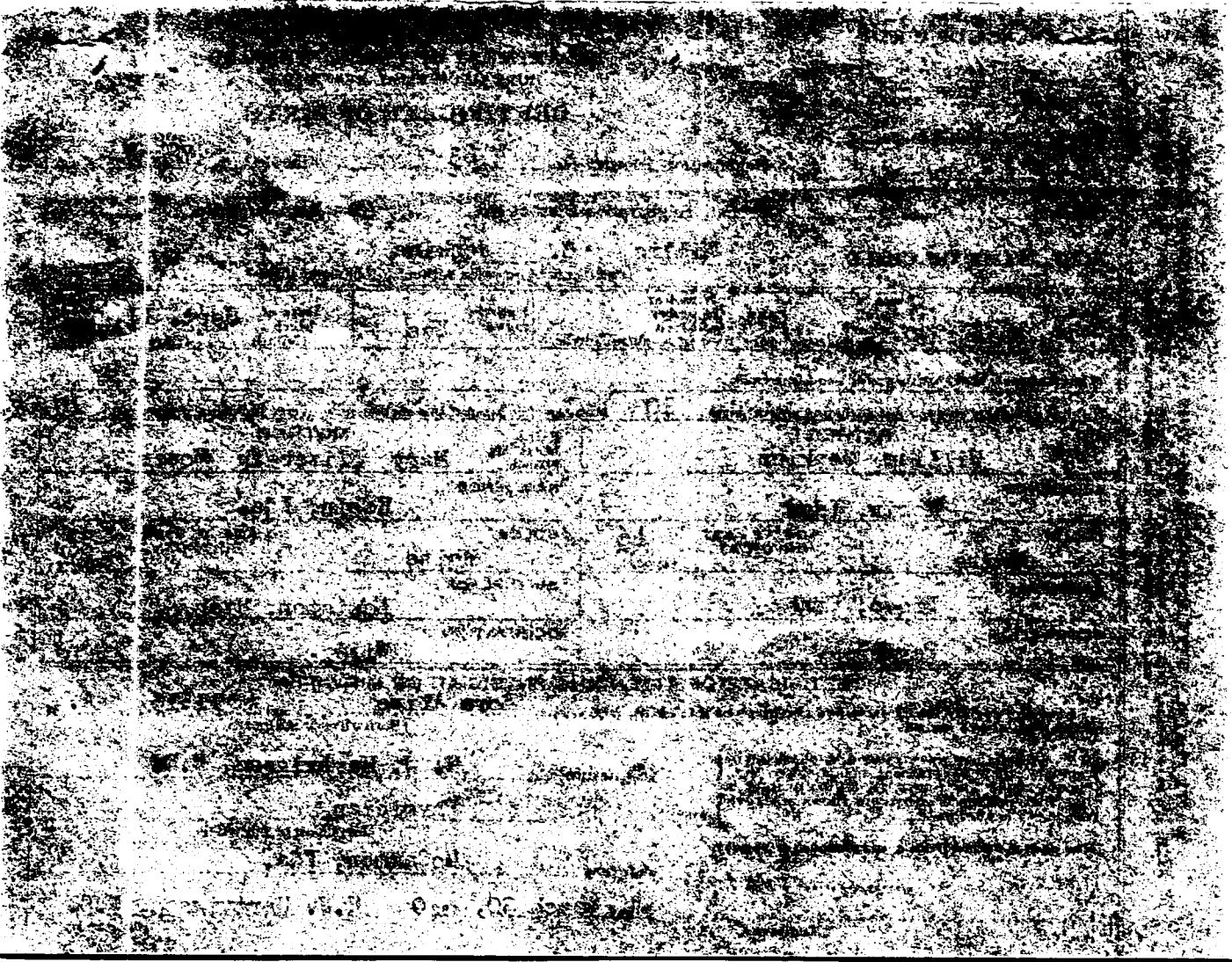
Filed March 30, 1920 H.J. Hartvigsen, M.D.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Statement from L.D.S. Church Records, Burl McNabb, Bishop, Inkom, Idaho states that according to their records Willis Grant Jenkins was born Sept. 11, 1919 at Robin, Idaho to William Jenkins and Mary Mower, this childwas baptized July 7, 1928 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

other documents listed on back -

Certificate No. 78458

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anna Jenkins (Sex - Male) (Name on Original Certificate) who born (Was Born or Died) on September 11, 1919 (Date of Event)
in Robin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Temple record - church record (Bible Record, Insurance Policy, Etc.) prepared on May 26, 1949 and Feb. 21, 1960 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Anna Jenkins	Willis G. Jenkins
Full Maiden Name of Mother	Mary Elisabeth Mower	Mary Elizabeth Mower

Subscribed and sworn to before me this 8th day of Feb., 1960.
Mildred E. Lindenschmitt
Notary Public, residing at McCammon
My commission expires Oct 25 - 1963
(Seal)

Signed Mary Elizabeth Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
McCammon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Feb., 1960.
Mildred E. Lindenschmitt
Notary Public, residing at McCammon
My commission expires Oct 25 - 1963
(Seal)

Signed Roland Glen Jenkins
(Signature of Any Credible Person)
Inkom Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 1-28-60. one copy pd. receipt #19573.

L.D.S. Church Temple Ordinance Data, Nov. 27, 1951 gives child's full name as Willis Grant Jenkins, born Sept. 11, 1919 at Robin, Idaho to William Jenkins and Mary Mower - viewed by V.S.

A Patriarchal Blessing, L.D.S. Church, Portneuf Stake, McCammon, Idaho - July 3, 1955 by Leo O. Hanson, Patriarch - gives full name as Mary Elizabeth Mower (Jenkins), born July 28, 1893 at Lewiston, Utah to Henry Levi Mower and Sarah Elizabeth Smith - viewed by V.S.

Temple Recommend, L.D.S. Church, expires Sept. 30, 1949 gives full name as Mary Elizabeth Mower Jenkins. - viewed by V.S.

553 - 216-003-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 53

File No. 78459

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Kathleen Nelson

Form V. S. No. 11-C—25m-8-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	September 16 1919

FATHER		MOTHER	
FULL NAME	Sacoreuse A Nelson	FULL MAIDEN NAME	Nadora Raymond
RESIDENCE	McCammon, Ida	RESIDENCE	Oxford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	McCammon, Idaho	BIRTHPLACE	Oxford, Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. H. Montgomery, M.D.

Physician

(Physician or midwife)

Address McCammon, Idaho

Filed March 30 1920

H. H. Montgomery

Registrar

846-104-003-215

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon

Registration District No. 53 File No. 78460

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Roland Saul Harrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 4 1919

FATHER		MOTHER	
FULL NAME	Wallace B. Harrell	FULL MAIDEN NAME	Martha E. Saul
RESIDENCE	Mc Cammon, Ida	RESIDENCE	Mc Cammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Clifton, Idaho.	BIRTHPLACE	Clifton, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. J. Barrington, M.D.
Physician
(Physician or midwife)

Address Preamy Idaho

Filed April 21 1920

..... 19.....
Registrar

H. J. Barrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1942

256 - 211 - 003 - 363

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin, Idaho. Registration District No. 83 File No. 78461

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Leon Kathleen Bear.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov - 11 - 19

FATHER

FULL NAME John Bear

RESIDENCE Robin Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Richmond, Virginia

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Ellen Yates

RESIDENCE Robin, Idaho.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Hanover Virginia

OCCUPATION House Wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:00 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Harbingson M.D.

Physician

(Physician or midwife)

Address Inkom, Idaho.

Given names added from a supplemental report.

..... 19....

Filed April 21 - 1920 H. H. Harbingson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-357134

249-213-003-685

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin — Registration District No. 83 — File No. 78462

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Norma Burton

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 13 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James W. Burton	FULL MAIDEN NAME	Barbara A Wheeler
RESIDENCE	Robin, Idaho	RESIDENCE	Robin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Marysville, Utah.	BIRTHPLACE	Clifton, Idaho.
OCCUPATION	Farmer.	OCCUPATION	wife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) J. J. Partridge, M.D.

Physician
(Physician or midwife)

Address Mrs Cameron, Ida.

Filed 4-21-1920 J. J. Partridge
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1942

469-216-003-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 3

File No. 78463

No. R. F. D. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Nina Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	November	16	1919

FATHER

FULL NAME Joseph S. Morris, Jr.

RESIDENCE McCammon Ida

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Portage, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alvira Green

RESIDENCE McCammon, Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Woodruff Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 9th — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Partridge M.D.

Physician
(Physician or midwife)

Address McCammon, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 4-31-1930 H. J. Partridge
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-4-221-003-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 23 File No. 78464

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Phyllis Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female			yes	Dec	21st	1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray H. Underwood	Jennie Marshall
RESIDENCE	Pocatello, Ida.	Pocatello, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Richmond, Ut.	Pocatello, Ida.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Barrington, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello, Idaho

Filed 4-21-1920. H. J. Barrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 78464

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Phyllis Underwood (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1919 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on January 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Dec. 19th	Dec. 21, 1919

Subscribed and sworn to before me this 21st
day of August, 19 42

Notary Public, residing at Downey, Idaho

My commission expires October 1, 1945
(Seal)

Signed Jennie Underwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 22 1942

AUG 24 1942

795-129-003-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace. Registration District No. 83. File No. 78482

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Delmar Thomas Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Dec 29 - 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Green	Mary Mortensen
RESIDENCE	Grace - Idaho	Grace - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9. P. M. on the date above stated.

(Signature) John F. Hubbard

Physician (Physician or midwife)

Address Grace - Idaho.

Filed 5 - 5 - 1920 J. F. Hartwigsen Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1942

SEP 2 8 1973

314-119-003-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace Registration District No. 93 File No. 78483

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD [redacted] CHESTER BUD Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	Dec	19th	19

FATHER		MOTHER	
FULL NAME	Chester Campbell.	FULL MAIDEN NAME	Mabel Manney
RESIDENCE	Grace - Idaho.	RESIDENCE	Grace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah.	BIRTHPLACE	Nebraska.
OCCUPATION	Carpenter.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R. Hubbard

Physician
(Physician or midwife)

Address Grace - Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5 - 5 - 1920 H. D. Hoskins
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 78483

Date Filed June-27-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Chester Bud Campfell (Name on Original Certificate) who Born (Was Born or Died) on Dec. 19, 1919 (Date of Event);
in Grace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 19 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Campbell	Chester Bud Campbell
birthdate	Dec. 18, 1919	Dec. 19, 1919

Subscribed and sworn to before me this 27
day of June, 19 42

Signed Mrs Mabel Dorsett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My commission expires My Commission Expires Mar. 11, 1945 (Seal)

777 10th Orange (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 1st
day of July, 19 42

Signed Mrs. Millie Jordan } Sister
(Signature of Any Credible Person Other Than Previous Year)

Eva A. Plourde
Notary Public, residing at Los Angeles Cal.

3440 No. Figueroa St. Los Angeles. Cal.
(Street Address, City, State)

My commission expires My Commission Expires October 20, 1945 (Seal)

JUL 13 1942

JUL 2 2 1942

13577

515-208-003-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace Registration District No. 83 File No. 78484

No. ..... St.

Primary Registration District No. 216 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Nathan A.~~ Van Nory Eline Catherine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Dec 8 - 1919

FATHER		MOTHER	
FULL NAME	Nathan A Van Nory	FULL MAIDEN NAME	Pauline Peterson
RESIDENCE	Grace Idaho	RESIDENCE	Grace - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Denmark
OCCUPATION	Pool Hall owner	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Hubbard
Physician
(Physician or midwife)

Address Grace - Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5 - 5 - 1930

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-203-003-816

amended 1/26/81

Form V. S. No. 14-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. 83 File No. 78485

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thelma Bernice Freckelton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes.	Dec	3	1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Freckelton	Ethel L. Hawkins.
RESIDENCE	Grace - Idaho	Grace - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Miner	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 p M. on the date above stated.

(Signature) John H Hubbard

Physician (Physician or midwife)

Address Grace - Idaho.

Filed 5 - 5 - 1920 H Hartwigsen Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-3-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of UTAH
County of SALT LAKE } ss.

Certificate No. 78485
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Freckleton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 3, 1919 (Date of Event)
in Grace (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Thelma Bernice Freckleton
mothers name	omitted	Ethel Louise Hawkins

Subscribed and sworn to before me this 26th day of November, 1980
Notary Public, [signature]
Residing at SALT LAKE CITY
My commission expires MY COMMISSION EXPIRES MARCH 3, 1983
(Seal)

Thelma Bernice Freckleton M'Carren
Thelma Bernice Freckleton M'Carren
Signature of Applicant
5295 So. 4420 West Kearns, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Thelma Bernice Freckleton daughter of Charles Freckleton and Ethel Hawkins. born Dec 5, 1920 at Grace, Idaho. Baptized Nov 3, 1929. viewedd by V. S.

Sister's birth certif from Utah gives name as Fern Ethel Freckelton born Sept 21, 1917 in Eureka, Utah. #221. father's name as Charles L. Freckelston and Ethel L. Hawkins. viewed by S. V.

551-125-003-291

PLACE OF BIRTH

amended June14,1978

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace. Registration District No. 53 File No. 78486

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Noel Evans.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes.	Dec 25 19 19

FATHER	MOTHER
FULL NAME Hector T. Evans.	FULL MAIDEN NAME Hannah Braddock
RESIDENCE Grace - Idaho.	RESIDENCE Grace - Idaho.
COLOR White AGE AT LAST BIRTHDAY 44 (Years)	COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Wales - G. B.	BIRTHPLACE Wales-Great Britain.
OCCUPATION Printer & Editor.	OCCUPATION Housekeeper.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

(Signature) John Hubbard
Physician
(Physician or midwife)

Address Grace - Idaho

Filed 5-5- 1920 L. J. Hoffmeister
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
} ss.
County of.....

Certificate No. 78486

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Evans (Name on Original Certificate) who was born (Was Born or Died) on December 25, 1919 (Date of Event)
in Grace (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed male Evans	William Noel Evans
mother's name	Sarah Lewis	Hannah Braddock
father's name	Hecktor T. Evans	Hector T. Evans

Subscribed and sworn to before me this 10 day of June, 1974

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

OFFICIAL SEAL
H. W. EARL
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
My comm. expires SEP 22, 1973

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of.....
} ss.
County of.....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

FORM DH 60-155

CL sent 3/31/78 1 copy paid rec. 463 (copy sent as is)

Certificate of baptism and Confirmation, dated March 30, 1930, in LDS Church Child's name is William Noel Evans, born to Hector T. Evans and Hannah Braddock, born on December 25, 1919.
viewed by vs June 14, 1978

JUN 14 1978

Church certificate of birth lists name as William Noel Evans, born December 25, 1919, in Grace, to Hector T. Evans and Hannah Braddock. April 4, 1920.
viewed by vs June 14, 1978

841-221-003-453

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Central

Registration District No. 83

File No. 78487

No. ____ St.

Primary Registration District No. 240

Registered No. ____

Hospital ____

FULL NAME OF CHILD Thelma Swallman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec 21, 1919

FATHER	MOTHER
FULL NAME John Swallman	FULL MAIDEN NAME Della May Decker
RESIDENCE Central - Idaho	RESIDENCE Central - Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Texas
OCCUPATION Farmer	OCCUPATION House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) John B Hubbard

Physician
(Physician or midwife)

Address Grace - Idaho

Filed 5 - 5 - 1920

H. J. Hostetgen
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 - 1954

255-102-003-437

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland. Registration District No. 83 File No. 78488

No. ..... St.

Hospital ..... Primary Registration District No. 260 Registered No. .....

FULL NAME OF CHILD Baby Bennett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec 2 - 19

FATHER		MOTHER	
FULL NAME	Arthur E. Bennett	FULL MAIDEN NAME	Dora McGregor.
RESIDENCE	Cleveland	RESIDENCE	Cleveland Idaho
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) John F. Bumbard

Physician

(Physician or midwife)

Address Grace - Idaho.

Filed 5 - 5 - 1926 H. Hartogsen

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

572-228-003-758

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

~78489

County of Bannock

City of Grace R D 1

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Larma Egbert

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec 28 19 19

	FATHER	MOTHER
FULL NAME	Robert O Egbert	FULL MAIDEN NAME Sarah Penny
RESIDENCE	Grace R D 1	Grace R D 1
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	33 (Years)
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housekeeper.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 2, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Eston Egbert Sr

Midwife.

(Physician or midwife)

Address Grace R D 1

Filed 5 - 5 - 1926 H. M. Gorbergren

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1964

389-128-003-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Central — Registration District No. 83 — File No. 18493

No. ..... St.

Primary Registration District No. 2160 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 28 — 1919

FATHER	MOTHER
FULL NAME Ferdinand C. Christensen	FULL MAIDEN NAME Hazel Anderson
RESIDENCE Central - Idaho	RESIDENCE Central - Idaho
COLOR White — AGE AT LAST BIRTHDAY 32 (Years)	COLOR White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

(Signature) Joseph H. Hubbard

Physician (Physician or midwife)

Address Grace Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5 - 5 - 1930 — H. A. Partridge, Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249 - 228-003-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

~78494

County of Bannock

City of Grace R D 1

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160. Registered No.

Hospital

FULL NAME OF CHILD Baby Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Dec 28 1919

FATHER		MOTHER	
FULL NAME	Elmer L. Smith	FULL MAIDEN NAME	Jane Robbins
RESIDENCE	Grace R. D. 1	RESIDENCE	Grace R D 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) John Hubbard

Physician
(Physician or midwife)

Address Grace - Idaho.

Filed 5 - 5 - 1919

H. Hartogsin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-226-003-25-9 (name added 2-15-83)

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

~78495

County of Bannock

City of Grace — Registration District No. 83 — File No.

No. ____ St.

Hospital — Primary Registration District No. 2160 — Registered No.

FULL NAME OF CHILD Myrtle Irene Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 26 1919

FATHER		MOTHER	
FULL NAME	John Rasmussen	FULL MAIDEN NAME	Ida Knight
RESIDENCE	Grace - Idaho	RESIDENCE	Grace - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Stubbard

Physician
(Physician or midwife)

Address Grace Idaho

Given names added from a supplemental report.

19____

Filed 5-5-1920

Registrar

Registrar

2-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of NEVADA
County of WASHOE } ss.

FEB 14 3 20 PM '83

Certificate No. 78495
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Rasmussen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 26, 1919 (Date of Event)
in Grace (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Myrtle Irene Rasmussen

Subscribed and sworn to before me this 7th day of February, 19 83

Notary Public, Linda Pugliese

Residing at 3402 Thurman, Reno, NV

My commission expires 8-22-85

LINDA PUGLIESE
Notary Public - State of Nevada
Appointment Recorded In Washoe County
MY APPOINTMENT EXPIRES JUNE 22, 1985

(Seal)

Irene D Mueller
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Temple Recommend from LDS Church gives Myrtle Irene Gillette born 12-26-19 in Grace, Idaho to John Rasmussen and Myrtle Ireta Knight . Issued June 11, 1967. Viewed by V.S.

FEB 15 1983

Certificate of Baptism from LDS Church gives Myrtle Irene Rasmussen Gillett born 12-26-19 daughter of John Rasmussen and Myrtle Ireta Knight in Grace was baptised July 1, 1962. Viewed by V.S.

655-230-003-815

PLACE OF BIRTH

name added

County of Bannock 7-11-83 dl

City of McCammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78530

Registration District No. 84 File No. 39

Primary Registration District No. 216 Registered No. 3120

FULL NAME OF CHILD Minnie LaWave Weeks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		10th.	yes	Dec. 30 19

FATHER	MOTHER
FULL NAME: Benjamin Weeks	FULL MAIDEN NAME: Lazette Minnie Hansen
RESIDENCE: McCammon, Idaho.	RESIDENCE: McCammon, Idaho.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: McCammon, Idaho	BIRTHPLACE: Franklin, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:00A.M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm J. McDill M.D.

(Physician or midwife)

Address McCammon Idaho

Filed May 6 1920 B Greely Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-14-83

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 27 4 47 PM '83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss.

Certificate No. 78530
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Weeks (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 30, 1919 (Date of Event)

in McCammon (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Minnie LaWave Weeks

Subscribed and sworn to before me this 17 day of June 1983
, 19 .

Notary Public, Patricia Weeks
Residing at 122 S 800 W Woods Cross Utah
My commission expires 6-17-84
(Seal)

x Minnie LaWave Weeks
Signature of Applicant
x 115 S 3rd East
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
June 17, 1983
Notary Public, Patricia Weeks
Residing at 122 S 800 W Woods Cross Utah
My commission expires 6-17-87
(Seal)

Leon Neil Weeks Jr
Supporting Signature
1221 Crandall SLC-UT
Street Address, City, State

Certificate of birth From LDS Church gives Minnie LaWave Weeks born Dec 30, 1919 in McCammon to Willard B Weeks and Luzetta Henson and was entered on record Feb 1, 1920. Viewed by V.S. JUL 11 1983

Certificate of Baptism from LDS Church gives Judy Gaye Murphy daughter of Heber Acel Murphy and Minnie Lawave Weeks born Jan 25, 1958 at Murray, Utah was baptised Feb 5, 1966. Viewed by V.S.

551-118-003-366

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

78546

Registration District No. 84

File No. 58

Primary Registration District No. 2161

Registered No. 3134

FULL NAME OF CHILD ..... Claude Eugene Evans .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 18 1919

FATHER	MOTHER
FULL NAME: David H. Evans	FULL MAIDEN NAME: May Coffin
RESIDENCE: Lava Hot Springs Ida	RESIDENCE: Lava Hot Springs Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: lumber merchant	OCCUPATION: housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. F. Henning M.D.

(Physician or midwife)

Address Lava Hot Springs Idaho

Filed Apr 20 1920

J. R. Neal Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1965

766 - 130 003 - 253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 78547

County of Bannock

City of Lava Hot Springs Registration District No. 84 File No. 38

No. ..... St. Primary Registration District No. 2161 Registered No. 3103

Hospital .....

FULL NAME OF CHILD Wilford Ray Goodin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	Oct 30 1917

FATHER		MOTHER	
FULL NAME	Wilbur R. Goodin	FULL MAIDEN NAME	Nettie Bell
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Lava Hot Springs Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Henning M.D.

Lava Hot Springs Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 28 20 P. Bothwell
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763 - 218 - 003 - 123

PLACE OF BIRTH

County of Lava Hot Springs

City of Bannock

No. ..... St.

Hospital ..... Thelma

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 78548

Registration District No. 84 File No. 58

Primary Registration District No. 2161 Registered No. 3102

FULL NAME OF CHILD ..... Potter

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Oct 18 19 9

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Day Potter	Caroline May Aslett
RESIDENCE	Lava Hot Springs	Lava Hot Springs
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Idaho	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

(Signature) O. P. Henning M.D.

Lava Hot Springs Ida.
(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 20 1920

C. P. Lee Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-129-007-864

PLACE OF BIRTH

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1-1-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 78634

Primary Registration District No. 2026 Registered No. 19

FULL NAME OF CHILD Orris Dilworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 29 1919

FATHER	MOTHER
FULL NAME Joseph Wm Dilworth	FULL MAIDEN NAME Miriam Rebecca Howard
RESIDENCE Hailey Idaho	RESIDENCE Hailey Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Provo Beach Utah	BIRTHPLACE Ulnies Lancashire Eng
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife
(Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report. _____ 19____

Filed May 1 1919 Robert H. Wright
Registrar

_____
Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

693 : 206 - 007 - 231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78635

County of Blaine

City of Hailey

Registration District No. 21

File No.

No. ____ St.

Primary Registration District No. 2025

Registered No. 20

Hospital

FULL NAME OF CHILD Hilda Wilde

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb. (Month) 6 (Day) 1919 (Year)

FATHER

FULL NAME Emanuel Wilde

RESIDENCE Hailey Idaho

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Coalville Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Betsey Slaughter

RESIDENCE Hailey Idaho

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Birmingham Eng.

OCCUPATION House Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

....., 19....

Filed May 1, 1920 Robert H. Wright Registrar

....., Registrar

3-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

69-16-007-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—40m-1-1-19

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 78636

Primary Registration District No. 2105 Registered No. 21

FULL NAME OF CHILD Melvin Cyr Harnsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jessie Ernest Harnsworth	Edna Boulton
RESIDENCE	Hailey Idaho	Hailey Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Mount Pleasant Utah	Provo Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs L B Howard

Midwife
(Physician or midwife)

Address Hailey Idaho

Filed May 1 1920 Robert H. Wright
Registrar

..... 19.....

..... Registrar

S-Y CO. 24655

249-123-007-249

Form V, S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2025

File No. 78637

Registered No. 22

FULL NAME OF CHILD Sherman Burdick Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 23 1919

FATHER

FULL NAME	Lafayette Smith
RESIDENCE	Hailey Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Tooele Utah
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Charlotte Burdick
RESIDENCE	Hailey Ida.
COLOR	White
AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Blake Kity Emery Co. Ut.
OCCUPATION	Home Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G. B. Howard

Midwife (Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report. _____ 19____

Filed May 1 1920

_____ Registrar

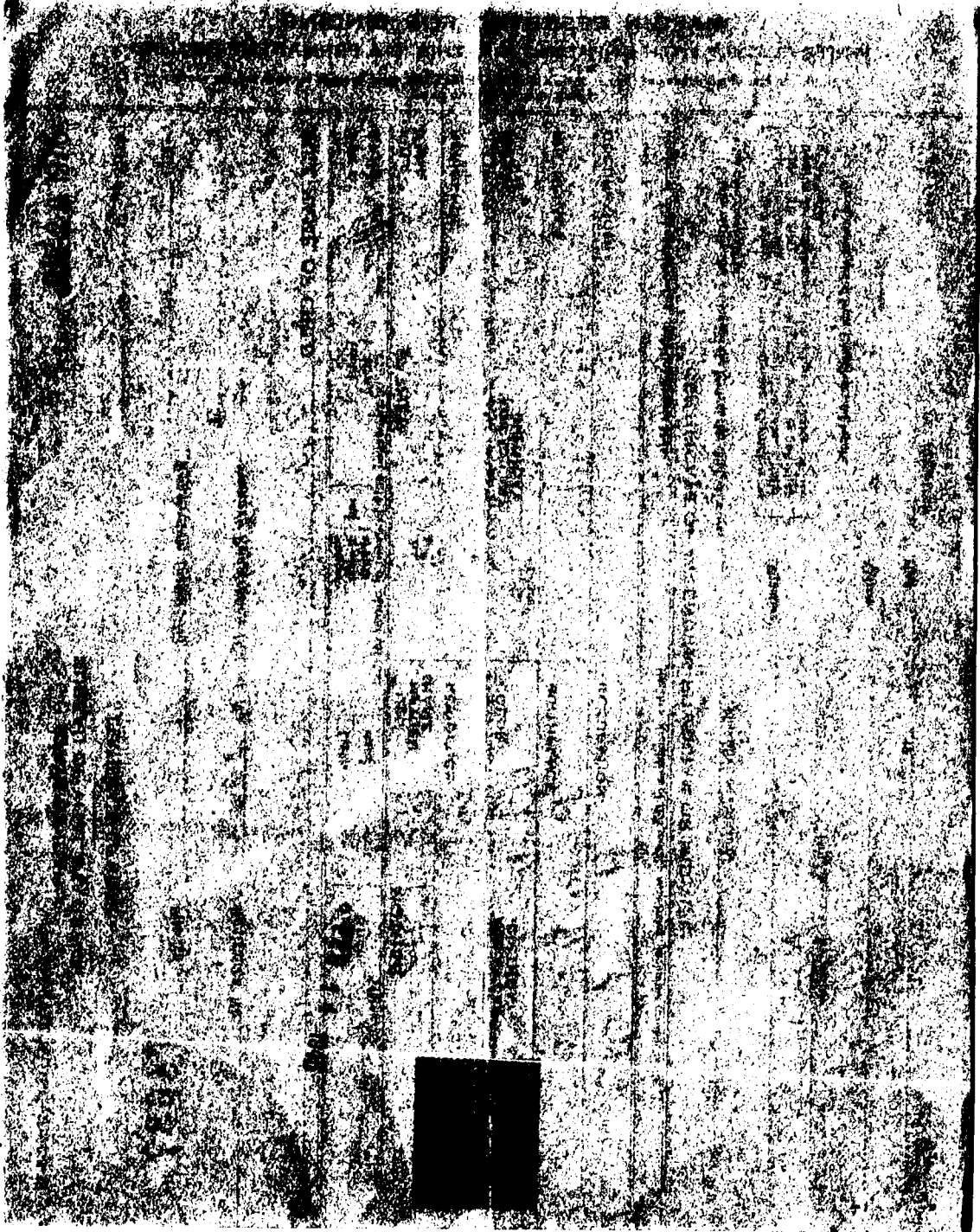
Robert H. Wright Registrar

2-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



385-126-007-893

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Registration District No. 21 File No. 78638

Primary Registration District No. 2025 Registered No. 23

FULL NAME OF CHILD Glen Frank Sherry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
				Aug. 24 1919

FATHER

FULL NAME: Frank Sherry

RESIDENCE: Hailey Ida

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Hailey Blaine Co Idaho

OCCUPATION: Labourer

MOTHER

FULL MAIDEN NAME: Ida Ricketts

RESIDENCE: Hailey Ida

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Kamas Summit Co. Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Mid wife (Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report.

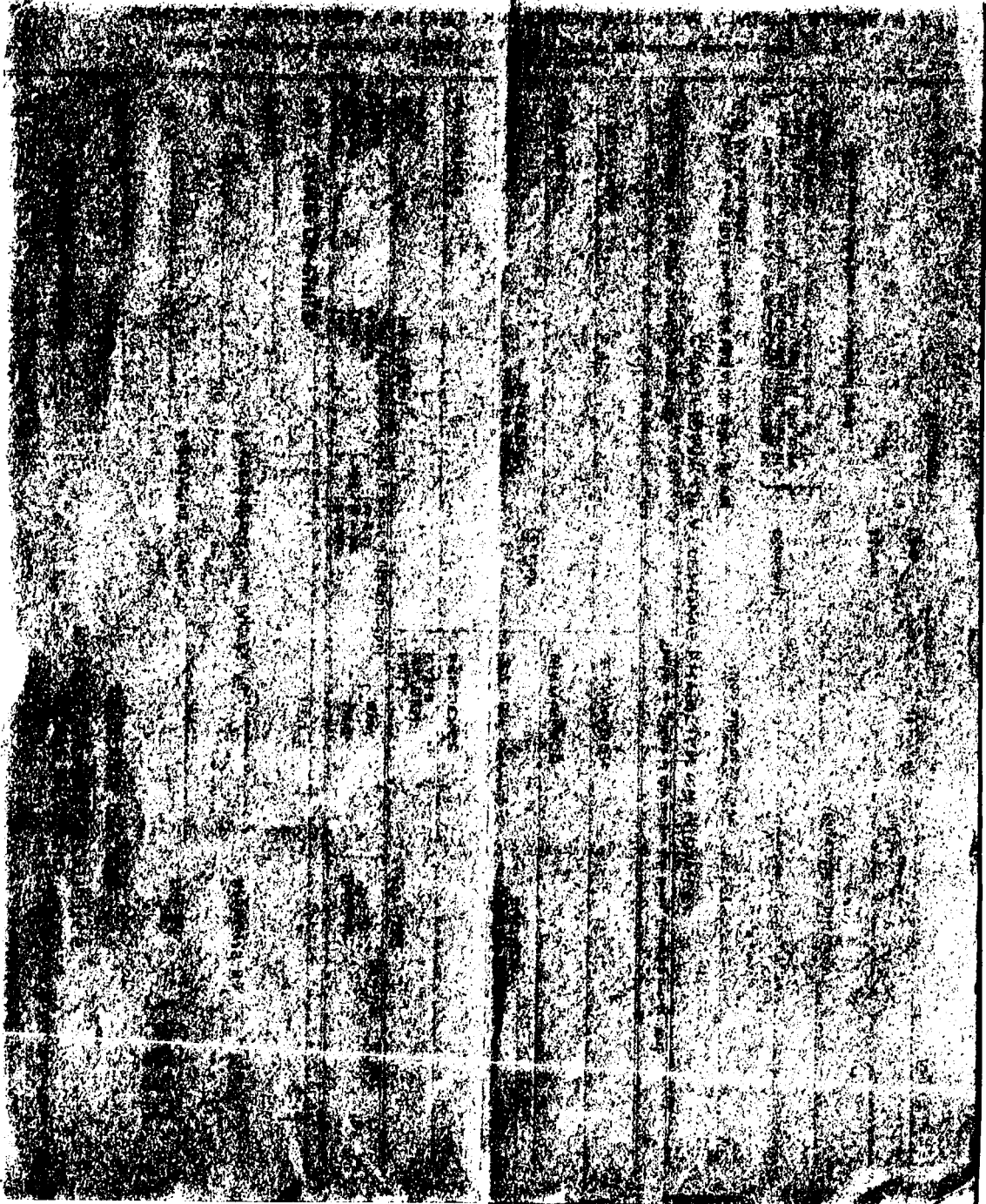
....., 19....

Filed May-1 1920 Robert H. Wright

Registrar

.....
Registrar

S-Y CO. 24655



219-202-007-255

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 78639

Primary Registration District No. 2026 Registered No. 24

FULL NAME OF CHILD Margaret Barton

Sex of Child: Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Oct. (Month) 2 (Day) 1919 (Year)

FATHER

FULL NAME: John Ames Barton

RESIDENCE: Hailey Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Mont Pleasant Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ella Seeley

RESIDENCE: Hailey Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Mont Pleasant Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Harvard

Midwife (Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May-1 1920 Robert H. Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]

Amended 12-2-59

PLACE OF BIRTH

869-223-016-623

County of Cassia

City of Burley

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 78808

Primary Registration District No. 2196 Registered No. 1567

FULL NAME OF CHILD Mary York

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 23, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: George York	FULL MAIDEN NAME: Katherine Ostermiller
RESIDENCE: Burley, Ida.	RESIDENCE: Burley, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

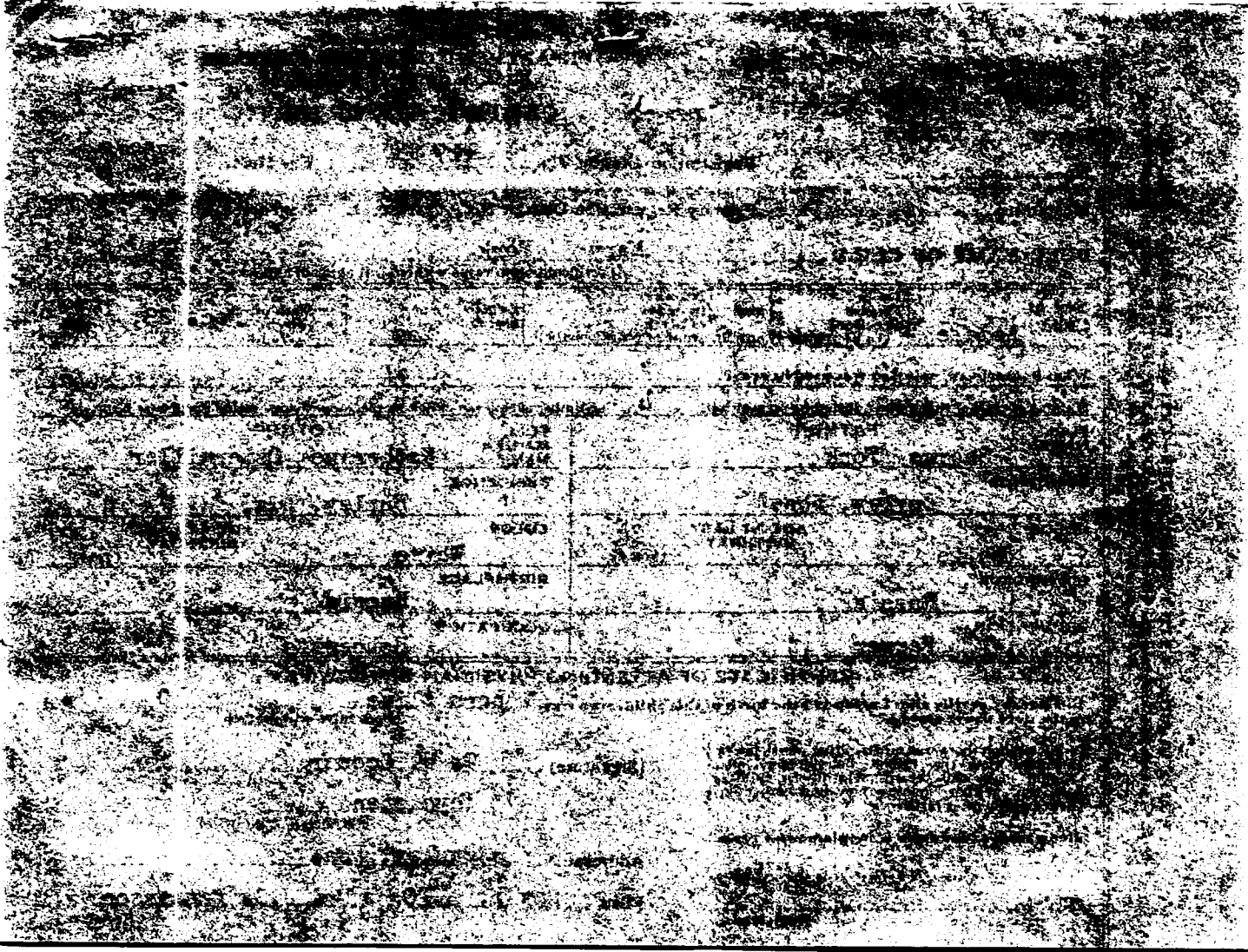
Address Burley, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed May 1, 1920 Dr. J. C. Patterson Registrar.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bingham } ss.

Certificate No. 78808

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Jork (Name on Original Certificate) who born (Was Born or Died) on Dec. 23, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Jork	Mary York
Date of Birth	Dec. 23, 1920	December 23, 1919
Full Name of Father	George Jork	George York
Full Maiden Name of Mother	Katie Ostermiller	Katherine Ostermiller

Subscribed and sworn to before me this 22 day of November, 1959

Notary Public, residing at Rexburg, Idaho
My commission expires 7/8/62
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
American Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Power } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1959

Notary Public, residing at American Falls, Idaho
My commission expires Jan. 3d, 1963.
(Seal)

Signed John L. Thurman (Signature of Any Credible Person)
American Falls, Idaho. (Street Address, City, State)

FORM DPH 55.155 L 10-27-59. one copy pd. receipt #15373.

American Falls, Idaho High School Report Card - Term 1937-1938
gives full name of child as Mary York and the card has been signed by Geo. York -
viewed by V.S.

Newspaper Clipping of Mother's Death - mother died Jan. 3, 1930
gives name as Mrs. George York - maiden name as Katherine Ostermiller
and lists Mary York and husband as George York among the survivores-viewed by V.S.

Mother's Death Certificateon file, #69041 gives name as Katie York and death
certificate has been signed by Geo. York - viewed by V.S.

Certificate of Confirmation, May 16, 1937 - American Lutheran Church - American
Falls, Idaho gives full name of child as Mary York - viewed by V.S.
also lists date of birth as December 23, 1919 -

Certificate of Award, School District #16, Power County, Idaho
June 3, 1930 gives full name as Mary York - Cert. of Faithful Attendance -
viewed by V.S.

Baptismal Certificate issued by the St. Paul's Lutheran Church
gives name as Mary York born Dec. 23, 1919 to George York and Katherine
Ostermiller - old and unaltered - viewed by V.S.

764 - 218-016-235

PLACE OF BIRTH

County of Cassia

City of Burley -

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-Cr-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 78809

Primary Registration District No. 2196 Registered No. 15-68

FULL NAME OF CHILD Mary. Poulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female.	—	—	yes.	Nov. 18 1919

FATHER		MOTHER	
FULL NAME	William R. Poulton	FULL MAIDEN NAME	Mary. Stevenson
RESIDENCE	Burley Ida	RESIDENCE	Burley. Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Cassia Co. Ida	COLOR	White
OCCUPATION	Farmer -	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Grantsville Utah
		OCCUPATION	Housewife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 10 M. on the date above stated.

(Signature) L. A. Cooper

Burley Ida (Physician or midwife)

Address .....

Filed Dec 1 1920 Dr. J. C. Patterson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-T-CO 26071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-125-016-543

PLACE OF BIRTH

STATE OF IDAH
BUREAU OF VITAL ST

No. 11-C—25m-9-8-15

CERTIFICATE OF

18810

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

Primary Registration District No. 2196 Registered No. 1569

Hospital .....

FULL NAME OF CHILD Jackson Miller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hori E. Miller	Virginia Jackson Miller
RESIDENCE	Burley Ida.	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Columbus Ohio	Fredricktown Mo.
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth — 1 —

Number of children of this mother now living, including present birth — 1 —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

(Signature) G A Cooper M.D.

Physician (Physician or midwife)

Address Burley Idaho

Filed May 1 1920

Dr. J. C. Portman Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1944

JAN 2 1944

1-356

BIRTH

Linsley Amended 2/6/74

BUREAU

City of Mackay, Registration District No. 76 File No. 851

No. ..... St. Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Boyd L. Woolstenhulme

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	Dec. 31 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Royal W. Woolstenhulme	Hazel Jensen
RESIDENCE	Mackay Ida.	Mackay.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	H Wf.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) W. H. Farnell M.D.

(Physician or midwife)

Address Mackay Ida.

Filed 5/24 1920 R. L. Nowocki

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a separate return must be made for each child

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Utah } ss.
County of Summit }

Certificate No. 78851

JAN 23 11 42 AM '74

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Woolstenhulme (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1919 (Date of Event)
in Mackey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School and Church Records (Bible Record, Insurance Policy, Etc.) prepared on January 17, 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Boyd L. Woolstenhulme
Birth Date	Dec 30 1919	Dec 31, 1919

Subscribed and sworn to before me this 17th day of January, 19 74

Notary Public, residing at Montpelier Idaho
My commission expires 8-16-74
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley, Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1974

Notary Public, residing at Montpelier Idaho
My commission expires 8-10-75
(Seal)

Signed Harold E. Hess (Signature of Any Credible Person)

Montpelier Idaho (Street Address, City, State)

FORM DH 60-155 CL 10/18/71 nm

School record from Utah gives name as Boyd Woolstenhulme. 3rd grade. bonr Dec. 31, 1919, R. W. Woolstenhulme listed as parent. dated may 1928. Viewed by V. S.

FEB 6 1974

record of Baptism from LDS Church gives name as Boyd L. Woolstenhulme born Dec. 31, 1919.at Mackay, Idaho. father's name given as Royal Woolstenhulme and the mother's name as Hazel Leonard. baptized Aug. 4, 1928. Viewed by VS

236-112-024-31.1

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. ..... File No. 78937

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Melvin Jewell Story

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 12 1919

FATHER		MOTHER	
FULL NAME	Jesse J Story	FULL MAIDEN NAME	Celia [redacted] Carsey
RESIDENCE	Gooding	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 [redacted] (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Emmons

(Physician or Midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-15-1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-75557

NOT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted] STATE OF IDAHO VITAL STATISTICS

City of Winona

141-211-025-912 Registration District No. V.I. 06 File No. 78946

No. .... St.

Primary Registration District No. 2184 Registered No. 21

Hospital

FULL NAME OF CHILD Eileen Elnore Adair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 11 1919

FATHER		MOTHER	
FULL NAME	Everett A. Adair	FULL MAIDEN NAME	Mary Rathie
RESIDENCE	Winona Idaho	RESIDENCE	Winona Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Tel.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan

(Physician or midwife)

Given names added from a supplemental report.

.... 19....

.... Registrar

Address Kamiah Idaho

Filed May 1 1920 J. M. Oberkuris Registrar

S-Y CO. 24688

OCT 27 1958

966 - [illegible] - 483

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

No. St.

Hospital

District No. 65 File No. 79007

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD WILLIAM EDWIN ROWLEY

Sex of Child Male | Twin, triplet, or other? (To be answered only in event of plural births) and Number in order of birth 4th | Legitimate? Yes | Date of Birth 11 (Month) 28 (Day) 1919 (Year)

FATHER

FULL NAME Edwin M. Rowley

RESIDENCE 4 miles E. of Farmington

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maude Miller

RESIDENCE 4 miles E of Farmington

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Washington

OCCUPATION Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Nov 28 1919 at 4.20 P. M. on the date above stated.

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) L O Brady

(Physician or midwife)

Address Farmington Wash

Given names added from a supplemental report.

May 3 1920

J. W. Thompson Registrar per P.J.T.

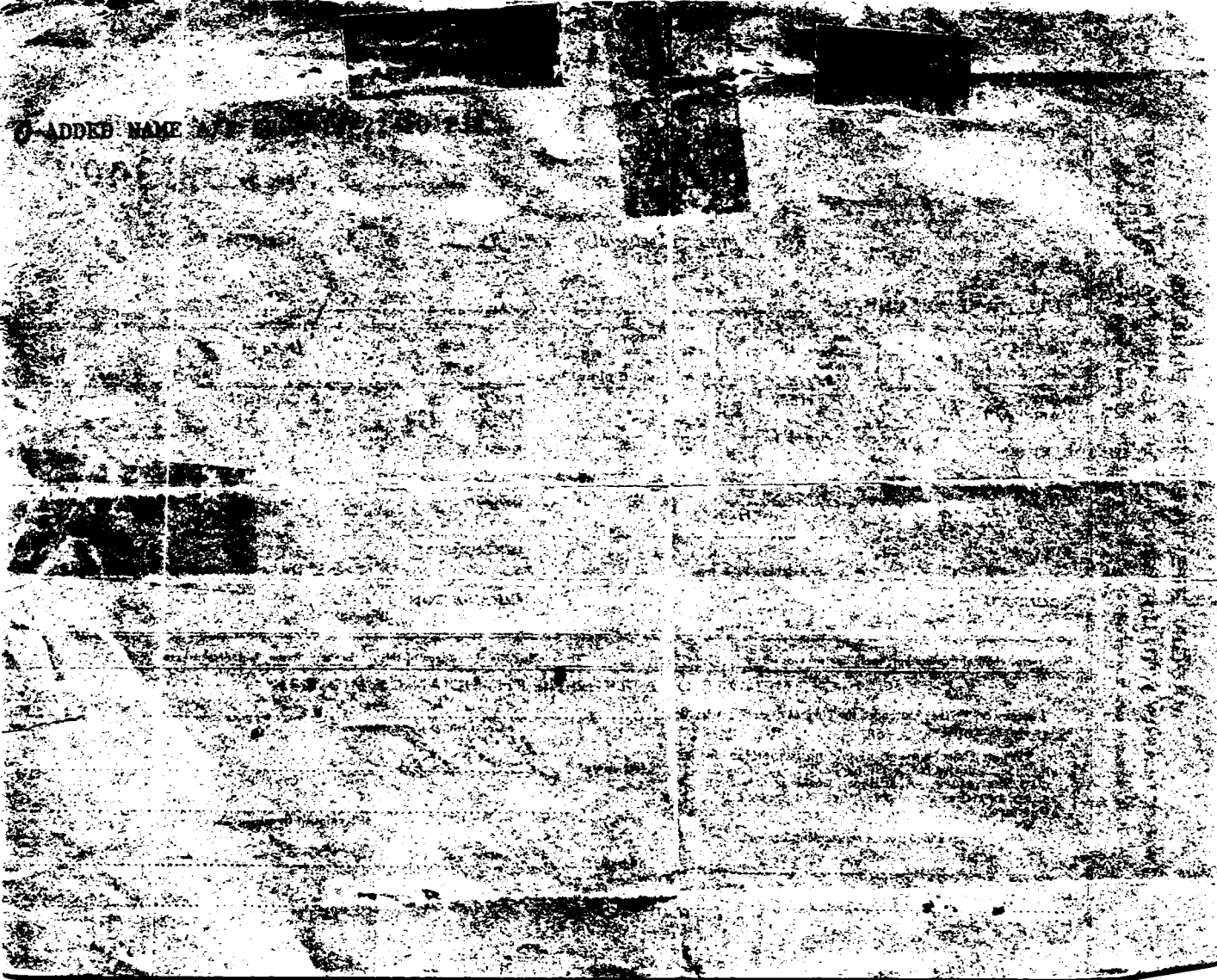
File May 3 1920 J. W. Thompson Registrar per P.J.T.

S-Y CO. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


0-ADDED NAME

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Farmington, Wash.

Street and House No.

County Latah

Registered No. 65

Registration Dist. No. 2145

Sex of Child Male

Date of Birth Nov. (MONTH) 28 (DAY) 1917 (YEAR)

Father Edwin M. Rowley (FULL NAME)

Mother Maude Milley (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

William Edwin Rowley (GIVEN NAME IN FULL / SURNAME)

as reported by Edwin M. Rowley (FATHER OR MOTHER)

J. W. Thompson M.D. per P.J.H. (LOCAL REGISTRAR)

64-126-035-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m12-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital Res

Registration District No. 100

Primary Registration District No. 2174

File No. 79083

Registered No. 158

FULL NAME OF CHILD Masabu Fujimoto

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	yes	Mar 26 1917

FATHER

FULL NAME Tozabu Fujimoto

RESIDENCE Burton

COLOR Jap AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Yotsu Shimamura

RESIDENCE Burton

COLOR Jap AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 4 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Marg A. Watts (Physician or midwife)

Address Rexburg, Idaho

Filed 5-5 1920 G. W. Hope Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 19194571S

BOTH DELAYED FUJIMOTO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

of Madison

of Independence

No. ..... St.

Hospital Res

Registration District No. 100

Primary Registration District No. 217 I

File No. 79101

Registered No. 140

FULL NAME OF CHILD Grant LaMar Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth
Male		1	yes	Dec 30 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Niels P. Jensen	FULL MAIDEN NAME	Minnie Hanson
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary A. Watts

(Physician or midwife)

Address Redmond Utah

Filed 5-5-1920 G. M. Hope Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DEC 12 1944

647-225-033-34.4

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

79102

County of Minidoka

City of Burton

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2178 Registered No. 139

Hospital Res.

FULL NAME OF CHILD Shige Fujimoto

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		3	yes	Nov 25 1917

FATHER		MOTHER	
FULL NAME	T Fujimoto	FULL MAIDEN NAME	Kawa Tonaga
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Burton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 4 10 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-5 1920

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR ...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

165-116-033-235

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

79103

Registration District No. 160 File No. .....

Primary Registration District No. 2178 Registered No. 138

FULL NAME OF CHILD ..... Leonard Stewart Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct. 16 19 9

FATHER		MOTHER	
FULL NAME	John Jones	FULL MAIDEN NAME	Ellen Stewart
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Kanab Utah
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 10 [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-5 19 20

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 14 1962

PLACE OF BIRTH

County of Maricopa

City of Buckeye

289-209-033-289

Registration District No. 106 File No. 79105

No. ..... St.

Primary Registration District No. 2178 Registered No. 136

Hospital Res

FULL NAME OF CHILD Hatsuyo Shigehara

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth: 1 (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Aug 9 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: S Shigehara	FULL MAIDEN NAME: Tei Shigehara
RESIDENCE: Buckeye	RESIDENCE: Buckeye
COLOR: Jap	COLOR: Jap
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), on the date above stated, at 11:30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Watts (Physician or midwife)

Given names added from a supplemental report. ..... 19.....

Address Rexburg Idaho

Filed 5-5 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First certified copy issued Sept. 6, 1939
Second copy issued Dec. 19, 1939, L.B.

599-7-29-033-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

79106

County of Madison

City of Rexburg

No. ..... St.

Hospital Res

Registration District No. 110

Primary Registration District No. 2178

File No. .....

Registered No. 130

FULL NAME OF CHILD Lillian Virgin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		6	yes	July 29 1919

FATHER		MOTHER	
FULL NAME	John S Virgin	FULL MAIDEN NAME	Lottie Klingler
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4-35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Watts
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-5 1920

G W Rospe
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1973
JUL 6 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 10 11 31 AM '73

State of Idaho } ss.
County of Madison }

Certificate No. 79106

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Virgin (female) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on July 6, 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lillian Virgin

Subscribed and sworn to before me this 6th day of July, 19 73

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1974

(Seal)

Signed Lotus K Ringler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July 6, 1973

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1973

(Seal)

Signed Elizabeth K Neville
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5/29/73

JUL 24 1973

Certificate of Blessing from LDS Church gives name as Lillian Virgin daughter of John G. Virgin and Lottie Klinger. Born July 29, 1919. Was Blessed Sept. 7, 1919. Viewed by V. S.

Own child's birth certificate on file in Idaho (387754) child's name given as Robert Brent Ulmer. Mother's name listed as Lillian Virgin. Viewed by V. S.

230-129-073-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital Res

Registration District No. 100

Primary Registration District No. 2178

File No. 79107

Registered No. 134

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	yes	May 29 1919

FATHER		MOTHER	
FULL NAME	Fred Stathem	FULL MAIDEN NAME	Flora Akerson
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.40 P. M. on the date above stated.

(Signature) Mary A Watts

(Physician or midwife)

Address Rexburg Idaho

Filed 5-5-1920 Gillespie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATHAM

NOT

dup of 19NA-335998

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N 35-119-034-314

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. ..... File No. 79137

No. ..... St. Primary Registration District No. ..... Registered No. 111

Hospital .....

FULL NAME OF CHILD Paul Campbell Leary

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: Dec. 19 (Month) (Day) 1919 (Year)	

FATHER		MOTHER	
FULL NAME	H. B. Leary	FULL MAIDEN NAME	Vera Campbell
RESIDENCE	—	RESIDENCE	Hayden
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wash.
OCCUPATION	—	OCCUPATION	& wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 9 M. on the date above stated. (Born alive or Stillborn)

(Signature) Dr. V. R. Killam

(Physician or midwife)

Address .....

Filed May 11 1920 E. W. Elmore

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

5-Y-CO. 38071

APR 3 1944

FEB 4 [redacted]

JUN 12 196[illegible]

512-113-034-133

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn — Registration District No. — File No. 79138

No. ____ St. — Primary Registration District No. — Registered No. 112

Hospital

FULL NAME OF CHILD Edward Arday Nash.

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 13 (Month) (Day) 1914 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. Nash.	Lois Allen
RESIDENCE	Heyburn.	Heyburn.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Mo.	Colo
OCCUPATION	Merchant	Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 6 50 9 M. on the date above stated.

(Signature) Dr E. R. Killen

Rupert

(Physician or midwife)

Address

Filed May 11 1920 A. W. Elmore Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-22-035-266

PLACE OF BIRTH

Amended 7-7-81

[redacted] OF IDAHO — Form V.S. No. 11-C—25m-8-47

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

79144

County of Nez Perce

City of Jasper, Idaho Registration District No. 128 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Frances Virginia Edwards

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth April 28 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Charles Warfield Edwards

RESIDENCE Culdesac Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Farm Laborer

MOTHER

FULL MAIDEN NAME Ora Elizabeth Bowen

RESIDENCE Culdesac Idaho.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

(Signature) George Gaignard

Physician (Physician or midwife)

Address Culdesac Idaho.

Filed April 30 1919 George Gaignard M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 18 1992

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
JUN 1 8 11 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 79144
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Frances Virginia Edwards (Name on Original Certificate) who was born (Was Born, Died, etc.) on Apr 29, 1920 (Date of Event)
in Culdesac, Idaho (NezPerce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's date of birth	Apr 29, 1920	Apr 28, 1919
place of birth	Culdesac	Jasper, Idaho

SEE REVERSE SIDE HEREOF

Subscribed and sworn to before me this _____ day of
_____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL
STEWART TITLE COMPANY
OF RIVERSIDE COUNTY

Frances Virginia Edwards
Signature of Applicant

_____
Street Address, City, State

BY ~~SUPPORTING AFFIDAVIT~~ OF A SECOND PERSON

(Must be completed __)
(Is not necessary __)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 5/22/81 RUSH

~~FEB 1 1982~~

State of California
County of Riverside SS.

On May 26, 1981 before me, the undersigned, a Notary Public in and for said State, personally appeared Frances Virginia Edwards, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

Witness my hand and official seal.

Elizabeth A. Laney

Elizabeth A. Laney

my commission expires Feb. 10, 1984

OFFICIAL SEAL
ELIZABETH A. LANEY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Exp. Feb. 10, 1984

JUL 7 - 1981

Certificate of birth of child gives name as Frances Virginia Edwards, mother fo Terri Lee Rash. Child born February 28, 1954, in State of California, state file # 7811. Shows mother's age as 34 at the time of birth of child. Viewed by V.S.

Baptism and Confirmation issued by the Reorganized Church of Jesus Christ of Latter Day Saints, gives name as Frances Virginia Rash, (Edwards) born April 28, 1919, at Jasper, Idaho. Baptized December 17, 1950, in Lon Beach, California. Viewed by V.S.

Insurance Policy issued by National Life And Accident Insurance Company gives name as Frances Edwards Dobbs, born Feb.28, 1919. Policy issued August 28, 1958.
Viewed by V.S.

Second Policy issued by the National Life and Accident Insurance Company,

Nashville, Tennessee , P_olicy # 70714117 gives name as Frances V. Dobbs born in Idaho on April 28, 1919 , Policy issued April 30, 1970.
Viewed by V.S.

214-119-035-993

PLACE OF BIRTH

County of Nezperces

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-27

Registration District No. 96 File No. 79158

Primary Registration District No. 1009 Registered No. 400

FULL NAME OF CHILD Emma Bernard Bauman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	Nov. 19, 1919

FATHER		MOTHER	
FULL NAME	A. O. Bauman	FULL MAIDEN NAME	Jessie Margaret Richardson
RESIDENCE	112-5th St. Lewiston, Idaho	RESIDENCE	112-5th St. Lewiston, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Erickson (Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

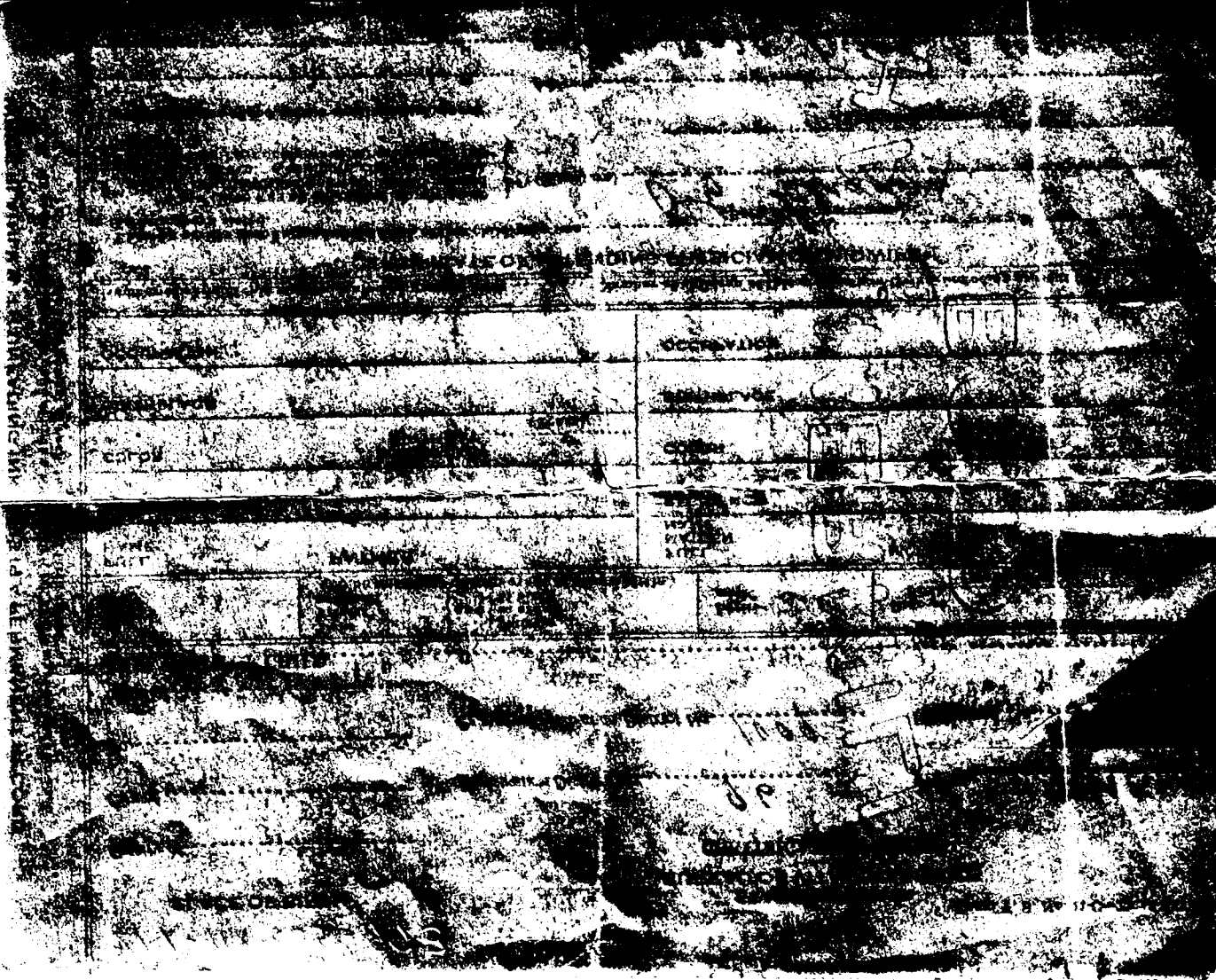
..... 19.....

..... Registrar

Filed Mar. 10, 1920 Susan E. Bruce Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



79.5 - 218 - 036 - 852

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE [redacted]

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]-17

CERTIFICATE OF BIRTH

Registration District No. 026

Primary Registration District No. 2069

File No. 79180

Registered No. 185

FULL NAME OF CHILD Orpha Pierson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 18 1919

FATHER

FULL NAME LeRoy Pierson

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Garage Laborer

MOTHER

FULL MAIDEN NAME Marie Hess

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Malad

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed 4-20 1920

D. C. Ray

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1972

433-122-036 552

PLACE OF BIRTH

County of Oneida

City of Cerlew

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 79181

Primary Registration District No. 2071 Registered No. 186

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and	4	Yes	Dec. 22nd 19 19

FATHER		MOTHER	
FULL NAME	Andrew McLean	FULL MAIDEN NAME	Edwina Yost
RESIDENCE	Cerlew Idaho	RESIDENCE	Cerlew Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Scotland.	BIRTHPLACE	Mona Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C Edwardleigh M.D.

Physician

(Physician or midwife)

Address Snowville Utah

Filed 4-20 19 20 D C Ray Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-99493

not

165-122-036-546

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 79182
Local Reg. No.
Reg. Dist. No. 26

Amended 3/2/77

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ernest b. (Middle): William c. (Last): Jones

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Dec. 22, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Levern b. (Middle): L. c. (Last): Jones

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Malad
10. USUAL OCCUPATION: Farming
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaret b. (Middle): E. c. (Last): Edwards

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Malad
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. F. Alton
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Malad
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 4-20-20
22. REGISTRAR'S SIGNATURE: D. C. Ray
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 10:30 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
FEB 14 12 07 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 79182

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Earnest Jones (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1919 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Earnest Jones	~~Ernest~~ William Jones
		Ernest William Jones

Subscribed and sworn to before me this 7th day of February, 1977

Notary Public, residing at Logan, Utah
My commission expires 6-23-77
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5th Ward Malad City, Idaho 83253 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1977

Notary Public, residing at Logan, Utah
My commission expires 6-23-77
(Seal)

Signed ..... (Signature of Any Credible Person)

Western Cleaners 27th & Ogden, Utah (Street Address, City, State)

FORM DPH 55.155

CL 4-19-57 nm

Certif of Baptism and Confirmation from the LDS Church gives name as Ernest Willaim Jones son of Lovern Jones and Margret Edwards born Dec 22, 1919 at ~~William~~ St. Johns, Idho. Baptized Feb 5, 1928. viewed by V. S.

Certif of Ordination to the Holy Priesthood gives name as Ernest William Jones ordained a Teacher on Feb 3, 1935. born Dec 22, 1919. father's name as Lavern Jones and mother'sname as Margaret Edwards. Baptized Feb 5, 1928. viewed by V. S.

551-231-036-137

PLACE OF BIRTH amend 11-16-81

Form V. S. No. 11-C—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 76

File No. 79183

No. ..... St.

Primary Registration District No. 7069

Registered No. 188

Hospital .....

FULL NAME OF CHILD Vera May Evans

Sex of Child Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec 31 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Thomas A Evans	FULL MAIDEN NAME Vavina E Atkinson
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Malad	BIRTHPLACE Savaria
OCCUPATION Clerking	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-20 1920 D C Ray Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 3 13 PM '81

State of Utah
County of Davis } ss.

Certificate No. 79183
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Evans (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-31-19 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vera May Evans

Subscribed and sworn to before me this 7th day of November, 1981.
Notary Public, Lynn R. Rich
Residing at 12-1-83 Bountiful, Utah 84010
My commission expires 12-1-83
(Seal) 12-1-83

Vera May Evans
Signature of Applicant
979 No 200 West
Street Address, City, State
Bountiful, Utah 84010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of November, 1981.
Notary Public, Lynn R. Rich
Residing at 12-1-83 Bountiful, Utah 84010
My commission expires 12-1-83
(Seal)

1 cc pd

Frank Burns
Supporting Signature
979 North 200 West
Street Address, City, State
Bountiful, Utah 84010

NOV 16 1981

Cert of Birth from LDS Church gives Vera May Evans born 12-31-19 in Malad to Thomas A Evans and Davinah Elizabeth Atkinson. Entered on Record 5-7-20 Viewed by V.S.

Cert of Baptism from LDS Church gives Vera May Evans born 12-31-19 at Malad to Thomas Evans and Davinah Atkinson was baptised 8-5-28. Viewed by V.S.

342-131-036-219

PLACE OF BIRTH name added 4-15-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 76

Primary Registration District No. 7069

File No. 79184

Registered No. 189

FULL NAME OF CHILD David Wayne Lusk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 31 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David J Lusk	Anna Bailey
RESIDENCE	Paulina	Paulina
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Malad	Utah
OCCUPATION	Farming	Home work

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 4-20 1920

D. C. Ray
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF FILING

4-7-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 14 9 49 AM '83

State of Idaho
County of Bannock } ss.

Certificate No. 79184
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for ~~Unnamed Lusk~~ (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 31, 1919 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Lusk	David Wayne Lusk

Subscribed and sworn to before me this 11th day of April, 19 83
Notary Public, [illegible]
Residing at Pocatello, Id. 83204
My commission expires 10-18-84
(Seal)

x David Wayne Lusk
Signature of Applicant
Arbon Valley, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 19 83
Notary Public, [illegible]
Residing at Pocatello, Id. 83204
My commission expires 10-18-84
(Seal)

J. Paul Lusk
Supporting Signature
430 Crescent Rd. Pocatello, Idaho
Street Address, City, State

lcc pd

Certificate of Baptism from LDS Church gives David Wayne Lusk born Dec 31, 1919 in Malad to David Lusk and Anna Bailey was baptised 6-30-28. Viewed by V.S.

APR 15 1983

Marriage Certificate for David Wayne Lusk and Betty Anne Neilsen states they were married in Pocatello, Idaho on April 11, 1944. Viewed by V.S.

512-109-007-851

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 21 File No. 79606

Primary Registration District No. 2022 Registered No. 51

Hospital .....

FULL NAME OF CHILD Wm Lee Eastwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Third	Yes	Oct 9 1919

FATHER	MOTHER
FULL NAME Russell Eastwood	FULL MAIDEN NAME Grace Heath
RESIDENCE Hailey	RESIDENCE Hailey
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Idaho
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Dutton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Hailey Idaho

Filed 5-18 1920 Robert H. Wright

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 27 1965

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR
NOT TO THE STATE BOARD OF HEALTH.

PLACE OF BIRTH
294-205-cx 9-294

Idaho

[redacted] State B[redacted]lth

Record No. 79636

County of .....

City or Town of Newport

BUREAU OF VITA[redacted]STICS

CERTIFICATE OF BI[redacted]

Registered No. .....

Registration Dist. No. ..... (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Ayata Simpson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1		2nd	Yes	Nov. 5 1919

	FATHER	MOTHER
Full Name / Full Maiden Name	James Simpson	Mina Simpson
Residence	Newport Idaho	Newport Ida
Color	White	White
Age at last Birthday (Years)	38	24
Birthplace (State or Country)	Scotland	Scotland
Occupation	Laborer	Domestic

Number of child of this mother ..... Number of children, this mother, now living .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / stillborn } † and that it occurred on Nov. 5 1919, at ..... M.

(Signature) for W. S. Wallace
for Dr Tuller.
(Physician or Midwife)

Address .....

Filed May 6 1920 [redacted] Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

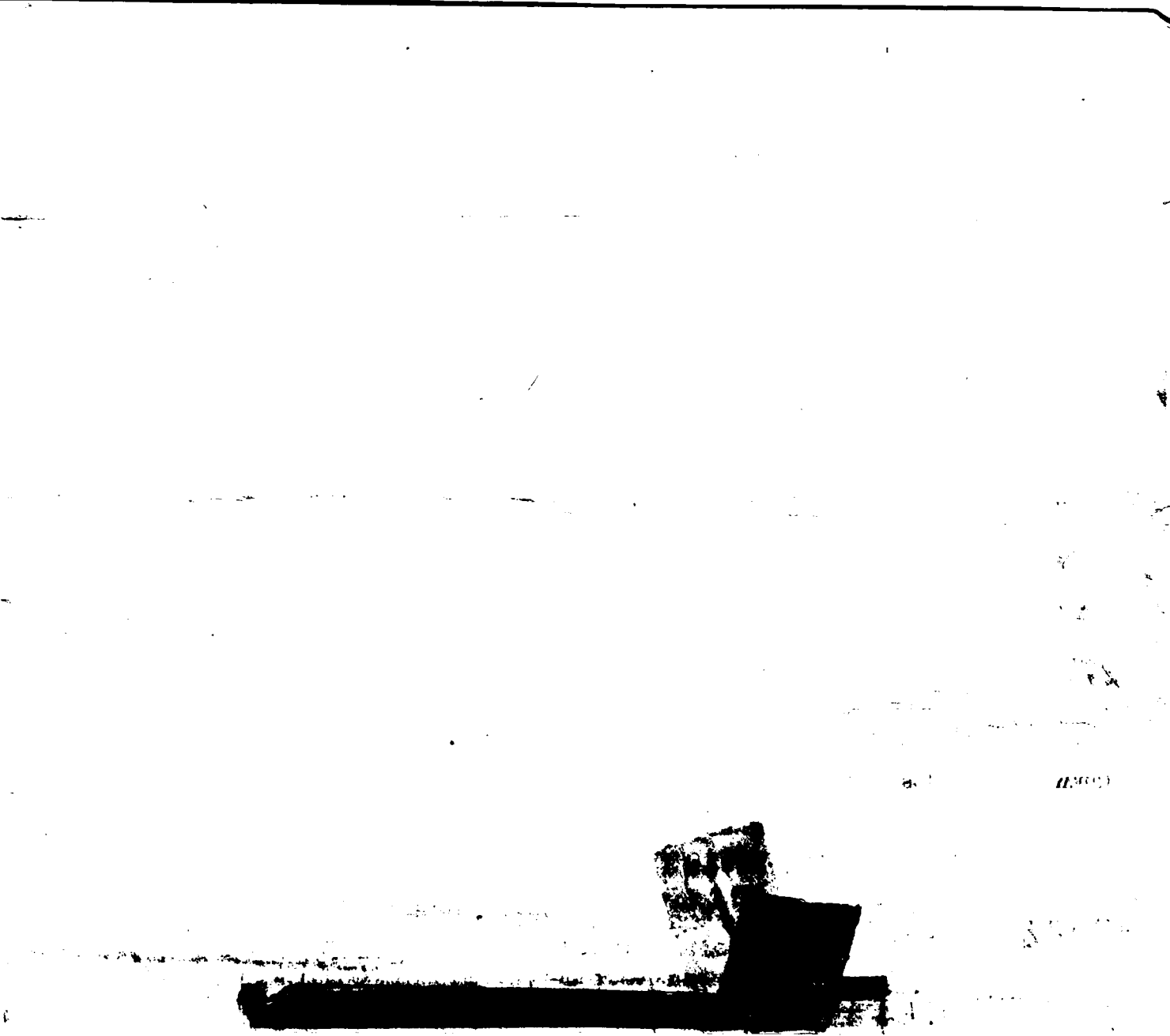
..... Registrar.

† Indicate which by drawing line through superfluous word.

May 6 1920

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.



253-208-014-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R F D

Registration District No. 3 File No. 79719

No. St.

Primary Registration District No. 2007 Registered No. 23

Hospital

FULL NAME OF CHILD Madge Marie Betts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Leo Betts	Beaulah Cooksey
RESIDENCE	Parma, Ida.	Parma, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Chautagua Co. Kans	Ste Clyler Co., Mo.
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth Nine

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don D. Numbers, M. D.

Phys. & Surgeon (Physician or midwife)

Address Parma Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov 5 1920 Lulu Waldrop
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1975

449-105-028-459

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 479754

Primary Registration District No. 220 Registered No. 72

FULL NAME OF CHILD Roy Lagene Durand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 5 1919

FATHER		MOTHER	
FULL NAME	Thomas C. Durand	FULL MAIDEN NAME	Blanche May Merriott
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Morgan County Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth nine

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Tom Durand
mother

(Physician or midwife)

Address Rose Lake Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 1920 [illegible] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 23 1942

285-119-016-213

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

79772

Registration District No. 117 File No. .....

Primary Registration District No. 2176 Registered No. 1574

FULL NAME OF CHILD unnamed Sheldon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1	1	yes	March 19, 1917

FATHER		MOTHER	
FULL NAME	Roy Sheldon	FULL MAIDEN NAME	Theresa Bates
RESIDENCE	Burley	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Minn.	BIRTHPLACE	England
OCCUPATION	Farm	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Premature) (Born alive or stillborn) at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

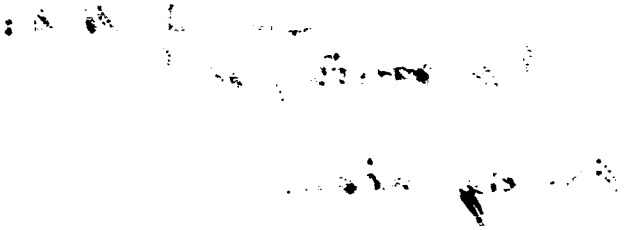
..... Registrar

Filed June 12 1926 Dr. J. C. Pontarelli Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619-125-016-847

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 79773

No. ..... St.

Primary Registration District No. 2196

Registered No. 1595

Hospital .....

FULL NAME OF CHILD .... Henry Clay Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	yes	March 25 1919

FATHER		MOTHER	
FULL NAME	Fred H. Ward	FULL MAIDEN NAME	Ruth Hughes
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington D.C.	BIRTHPLACE	Texas
OCCUPATION	Bank Teller	OCCUPATION	Housework

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Caesarian Section) (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G.P. Merrick MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 12 1920 Dr. J. C. Pattison

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-206-016

PLACE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

19774

No. ..... St.

Primary Registration District No. 2196

File No. .....

Registered No. 1596

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Bixby, Barbara Ruth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1		1	yes	April 6 1919

FATHER	MOTHER
FULL NAME Horace E. Bixby	FULL MAIDEN NAME Hallie M. Smith
RESIDENCE Burley	RESIDENCE same
COLOR W AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Kans
OCCUPATION Electrical Engineer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 1919 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Multnomah School in Portland, Oregon, School Records of 1926-27 - states that this child's full name is given as Barbara Ruth Bixby, born April 6, 1919 in Burley, Idaho-viewed by V.S. and Cert. copy of Own Marriage License, California Marriage March 1, 1946 license was obtained and March 3, 1946 were married. gives grooms name as Howard William Vange and brides name as Barbara Ruth Bixby viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of ORANGE }

Certificate No. 79774
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bixby (Name on Original Certificate) who born (Was Born or Died) on April 6, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Bixby	Barbara Ruth Bixby

Subscribed and sworn to before me this 11th day of September, 19 59
Notary Public, residing at Orange, California
My commission expires April 26, 1960
(Seal)

Signed Doris Smith Bixby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
539½ So. Harwell, Orange California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ORANGE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September, 19 59
Notary Public, residing at Orange, California
My commission expires April 26, 1960
(Seal)

Signed Mary Smith Alles
(Signature of Any Credible Person)
511 Van Bibber - Orange Calif
(Street Address, City, State)

FORM DPH 55.155

CL 9-2-59. Two copies pd, receipt #11186.

OCT 16 1959

766-1/6-024-369

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. File No. 79882

No. St.

Primary Registration District No. 21 Registered No.

Hospital

FULL NAME OF CHILD J Burns Gould

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 16 1919

FATHER		MOTHER	
FULL NAME	Wm Gould	FULL MAIDEN NAME	Ellen Swindle
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stock Grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

19

Registrar

Filed Dec 20 1919 R W Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 8 1975

655 - 125 - 024 - 493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

79884

County of Gooding

City of Wagenman Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 21 Registered No. .....

Hospital .....

FULL NAME OF CHILD Henry Greeah

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 26 1919

FATHER		MOTHER	
FULL NAME	W M Greeah	FULL MAIDEN NAME	Jane Miller
RESIDENCE	Wagenman	RESIDENCE	Wagenman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mont
OCCUPATION	Farmer Chickenraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene M.D.
Physician
(Physician or midwife)

Address Wagenman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 30 1919 R H Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1972

AUG 10 1977

DECLASSIFIED

433-230-024-314

PLACE OF BIRTH,

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

FULL NAME OF CHILD

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

79885

Registration District No. ..... File No. .....

Primary Registration District No. 21 ..... Registered No. .....

Mary Ernestine Ultican

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tom Ultican	Ellen Lamore
RESIDENCE	Hagerman	Hagerman #2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	42
BIRTHPLACE	Mo	Mich
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R H Greene M D

Physician

(Physician or midwife)

Address Hagerman

Filed Jan 1 1920 R H Greene Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1944

345-124-024-593

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 7.9.9.0.7.

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ROSCOE WAYNE LUEKENGA

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 24 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter J. Luekenga	Clara Nell Nichols
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per Alice Gingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar Filed 11-8-1920 F. J. Carey M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 79907

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Lukengay	Luekenga
Name	Unnamed	Roscoe Wayne

Subscribed and sworn to before me this 30 day of Aug, 19 47

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Clara N. Luekenga
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

AUG 30 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

City of [redacted]

No. [redacted] St. name added 3/18/81

Registration District No. 98

Primary Registration District No. 2176

File No. 79996

Registered No. 82

Hospital [redacted]

Full Name of Child John Gilbert Carroll

SEX OF CHILD	M	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	12-20 (Month) (Day) 19 (Year)				

	FATHER	MOTHER
FULL NAME	R. J. Carroll	FULL MAIDEN NAME Mary Rolfe
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smithem

(Physician or midwife)

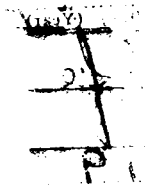
Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 6-10 19 20 Ray H. Fisher Registrar



12-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 13 2 53 PM '81

State of _____ } ss.
County of _____

Certificate No. 79996
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for UNNAMED CARROL (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-20-19 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed Carrol	John Gilbert Carroll
fathers last name	Carrol	Carroll

Subscribed and sworn to before me this 9th day of January, 1981.
Notary Public, Paulette M. Archibeck
Residing at 37990 Jasper-Lowell Rd. Jasper Ore. 97401
My commission expires My Commission Expires June 12, 1984
(Seal)

John G Carroll
Signature of Applicant
38872 Plow Rd Tallmadge 97438
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 1980.
Notary Public, Paulette M. Archibeck
Residing at 37990 Jasper-Lowell Rd. Jasper Ore. 97477
My commission expires My Commission Expires June 12, 1984
(Seal)

Supporting Signature

Street Address, City, State

lcc pd

Certif of Baptism from the LDS church John Gilbert Carroll son of Richard James Carroll and Mary May Rolfe born Dec 20, 1919 Rigby, Idaho Baptized March 23, 1968 viewed by V. S.

Honorable Discharge from the US. Army gives name as John G. Carroll dat oe of Separation Nov 20, 1945 i born Dec 20, 1919 at Rigby, Idaho. viewed by V. S.

MAR 1 8 199

815-128-026-213

PLACE OF BIRTH name added, last name amend 5-25-84 dl

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 9

Primary Registration District No. 2-176

File No. 79997

Registered No. 81

Hospital ____

Full Name of Child Kenneth Lee Hansen

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	12 (Month)	28 (Day)	19 (Year)		

	FATHER	MOTHER
FULL NAME	Oscar Hansen	FULL MAIDEN NAME Anna Balka
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE Utah
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smutham

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19....

Registrar

Filed 6-10 19 26 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-10-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 24 3 12 PM '84

State of _____ } ss.
County of _____ }

Certificate No. 79997
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Hanson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 28, 1919 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Kenneth Lee Hansen
fathers last name	Hanson	Hansen

Subscribed and sworn to before me this 2nd day of May, 1984

Notary Public, William E. Lewis
Residing at Tabiona, Utah
My commission expires January 24, 1988
(Seal)

x Kenneth L Hansen
Signature of Applicant
x Box 304 Tabiona, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Churchgives Kenneth Lee Hansen son of Oscar Hansen and Anna A Balka born Dec 28, 1919 at Rigby was baptised Oct 6, 1919. Viewed by V.S.

Application for American Family Life Assurance Co. lists insured as Kenneth L. Hansen born Dec 28, 1919
Dated 10-6-75. Viewed by V.S.

MAY 2 8 1984

Separation Qualification REcord lists Kenneth L. Hansen born Dec 28, 1919 was separated from Active Duty on Nov 3, 1946. Viwed by V.S.

253-205 Amended 1-7-71
034-845

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 80154

Primary Registration District No. 2015 Registered No. 119

FULL NAME OF CHILD Eleanor Kathryn Becker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Nov. 5 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	Abraham O. Becker	FULL MAIDEN NAME	Johanna Hunsinger
RESIDENCE	Paul Idaho	RESIDENCE	Paul Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Independence-Oregon	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

(Signature) W A Cooper

(Physician or midwife)

Address Burley Idaho

Filed 6-7 1920 E M Elmore Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-11-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

OCT 29 1970

Bureau of Vital Statistics

State of ..... } ss.

County of ..... }

Certificate No. 80154

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Becker (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1919 (Date of Event)

in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Eleanor Kathryn Becker
Sex of child	Male	female

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Orange }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

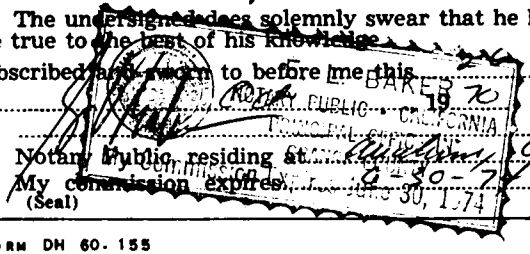
..... 19.....

.....

Notary Public, residing at Anaheim, Calif.

My commission expires 6-30-74

(Seal)



Signed Mrs. Johanna Becker

(Signature of Any Credible Person)

1127 Lemon St. Orange, Cal

(Street Address, City, State)

FORM DH 60-155

Notification of Birth Registration from California gives child's name as John Edward Baker, No. 134. Date of birth May 18, 1940 at Fullerton, Calif. Father's name as Raymond Gerald Baker and mother's maiden name as Eleanor Kathryn Becker. Viewed by VS

JAN 7 1971

Diploma of Graduation issued by the Board of Education of Orange County, State of California states that Eleanor Kathryn Becker has completed the Prescribed Course of Study in a Public School of Anaheim Elementary School District. Awarded June 2, 1933.
Viewed by V.S.

612-129-037-281

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Owyhee

City of Silver City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 43 File No. 80209

Primary Registration District No. 2120 Registered No. .....

FULL NAME OF CHILD Christofer Phillips Wasser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		8th	Yes	Dec 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfons Wasser	Barbara W Shaller
RESIDENCE	Silver City Ida	Silver City Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	40
BIRTHPLACE	France	France
OCCUPATION	Butcher	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P M. on the date above stated.

(Signature) Chas C Smith M D

Physician
(Physician or Midwife)

Address Silver City Ida

Filed May 31, 1920 W. A. De Lamphere M.D
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1955

DEC 29 1941

MAY 3 1955

141-114-003-219

[redacted]

V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 80457

No. ..... St.

Primary Registration District No. 241

Registered No. 3213

Hospital Pocatello General

FULL NAME OF CHILD James Mc Ewen Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Yes	June 14 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Lemuel Adams	FULL MAIDEN NAME: Freda Lillian Sargent
RESIDENCE: 420 So. Johnson ave.	RESIDENCE: 420 So. Johnson Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Buda - Texas.	BIRTHPLACE: Glenns Ferry, Idaho
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Gallagher

Physician

(Physician or midwife)

Address Pocatello, Ida

Given names added from a supplemental report.

..... 19.....

Filed 7/20 1920 J. H. Hawley Registrar

..... Registrar

8-Y GO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

593-204-003-955

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 80468

No. 1405 N. Hayes St.

Primary Registration District No. 2161 — Registered No. 3202

Hospital

FULL NAME OF CHILD Grace Marie Nilsson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	6 - 4 - 19

FATHER	MOTHER
FULL NAME: Svend Ferdinand Nilsson	FULL MAIDEN NAME: Wilhelmine Mathilde Svensen
RESIDENCE: 1405 N. Hayes	RESIDENCE: 1405 N. Hayes
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Copenhagen. Denmark	BIRTHPLACE: Drammen Norway
OCCUPATION: Acetylene Burner	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.10 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. H. Lyon

Physician

(Physician or midwife)

Address Pocatello Idaho

Filed June 24 1920 O. B. Lee

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1942

259-212-028-168

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

80887

Registration District No. 29

File No. _____

Primary Registration District No. 1050

Registered No. 56

Full Name of Child Ruth May Bergquist

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	one	one	Yes	May 12 1919

FATHER

FULL NAME Gustav A. Bergquist

RESIDENCE Coeur d Alene Ida.

COLOR White — AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Minneapolis Minn

OCCUPATION Dairyman

MOTHER

FULL MAIDEN NAME Mable Nellie Johnson

RESIDENCE Coeur d Alene Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Oregon

OCCUPATION Housework

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoedemaker

Physician

(Physician or midwife)

Address Coeur D'Alene Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 8 1920 Gus Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-213-028-864

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 80905

No. ..... St. Primary Registration District No. 1051 Registered No. 764

Hospital Coeur d'Alene

FULL NAME OF CHILD Eva Elena Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2.	yes	Oct 13 1917

FATHER	MOTHER
FULL NAME William A. Wilson	FULL MAIDEN NAME Violet M Young
RESIDENCE Almira Wash.	RESIDENCE Almira Wash.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Canada	BIRTHPLACE Coulee Wash.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. T. Wood

Ann Nyfander R. N. (Physician or midwife)

Address Coeur d'Alene Ida

Given names added from supplemental report.

..... 19.....

..... Registrar

Filed July 2 19 18 [redacted] Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1 1970

415-121-036-915

PLACE OF BIRTH

Form V. S. No. 11-C—25m—1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Jennifer Idaho

Registration District No. 2-14

File No. 81059

No. ____ St.

Primary Registration District No. 1869

Registered No. 16

Hospital Home

FULL NAME OF CHILD Boy Randle Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	July 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. Stewart Davis	Alice Randall
RESIDENCE	Jennifer Ida	Jennifer Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White	White
BIRTHPLACE	Malad Ida.	Chatfield Minn
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Wilson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

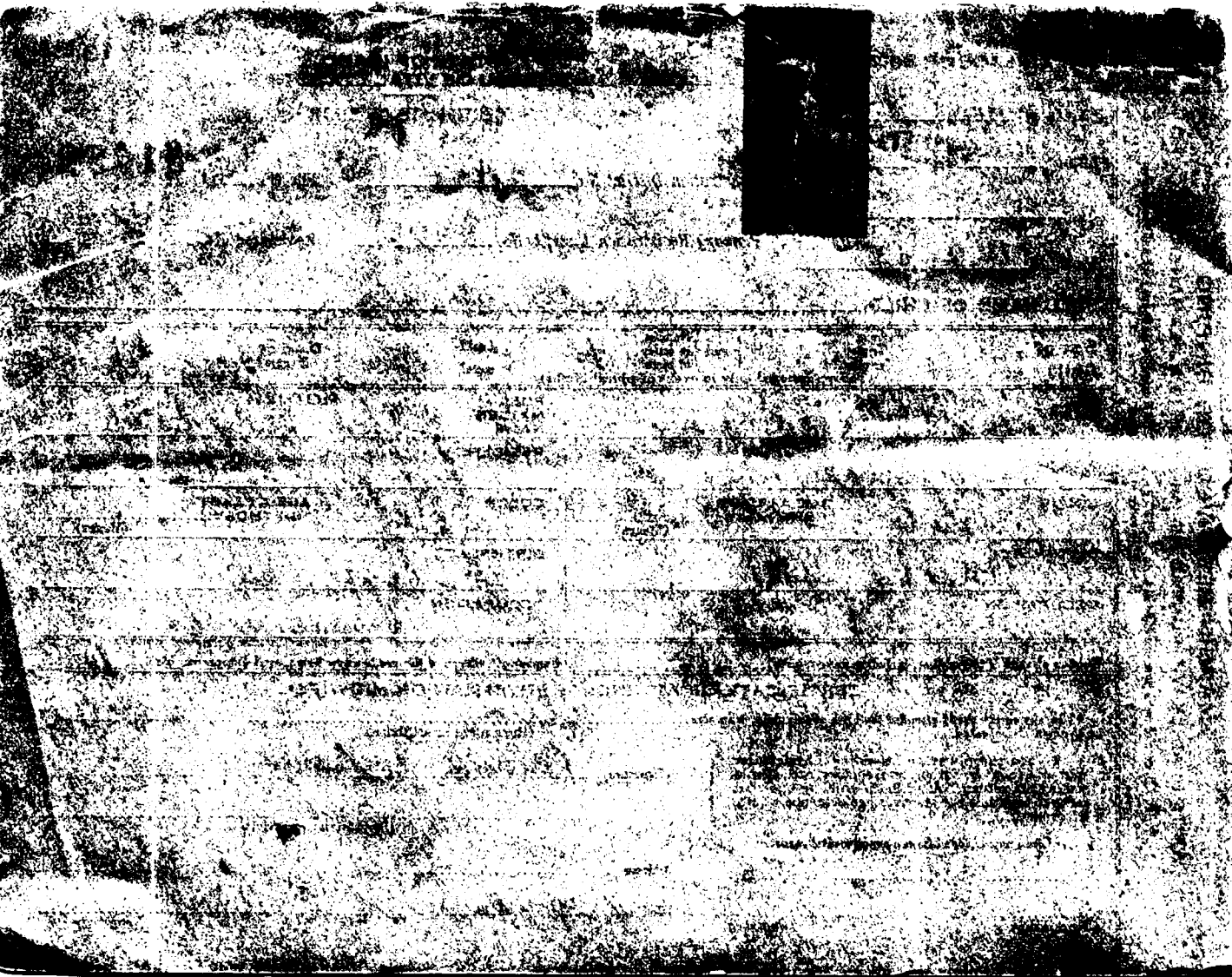
Filed 4-20-20 19 19 D C Ray Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



493-21-938-291

PLACE OF BIRTH

County of Payette

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 4

Primary Registration District No 1008

File No. 81077

Registered No. 18

Full Name of Child Violet Dean Milligan

SEX OF CHILD Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 2 | Legitimate? Yes | DATE OF BIRTH Sept 1 1919 (Month) (Day) (Year)

FATHER

FULL NAME Lester Milligan

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Machinist

MOTHER

FULL MAIDEN NAME Lillie M. Brady

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Denver Colo

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Crouch M D

Physician (Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed April 12 1920 19____

J C Woodward Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Washington } ss.

Certificate No. 81077

JUL 2 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Milligan (Name on Original Certificate) who was born (Was Born or Died) on 7-1-1918 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 10-2-21 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Milligan	Violet Dean Milligan

Subscribed and sworn to before me this 19th day of July, 19 45

Frank H. Joseph
Notary Public, residing at Weiser, Idaho
My commission expires 3-1-49
(Seal)

Signed Mrs Lillie Doug Case
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother, Hermiston, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 19 45

Frank H. Joseph
Notary Public, residing at Weiser, Idaho
My commission expires March 1st 1949
(Seal)

Signed E R Courtier
(Signature of Any Credible Person)
729 N. Third St., Weiser, Idaho.
(Street Address, City, State)

JUL 26 1945

295-20-042-295

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-17

[redacted] ISTICS

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 81160

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Marcella Harriet Kinsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 / 1 / 19

FATHER

FULL NAME	Harry A. Kinsey
RESIDENCE	Twin Falls Ida.
COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Boise Ida
OCCUPATION	Ferryman

MOTHER

FULL MAIDEN NAME	Nina Kinney
RESIDENCE	Twin Falls Ida.
COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Denver Colo.
OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed June 30 19 20 John Y. Coughlin

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

[redacted]

OCT 8 1974

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

On November 4, 1974, before me, the undersigned, a Notary Public in and for said State, personally appeared

Juanita Y. Simmons

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Signature Susan Wilson

Susan Wilson
Name (Typed or Printed)

OFFICIAL SEAL
SUSAN WILSON
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Sept. 11, 1978

(This area for official notarial seal)

Form 3001—(Individual) First American Title Company

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 20 3 02 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 81160

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kinsey (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 8/1/19 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	a Unnamed Kinsey	Marcella Harriet Kinsey
~~Marcella Harriet~~		

Subscribed and sworn to before me this 4th day of November, 19 74

Notary Public, residing at Imperial Beach, Ca. 92032

My commission expires .....

(Seal)

Signed (sister) Juanita V. Simmons (Kinsey)
(Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)

904 Ocean Lane Imperial Beach
(Street Address, City, State)

(see reverse side)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/7/74

over

Photo-copy of Marriage ce tif. from Nevad gives names as Jack E. Smith and Marcella Herriet Kinsey dated Dec. 6, 1942. viewed by V. S.

As to the validity of this Document and true name you may contact my self or my wife.

phone 687-0624
163 N La Cumbre Rd
Sq.
Santa Barbara, Calif

David Edward Smith
Son of Marcella Harriet Kinsey

MAR 2 6 1975
APR 1 4 1975

Bible record as wittnessed by Notary appears to be very ~~xx~~ old. V. S.

OFFICIAL SEAL
SUSAN WILSON
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Sept. 11, 1978

313-214-

[redacted]

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

001-362 County of Ada

City of Boise

Registration District No. 2 File No. 81251

No. ____ St.

Primary Registration District No. 1004 Registered No. 271

Hospital St Alphonsus

FULL NAME OF CHILD Margaret Tallman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1	Yes	Sept 14 1919

FATHER		MOTHER	
FULL NAME	Maurice Henry Tallman	FULL MAIDEN NAME	Gertrude Lassel
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Michigan	BIRTHPLACE	Montana
OCCUPATION	Physician	OCCUPATION	Housewife

* Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Willis Almond M.D.
(Physician or midwife)

Address Boise

Filed 7/23 1920 L. R. Forman
Registrar

Given names added from a supplemental report.

..... 19....

.....
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 10 1954

249-122-022-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Amended 12/17/74 9 9

Registration District No. ..... File No. 81737

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lyle Smith Jr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			6	Yes	9	22	1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lyle Smith	Ada May Williams
RESIDENCE	Ida	Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Ida	Ida
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray MD

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 2 1920

W D Weeks

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 27 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
DEC 16 11 31 AM '74

State of Idaho } ss.
County of

Certificate No. 81737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lyle Smith Jr. (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1919 (Date of Event)
in St. Anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers maiden name	May Parker	Ada May Williams

Subscribed and sworn to before me this 12th day of December, 1974

V. Newman

Notary Public, residing at Sacramento, Ca.

My commission expires July 6, 1976

(Seal)

Signed Josephine L. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 Howe Ave, Apt 54, Sacramento, Calif. 95825
(Street Address, City, State)

V. NEWMAN
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My commission expires July 6, 1976

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Brothers birth certificate - Kenneth Smith born April 30, 1925 at St. Anthony, Idaho State file # 367386 father Lyle Marion Smith and mother Ada May Williams.
Viewed by VS

Family record gives fathers name as Lyle Smith and Mothers name as Ada Williams . Date of family record Dec. 16, 1927.
Viewed by VS

DEC 17 1974

V. NEWMAN
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My commission expires July 6, 1976

246-206-082-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

81739

County of Fremont

City of St Anthony Registration District No. 9 1 File No.

No. St. Primary Registration District No. 2179 Registered No.

Hospital

FULL NAME OF CHILD Juanita Leone Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			3	yes	9 6 19 7

FATHER		MOTHER	
FULL NAME	Bryant Butler	FULL MAIDEN NAME	Mary Martin
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kans	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) Jno K Gray

Phys (Physician or midwife)

Address St Anthony Ida

Filed Aug 2 1920 O R Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

AUG 17 1956
FEB 19 1957

468-225-037

PLACE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

81994

County of Owyhee

CERTIFICATE OF BIRTH

State Registered No.

Local Registered No.

City of ____ No. ____ St.: ____ Ward

(If in country, state distance and direction from nearest town, or give township and range.)

FULL NAME OF CHILD Ruby Esther

If child is not named, make supplemental report

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female		2	yes	Dec 25 19 19

	FATHER	MOTHER
Full Name	[redacted] Maher	Ethel Welch
Residence	Owyhee County	Owyhee County
Color or Race	White	White
Age at last Birthday (Years)	40	24
Birthplace	Owyhee County Idaho	Nebraska USA
Occupation	Stockman & Rancher	Housewife

Number of children born to this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P.M. on the date above stated.

(Signature) W W Jones M.D.

(Attending physician, midwife, householder)*

Address Jordan Valley Ore

Filed Dec, 19 19 W W Johnson REGISTRAR

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ____, 19____

REGISTRAR

POSTOFFICE ADDRESS OF MOTHER

Midwife with the Local Registrar within 10 days after birth.

Z LAST NAME

295-202-00142

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.R. 3 St.

Hospital

Registration District No.

File No. 82211

Primary Registration District No. 11

Registered No. 1

FULL NAME OF CHILD Lucille Yvette King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	10 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Turner R. King	Grace A. Austin
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Mo.	Oregon
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T F Neal

Physician

(Physician or midwife)

Address Meridian

Filed 9-20-19.. T F Neal

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-118-001-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.R. 2 St.

Hospital

Registration District No. ..... File No. 82212

Primary Registration District No. 11 Registered No. 9

FULL NAME OF CHILD Warnek Harry Frasier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	10 18 1919

FATHER		MOTHER	
FULL NAME	Loyd L. Frasier	FULL MAIDEN NAME	Linda E. Anderson
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	N. D.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Neal

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-24 1920 N. F. Neal

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1966

619-103.001-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.F.D. 2 St.

Registration District No. ..... File No. 82213

Primary Registration District No. 11 Registered No. 9

Hospital .....

FULL NAME OF CHILD Chas Edward Waitley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 3 1919

FATHER		MOTHER	
FULL NAME	Bernie B Waitley	FULL MAIDEN NAME	Vera A. Madden
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-45-P.M. on the date above stated.

(Signature) M. F. Neal

Physician (Physician or midwife)

Address Meridian

Filed 9-24 1920 M F Neal Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S66106001-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. .....

File No. 82214

Primary Registration District No. 11

Registered No. 4

FULL NAME OF CHILD .... Leslie Wylie Voorhees

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 6 1919

FATHER

FULL NAME: Ira O Voorhees

RESIDENCE: Meridian

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Mo.

OCCUPATION: butcher

MOTHER

FULL MAIDEN NAME: Lura L Harmes

RESIDENCE: Meridian

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nebr

OCCUPATION: none

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Meridian, Idaho

Filed 9-24-1920

H. F. Neal Registrar

JUN 3 1965

255-21-1001-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.W.1 St.

Amended 1/31/80

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. File No. 82215

Primary Registration District No. 11 Registered No. 5

FULL NAME OF CHILD Nanna Ida Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	12 11 1919

FATHER		MOTHER	
FULL NAME	Chas A Kendall	FULL MAIDEN NAME	Laura L. Taylor
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Neal

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

19

Registrar

Filed 9-24 1920

N. F. Neal

Registrar

1/30/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 31 4 00 PM '80

State of _____ } ss.
County of _____ }

Certificate No. 82215
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Nana May Kendall (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12/11/19 (Date of Event)

in Meridian, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Nana May Kendall	Nanna Ida Kendall

Subscribed and sworn to before me this 31st day of January, 1980

Notary Public, Margaret A. Davis

Residing at Boise, Id.

My commission expires Lifetime

(Seal)

Nanna Ida Hansen
Signature of Applicant

R#3 Caldwell, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Marriage Issued by State of California on the 27th of June 1936 lists name of Bride as Nanna Ida Kendall. viewed by V.S. 1/31/80

JAN 3

Certificate of Baptismand Confirmation dated 2/2/36 issued by L.D.S. Church Long Beach Ward. lists name of child as Nanna Ida Kendall born to Charles A Kendall and Laura Taylor on 12/11/19 in Meridian. viewed by V.S. 1/31/80

893-123-001-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-6-8-17

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.N. 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 82216

Primary Registration District No. 11

Registered No. 6

FULL NAME OF CHILD Ival Travis Hill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 23 1919

FATHER

FULL NAME George W. Hill

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Texas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sophia M. Burri

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ohio

OCCUPATION housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Meridian

Filed 9-24 1920

H. F. Neal Registrar

266-224-001-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.D. 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 82217

Primary Registration District No. 11

Registered No. 7

FULL NAME OF CHILD Ethel Fay Bowers

Sex of Child Female | Twin Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm L. Bowers	FULL MAIDEN NAME	Littie E. Ward
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Nebr
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Mead

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 9-24 1920

W. F. Mead
Registrar

231-125001-493

[redacted]

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.D. 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar. 8-8-17

Registration District No.

File No. 82218

Primary Registration District No. 11

Registered No. 8

FULL NAME OF CHILD Robert Henry Starr

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 25 1919

FATHER		MOTHER	
FULL NAME	J.E. Starr	FULL MAIDEN NAME	Pearl M. Miller
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.F. Mead

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

Registrar

Filed [illegible] 19 20

H.F. Mead
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

APR 21 1942

154-127-001-213

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 82219

Primary Registration District No. 11

Registered No. 9

FULL NAME OF CHILD Harry Georg e Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 27 1919

FATHER		MOTHER	
FULL NAME	George S Anderson	FULL MAIDEN NAME	Mary Hester Baley
RESIDENCE	Meridian	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ill
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 a! M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F Mead

Phy Sician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9 24 1920

A F Mead Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1972

SEP 27 1943

296-128-001-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. .....

File No. 82220

No. ..... St.

Primary Registration District No. 11

Registered No. 10

Hospital .....

FULL NAME OF CHILD John Russel Brockus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 28 1919

FATHER		MOTHER	
FULL NAME	Russel Brockus	FULL MAIDEN NAME	Vera Stella Brower
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Neal

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-24 1920

A. F. Neal
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 7 1962

792-130-001-963

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.D. - 1 St.

Hospital

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 82221

Primary Registration District No. 11 Registered No. 11

FULL NAME OF CHILD Fredrick Gish

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 30 1919

FATHER		MOTHER	
FULL NAME	Wm. D. Gish	FULL MAIDEN NAME	E. Grace Rockhold
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Meridian

Filed 9-24 1920 W. F. Neal

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1981

9/2203.010-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon — Registration District No. 73 — File No. 82400

No. _____ St. _____

Hospital _____ — Primary Registration District No. 2170 — Registered No. 191

FULL NAME OF CHILD Mary Elizabeth ~~Elizabeth~~ Rasmussen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female					1 — 3 — 1919

FATHER	MOTHER
FULL NAME Geo Rasmussen	FULL MAIDEN NAME Ethel Robinson
RESIDENCE Ucon	RESIDENCE Ucon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 5 90 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) Mrs R W Denning

(Physician or midwife)

Address Iona Idaho

Filed Aug 21 19 20 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 133 214 010 - 942

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 82401

No. ____ St.

Primary Registration District No. 210 Registered No. 190

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 16 19

FATHER		MOTHER	
FULL NAME	John Alred	FULL MAIDEN NAME	Ruby Russell
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Iona Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Deming

midwife
(Physician or midwife)

Given names added from a supplemental report.

19____

Registrar

Address Iona Idaho

Filed Aug 21 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46-224-010-234

PLACE OF BIRTH name added 11-23-81

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD # 2 St.

Hospital

Registration District No. 73 File No. 82402

Primary Registration District No. 210 Registered No. 149

FULL NAME OF CHILD Ines Rose Moser

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 3 (Month) 24 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Frances Moser	FULL MAIDEN NAME Elyza Stuckie
RESIDENCE Idaho Falls RFD 2	RESIDENCE Idaho Falls
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 2 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs R W Deming

(Physician or midwife)

Address Ione, Idaho

Filed Aug 21, 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
NOV 20 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 82402
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Moser (Name on Original Certificate) who was born (Was Born, Died, etc.) on 3-24-19 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ines Rose Moser

Subscribed and sworn to before me this 16th day of Nov., 1981.

Notary Public, James Day
Residing at S.L.C. Ut
My commission expires 6/13/82
(Seal)

JAMES DAY
Notary Public
State of Utah

Ines Moser Shaw
Signature of Applicant

2199 Fardown ave. S.L.C. Ut. 84121
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of S. Lake }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Nov., 1981.

Notary Public, James Day
Residing at S.L.C. Ut
My commission expires 6/13/82
(Seal)

JAMES DAY
Notary Public
State of Utah

Lucy M. Niederburg
Supporting Signature

1736 Holladay Blvd.
Street Address, City, State
S.L.C. Utah

1 cc pd

Cert of Blessing from LDS Church gives Ines Rose Moser born 3-24-19 at Coltman, Bonnefille County was blessed 5-4-19 parents Francis Moser and Elisa Stucki.. Viewed by V.S.

NOV 23 1981

Cert of Baptism from LDS Church gives Ines Rose Moser born 3-24-19 in Coltman, Bonneville County, was baptised 1-8-28. Parents Francis Moser and Eliza Stucki. Viewed by V.S.

249-225010-815

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona — Registration District No. 73 — File No. 82403

No. ____ St. — Primary Registration District No. 21 10 — Registered No. 166

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 26 1920

FATHER		MOTHER	
FULL NAME	Albert Lee Burke	FULL MAIDEN NAME	Lena Hansen
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Demming

Midwife (Physician or midwife)

Given names added from a supplemental report. 19____

Address Iona Idaho

Registrar

Filed Aug 21 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Born [redacted]

375 [redacted] -819

County of [redacted]ama

City of Lewisville

Form V. S. No. 11-C—Rev-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 3 File No. 82406

No. ____ St.

Primary Registration District No. 21 V-0 Registered No. 1 V -

Hospital ____

FULL NAME OF CHILD Alice Mattilda Lindstrum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	1 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M Lindstrum	Elenor Haroldsen
RESIDENCE	Lewisville Idaho	Lewisville
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	31 (Years)
BIRTHPLACE	Sweden	— ?
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
(Physician or midwife)

Address Iona Idaho

Given names added from a supplemental report.

....19....

Filed Aug 21 19 20 W Crammond
Registrar

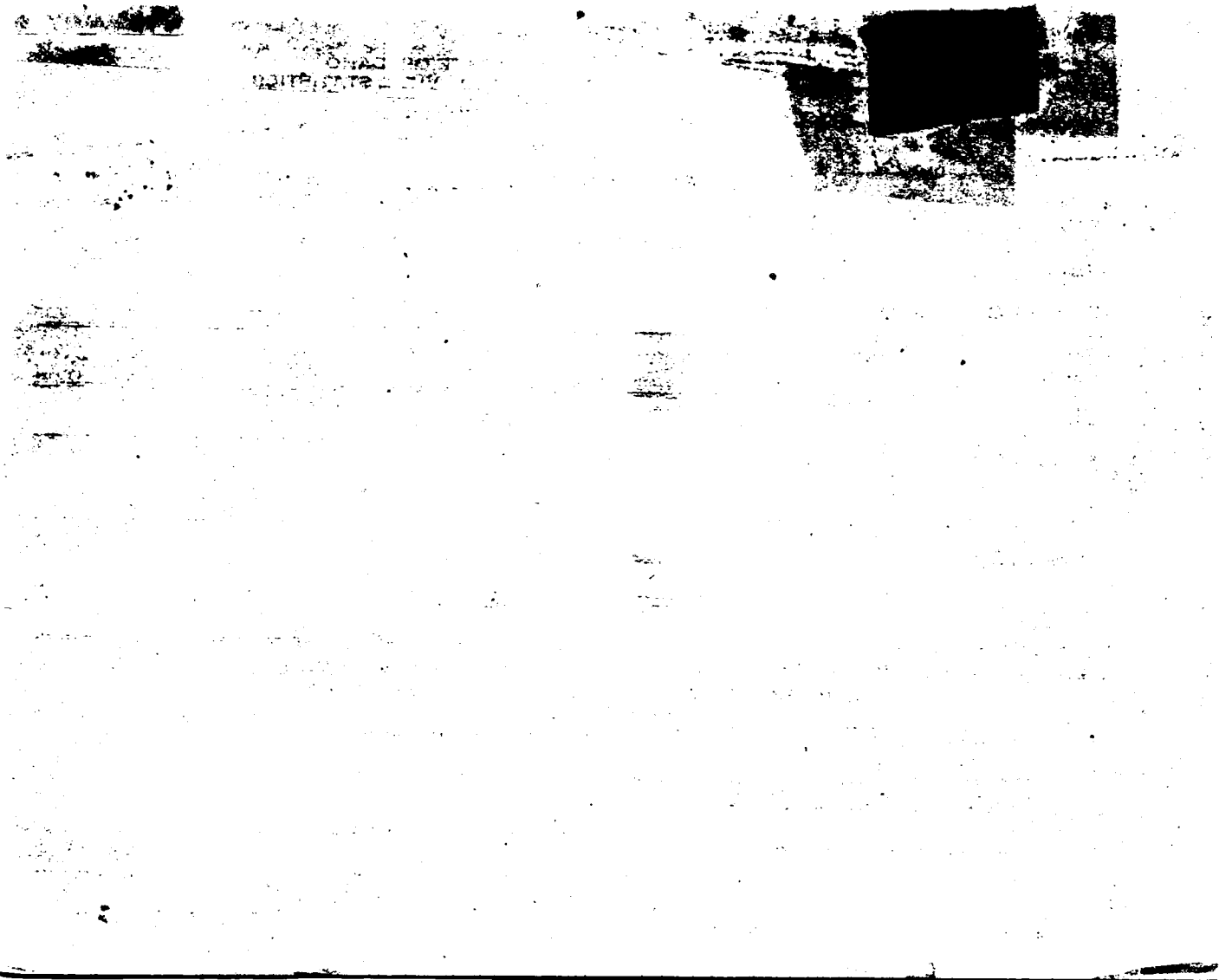
....
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



819-215-010-869

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D #3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 82426

Primary Registration District No. 21 V 0 Registered No. 14 V

FULL NAME OF CHILD Matsui Harada

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 15 1917

FATHER		MOTHER	
FULL NAME	O Harada	FULL MAIDEN NAME	S Takuhara Harada
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 AM on the date above stated.
(Born alive or stillborn)

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. W. Jennings

Midwife
(Physician or midwife)

Address Ionia Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Aug. 21 19 20 .....
Registrar

S-Y CO. 24655

8/13/22 · 010-796

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73 File No. 82435

No. ____ St.

Primary Registration District No. 2102 Registered No. 1136

Hospital Rendell Grocer Hatch.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 27 1919.

	FATHER	MOTHER
FULL NAME	Parley Z Hatch	FULL MAIDEN NAME Lillian Grover
RESIDENCE	Lincoln, Ida	RESIDENCE Lincoln, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	School teacher	OCCUPATION Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John O. Mellar MD

(Physician or midwife)

Address Idaho Falls, Ida

____ 19____

Registrar

Filed Aug 11 20

Registrar

and the number of each, in order of birth stated.

842.110-02 FC

PLACE OF BIRTH

Form V. S. No. 11—25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Registration District No. 98 File No. 82601

Primary Registration District No. 2176 Registered No. 155

Hospital ____

Full Name of Child Arthur E Haskell

SEX OF CHILD: M	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? no	DATE OF BIRTH: Nov 10 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Davis	FULL MAIDEN NAME	Alena Haskell
RESIDENCE	Not known	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Jens	BIRTHPLACE	Denmark
OCCUPATION	Sheep herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T. Bruce

(Physician or ~~midwife~~)

Address Ririe

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/10 19 20 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

No. 82601

DUP OF 19-319225 + 19-243687

153-125-026-819

PLACE OF BIRTH

amended 4/11/80

Form V. S. No. 11—25m-6-15-18

STATE OF UTAH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

Registration District No. 98 File No. 82607

No. _____ St.

Primary Registration District No. 2176 Registered No. 163

Hospital _____

Full Name of Child Fay Harris Anthony

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M			yes	Dec 25 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David R. Anthony	FULL MAIDEN NAME	Eliza A Harris
RESIDENCE	Ririe	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Trapper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a M (Born alive or stillborn) on the date above stated.

(Signature) Sam F. Pruce

(Physician or midwife)

Address Ririe

Filed 9 10 1920 Ray H Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 4/11/80

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

MAY 10 1963

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 82607

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Anthony (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1919 (Date of Event)

in Ririe, Idaho Jefferson Co (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fay Harris Anthony
Child's Date of Birth	Dec. 26, 1919	December 25, 1919

Subscribed and sworn to before me this 7 day of May, 1963

Notary Public, residing at Ririe, Idaho

My commission expires Nov. 14, 1965

(Seal)

Signed W. J. Winthrop Anthers (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of May, 1963

Notary Public, residing at Ririe, Idaho

My commission expires Nov. 14, 1965

(Seal)

Signed M. L. Rowan (Signature of Any Credible Person)

Ririe Idaho (Street Address, City, State)

FORM DH 60-155 CL 10-22-62. ~~mm~~ 1 copy pd. rec. #04402.

Own Child's Birth Cert. on file: (Idaho Birth) #49-01874 gives full name of father as Fay Harris Anthony, age 29, born in Ririe, Idaho - viewed by V.S.

Notice of Classification gives namea Fay Harris Anthony .Order No. S423 Classied in #3-A. dated 723-46. viewed by V. S.

APR 1 5 1966

415-107-026-113

Form V. S. No. 11—25m-6-18-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98 File No. 82686

Primary Registration District No. 2176 Registered No. 160

Hospital ____

Full Name of Child Kenneth Henry Davis

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	Nov 7 19

	FATHER	MOTHER
FULL NAME	Henry A Davis	FULL MAIDEN NAME: Eliza L Jakeman
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY	32 (Years)	31 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel Price (Physician or midwife)

Address Rigby

Given names added from a supplemental report. ____ 19____

____ Registrar

Filed 9/10 1920 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 4-21-60

PLACE OF BIRTH

663-108-027-295

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 82700

Primary Registration District No. 2017 Registered No. .....

FULL NAME OF CHILD Robert Vaughn Folkman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Sept. 8, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Heber Folkman	FULL MAIDEN NAME	Kate King
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.D. Piper, M.D.

(Physician or midwife)

Address Jerome, Idaho

Give names added from a supplemental report.

....., 192.....

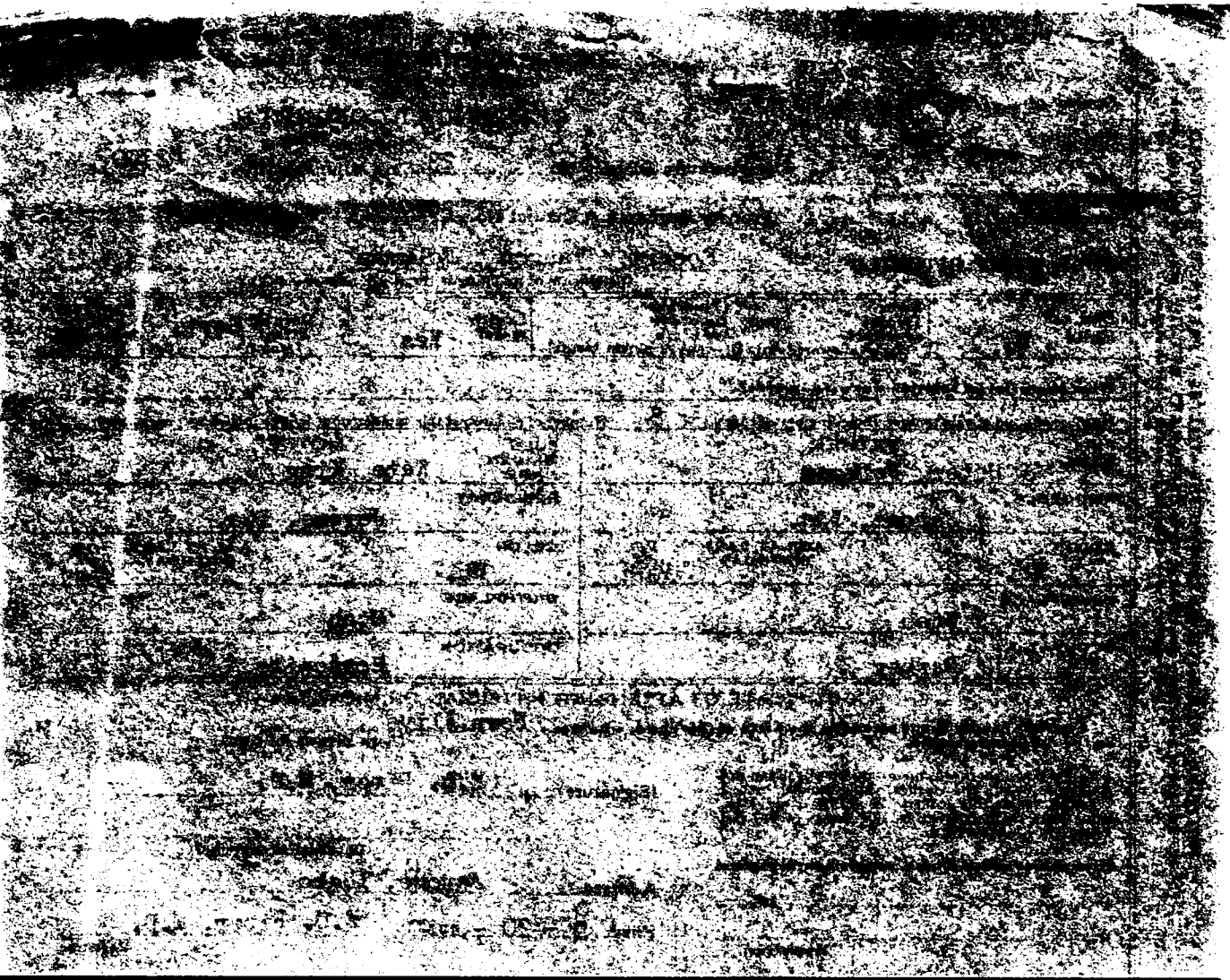
Registrar.

Filed 8 - 20 - 1920 E.D. Piper, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82700

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Vaughn Folkman (Name on Original Certificate) who born (Was Born or Died) on Sept. 8, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on June 29, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Sept. 8, 1920	September 8, 1919

Subscribed and sworn to before me this 18th day of April, 19 60.

Joseph W. Allen
Notary Public, residing at Hooper, Utah
My commission expires February 4, 1962
(Seal)

Signed Ralph S. Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hooper, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

L 4-15-60. one copy pd. receipt #01075.

Statement from Norman R. Farr, Bishop of the Ogden, Utah 15th Ward, concerning the L.D.S. Church Records for Robert Vaughn Folkman - States that their records indicate that Robert Vaughn Folkman was born September 8, 1919 in Jerome, Idaho; that he was blessed on November 2, 1919 and was baptized October 2, 1927.- viewed by V.S.

Business Men's Assurance Co. of America - Insurance Policy, June 29, 1938 Policy Number L 241993 - gives full name as Robert Vaughn Folkman, born September 8, 1919 at Jerome, Idaho - beneficary is given as Heber N. and Kathryn N. Folkman, parents - viewed by V.S.

893228-010-867

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ____ St.

Registration District No. 73 File No. 83111

Primary Registration District No. 2110 Registered No. 20

Hospital ____

FULL NAME OF CHILD Vesper Hicks

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 3 (Month) 28 (Day) 1920 (Year)

FATHER

FULL NAME Ralph Hicks

RESIDENCE Iona

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Cattle Marshal

MOTHER

FULL MAIDEN NAME Emma Hoggs

RESIDENCE Iona

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iona Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live born (Born alive or stillborn), at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or midwife)

Address Iona Idaho

Given names added from a supplemental report. ____ 19____

Registrar

Filed Aug 21 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313.104-010-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 83112

Primary Registration District No. 211-0 Registered No. 204

FULL NAME OF CHILD MAX LEON CALAPP

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1 4 19 19

FATHER	MOTHER
FULL NAME Joseph Calapp	FULL MAIDEN NAME Ida Burk
RESIDENCE Iona	RESIDENCE Iona
COLOR White	COLOR White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live born (Born alive or stillborn), at 10 15 A M. on the date above stated.

(Signature) Mrs R W Denning

Midwife

(Physician or midwife)

Address Iona Idaho

Filed Aug 21 19 20 W Fairmont Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of King }

Certificate No. 83112
Date Filed 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Max Leon Clapp (Name on original certificate) who was born (Was born or died) on January 4, 1919 (Date of event)
in Iona, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Certificate Of Blessing (Bible record, insurance policy, etc.) prepared on April 3, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Max Leon Clapp	Max Leon Calapp

Subscribed and sworn to before me this 6 day of Sept 1941
Leona B Chase
Notary Public, residing at Gooding, Ida
My commission expires May 6-1943
[SEAL]

Signed Joseph H Calapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Gooding Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonneville }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Sept, 1941
Eugene Olsen
Notary Public, residing at Iona
My commission expires July 1944
[SEAL]

Signed Samuel B Burbe
(Signature of any credible person other than the previous affiant)
Iona Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

236-202-026-455

[redacted] IDAHO

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Antelope

No. _____ St.

Hospital _____

Registration District No. 73 File No. 83119

Primary Registration District No. 21-0 Registered No. 197

FULL NAME OF CHILD Zelpha Esther Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	7	2	1919

FATHER		MOTHER	
FULL NAME	Rudger Scott	FULL MAIDEN NAME	Ester Denning
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iona Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 9 45 P M. on the date above stated.

(Signature) Mrs R W Denning

(Physician or midwife)

Address Iona Idaho

Filed Aug 21 1920 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

2 2 1949

DECEASED

814-105-010-613

PLACE OF BIRTH amend 4-23-82

[redacted] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Bonneville

CERTIFICATE OF BIRTH

City of Ammon

Registration District No. 73 File No. 83120

No. ..... St.

Primary Registration District No. 21 10 Registered No. 196

Hospital .....

FULL NAME OF CHILD Wilford Lee Hammon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	6	5	1919

FATHER	MOTHER
FULL NAME Heber Hammon	FULL MAIDEN NAME Sarah Ann Waters
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Hooper Utah	BIRTHPLACE Millcreek Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live Born (Born alive or stillborn), at 5-35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs P W Jennings

Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed Aug 21 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-18-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 25 2 14 PM '82

State of _____ } ss.
County of _____

Certificate No. 83120
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Wilford Lee Hammon (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-5-19 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Hammond	Hammon
mothers last name	Watters	Waters
Childs Birthplace	Idaho Falls Bonneville	Ammon Bonneville

Subscribed and sworn to before me this 23rd day of March, 1982

Notary Public, LaBreal Hingeley

Residing at Rigby, Idaho

My commission expires Life

(Seal)

*Wilford L. Hammon
Signature of Applicant

Route 1 Box 90 Roberts, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

credit lcc

Honorable Discharge from U.S. Armed Forces gives Wilford L Hammon born 6-5-19 in Ammon, ID was discharged 10-18-45. Viewed by V.S.

APR 23 1982

Marriage License and Certificate for Heber L Hammon and Sara A waters gives marriage in Bingham County, Idaho on June 12, 1902. Viewed by V.S.

Very Old Family Record gives Wilford Lee Hammon born to Heber Levi Hammon and Sarah Ann Waters on 6-5-19 in Ammon Idaho. Last date entered on record is 10-5-27. Obviously old record. Viewed by V.S.

693-209-024-355 ✓

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding Registration District No. 24 File No. 83495

No. ____ St.

Primary Registration District No. 1014 Registered No. ____

Hospital ____

FULL NAME OF CHILD J1 Baby Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	12 9 1919

FATHER		MOTHER	
FULL NAME	Wm Williams	FULL MAIDEN NAME	Bessie Leeper
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida

Given names added from a supplemental report. ____ 19____

Filed 10-6-1920

Registrar

F. J. Campbell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695 - 12 4 - 029 - 791

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 83579

Primary Registration District No. 2.H.I. Registered No. 2.86

FULL NAME OF CHILD Ernest Willard Frei

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Nov 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Frei	Maggie Grandi
RESIDENCE	Deary R F D	Deary R F D
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Kansas	Troy Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Frei

father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 30 1920 W.H. Carithers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268 - 205 - 001 - 962

PLACE OF BIRTH

Amended 4-9-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Boise R.D. St.

Registration District No. 8 File No. 83937

Hospital

Primary Registration District No. 1004 Registered No. 81

FULL NAME OF CHILD VELMA LOUIZA BOYD
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 5 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm. A. Boyd	FULL MAIDEN NAME	Opal Roberts
RESIDENCE	Boise R.D.	RESIDENCE	Boise R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mallen Callaway

Physician
(Physician or midwife)

Address Boise, Idaho

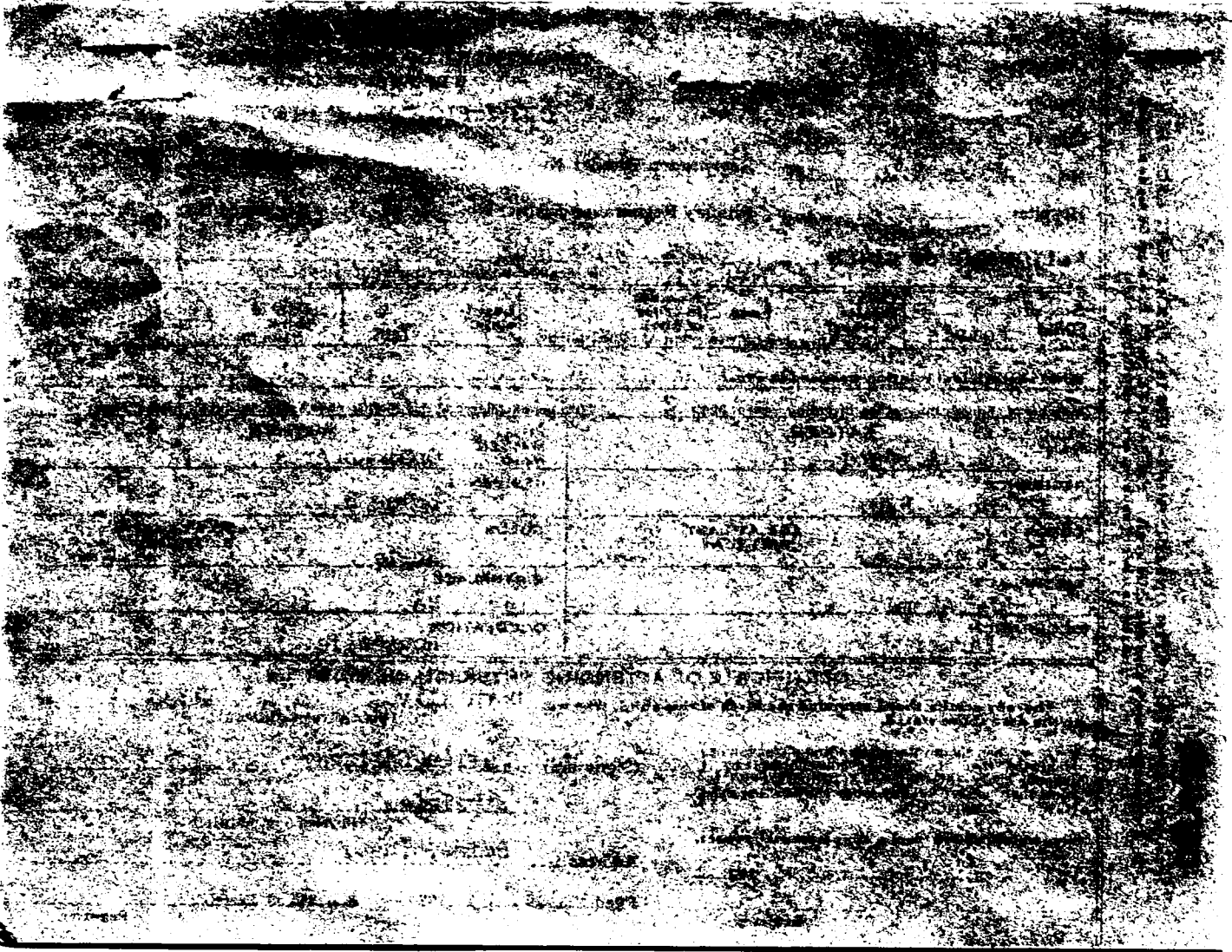
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Oct. 23 1920 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 83937

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Velma Louiza (Name on Original Certificate) who born (Was Born or Died) on September 17, 1920 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record Entered 1933 - White Cross School
Bible Record prepared on Viewed original in this office, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birth date	September 17, 1920	September 5, 1919
last name	omitted	Boyd

Subscribed and sworn to before me this 5th day of April, 1956

Signed W A Boyd
Ossie Boyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho
My commission expires Sept 5, 1958
(Seal)

R.F.D. Meridian Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 6th day of April, 1956

Signed Dora E Summers
(Signature of Any Credible Person)

Notary Public, residing at Meridian Ida
My commission expires 10-10-1957
(Seal)

Meridian Ida
(Street Address, City, State)

FORM DPH 55-155

993 - 211 - 010 - 799

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. No. 2 St

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 84727

Primary Registration District No. 2.I.V.-a. Registered No. 277

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Aug 11 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Alfred B. Ritchie	FULL MAIDEN NAME: Wilhelmina B. Price
RESIDENCE: R 2 Idaho Falls, Ida	RESIDENCE: Idaho Falls, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 yrs (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Idaho Falls, Idaho	BIRTHPLACE: Draper, Salt Lake Co, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at H P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed Aug 1 19 20 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-217-010-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida. Registration District No. 73 File No. 85753

No. ..... St. Primary Registration District No. 210 Registered No. 302

Hospital .....

FULL NAME OF CHILD Patricia Gellings

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F. Gellings	Pearl Provincal
RESIDENCE	Idaho Falls Ida	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Wisconsin	Minneapolis, Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.1.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson (Physician or midwife) M D

Address Idaho Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 15 1920 [illegible] Registrar

632-104-010-665

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2.1.3.0...

File No. 85754

Registered No. 302

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 4 1919

FATHER

FULL NAME: Adolph O. Olsen

RESIDENCE: Idaho Falls, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Brigham City, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lois Mary Owen

RESIDENCE: Idaho Falls Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housework

Number of child of this mother, including present birth ..1.. Number of children of this mother now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6:0 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson, M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 11 1920

Registrar

dup of 1919-192657

369-221-010-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73

File No. 85755

No. .... St.

Primary Registration District No. 2140

Registered No. 301

Hospital ....

FULL NAME OF CHILD Mary Gertrude Corlett

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	March 21 1919

FATHER		MOTHER	
FULL NAME	Harry Corlett	FULL MAIDEN NAME	Sarah Anna Walters
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Wellsville, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

.... 19....

.... Registrar

Filed Jan 15 1920 [illegible]

Registrar

NOV 1 195

954231-001-436

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 86519

No. ____ St.

Primary Registration District No. 1004 Registered No. 18

Hospital St Alphonsus

FULL NAME OF CHILD Mary Redding

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl					Dec 31st 1919

FATHER	MOTHER
FULL NAME: James Frances Redding	FULL MAIDEN NAME: Inez Ellen Mc Williams
RESIDENCE: Barber	RESIDENCE: Barber
COLOR	COLOR
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Pushore Penn	BIRTHPLACE: Mountain home Idaho
OCCUPATION: Loco Engineer	OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Frazier

(Physician or midwife)

Address

Given names added from a supplemental report.

19____

Registrar

Filed Jan 18 1921 R N Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1973

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH
7/9/31 008-719

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Holcomb

No. ..... St.

Hospital .....

Registration District No. 8 File No. 86609

Primary Registration District No. 2004 Registered No. 17

FULL NAME OF CHILD Clinton Milo Gardner

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	8 31 1917

FATHER		MOTHER	
FULL NAME	Clifford M Gardner	FULL MAIDEN NAME	Bertha Gardner
RESIDENCE	Holcomb Ida.	RESIDENCE	Holcomb
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconson	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7. 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

None
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

Filed Jan 29 19 24

R H Trask
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DEC 1943

693-201-009-299 No registration

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Clarkefork Registration District No. File No. 86681

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mary Jane Wilson

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 1 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Albert B. Wilson	FULL MAIDEN NAME Elsie-May Hurrow
RESIDENCE Clairindale Idaho	RESIDENCE Montgomery City Mo
COLOR White	AGE AT LAST BIRTHDAY 46 (Years)
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Lyton Indiana	BIRTHPLACE Montgomery City Mo
OCCUPATION State Pure Food Inspector	OCCUPATION Student

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs. Kate Meade

midwife.

(Physician or midwife)

Address Clarkefork Idaho.

Filed 2/8/21 19

Registrar

No registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-122-231-243

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. ..... File No. 87577

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilford Troy Patton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 22 1919

	FATHER	MOTHER
FULL NAME	Troy James Patton	FULL MAIDEN NAME Sylvia May Buttrey
RESIDENCE	Winchester	RESIDENCE Winchester
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	N. Carolina	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Langhlin

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed June 1919

J. W. Langhlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1942

119-128·273-421

PLACE OF BIRTH

MAR 10 1921 Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Registration District No. 100 File No. 87649

No. ..... St.

Primary Registration District No. 2178 Registered No. 19

Hospital .....

FULL NAME OF CHILD John Hiro Ejioka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Dec 28 1919

FATHER		MOTHER	
FULL NAME	Saburo Ejioka	FULL MAIDEN NAME	Yashi Ukawa
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) neighbor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/11/21 19.....

G. G. Eske
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-220-040-914

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. IV 3 File No. 87796

Primary Registration District No. IV 0 1 Registered No. .....

FULL NAME OF CHILD Mary Lucille Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Nov. 20 1919

FATHER		MOTHER	
FULL NAME	Henry Larson	FULL MAIDEN NAME	Bertha Ramberg
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Sweden
		OCCUPATION	House-wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:05 P. M. on the date above stated.

(Signature) Geo. H. Kennett M.D.

(Physician or midwife)

Address Kellogg, Idaho

Filed 1/11 19 21 W. F. Leshen Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

JUL 5 1957

JAN 21 1986

1/27/41 L. E.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11C 25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88454

County of Clark

City of Idmon

849-225-017-249 No. ____ St.

Registration District No. 125

File No. ____

Primary Registration District No. 2203

Registered No. ____

Hospital ____

FULL NAME OF CHILD Inez Maxine Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 20 1919

	FATHER	MOTHER
FULL NAME	Arthur F Smith	Grace L Smith
RESIDENCE	Idmon	Idmon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Texas	Anaconda Mont
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Lefler

(Physician or midwife)

Address Idmon Ida

Given names added from a supplemental report.

..... 19....

Filed March 20, 1921 C E Jones M D Registrar

..... Registrar

S-Y CO. 24655

214-102-024-291

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

88507

Registration District No. 22

Primary Registration District No. 2018

File No. .....

Registered No. .....

FULL NAME OF CHILD Richard Bland Baughman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	6th	Yes	Oct 2" 191 9 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Frank L. Baughman	Pearle Bradshaw
RESIDENCE	Wendell Ida	Wendell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farm Laborer	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 11A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 9 1919 E. D. Simonton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-131-024-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88509

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

County of Gooding

City of Bliss

No. ..... St.

Registrar's No. 2

File No. 5

Primary Registration District No. 2018

Registered No. ....

Hospital .....

FULL NAME OF CHILD Bert Evert Colvin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	~		9	yes	Dec 31 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Colvin	Edith Bray
RESIDENCE	Bliss Ida	Bliss Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	40
BIRTHPLACE	Michigan	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Jan 5 19 26 E. D. Simonton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

451-119-024-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECO.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital ..... Donald Dean

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8...

88516

CERTIFICATE OF BIRTH

RECEIVED
APR - 6 1921
BUREAU OF VITAL STATISTICS

Registration District No. 22

Primary Registration District No. 2018

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		2	Yes	Sept 19, 1919

FATHER		MOTHER	
FULL NAME	Roy Fillmore Dean	FULL MAIDEN NAME	Jessie Cornelia Smith
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Washington
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 2 ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:05 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Address Wendell Idaho

Filed Oct 7 1919

E. L. Simonton

Registrar

12/19/40 L. B.

AUG 15 1957

314-129-024-643

PLACE OF BIRTH

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-7-21-19

88518

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Registration District No. 2 2 File No. .....

Primary Registration District No. 2 0 1 8 Registered No. .....

Hospital .....

FULL NAME OF CHILD George Wesley Campbell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	— (To be answered only in event of plural births)	4th	Yes	Oct 29 1919

FATHER

FULL NAME George William Campbell

RESIDENCE Wendell

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rose Fuller

RESIDENCE Wendell

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician
(Physician or Midwife)

Address Wendell Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 12 1920 E. L. Simonton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nezperce }

Certificate No. 88518

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Robert Campbell (Name on Original Certificate) who ~~Died~~ Born Oct 29 (Was Born or ~~Died~~) on Oct 29 1919 (Date of Event)
in Wendell Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record (Bible Record, Insurance Policy, Etc.) prepared on Sept 12, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John Robert Campbell	George Wesley Campbell

Subscribed and sworn to before me this 25 th
day of Oct., 1943
Notary Public, residing at Culdesac Ida
My commission expires 2-27-47
(Seal)

Signed Rose T. Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Culdesac Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nezperce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 th
day of Oct., 1943
Notary Public, residing at Culdesac Idaho
My commission expires 2-27-47
(Seal)

Signed Hazel P. Rahoman
(Signature of Any Credible Person Other Than Previous Year)
Culdesac, Idaho
(Street Address, City, State)

OCT 27 1943

OCT 28 1943

PLACE OF BIRTH

RECEIVED APR 6 1921 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 88523

County of [redacted] 9

City of Wendell

284 - 208-024-249 No. ____ St.

Registration District No. 22

Primary Registration District No. 2018

File No. [redacted]

Registered No. ____

Hospital ____

Full Name of Child Zelma Ada Shulsen

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	2	8th	Yes	Nov 8 1919

FATHER		MOTHER	
FULL NAME	Heber A. Shulsen	FULL MAIDEN NAME	Julia M Burgon
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at G P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 9 1920 E. L. Simonton

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

APR 8

713-212-024-713

PLACE OF BIRTH

RECEIVED
APR 6 1920
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

88524

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

Registration District No. 2 2 File No. [redacted]

Primary Registration District No. 2 0 1 8 Registered No. .....

FULL NAME OF CHILD Laurena Gates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	✗	8	Yes	Nov 12 1919

FATHER	MOTHER
FULL NAME: Richard Gates	FULL MAIDEN NAME: Della Gates
RESIDENCE: Wendell	RESIDENCE: Wendell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Arkansas
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Filed Dec 1 1919 E. L. Simonton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-204-024-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88525

RECEIVED
APR 6 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No.

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD Edna Von Weller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			7	Yes	Dec 4 1919

FATHER

FULL NAME: George Von Weller

RESIDENCE: Wendell

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alice Mary Davis

RESIDENCE: Wendell

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Filed Jan 10 1920 E. L. Simonton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1969

464-228-034-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 9 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88724

County of Bonneville

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 56

Hospital

FULL NAME OF CHILD Phyllis Douglas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Aug 28 1919

	FATHER	MOTHER
FULL NAME	Wm Douglas	Ada Stevenson
RESIDENCE	Rupert Idaho	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Wis	Ohio
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7P M. on the date above stated.

(Signature) Dr. Simonton M.D.

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 6 1921 E. E. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 25 1945

331 - 211 - 036 - 142

RECEIVED
APR 7 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

88808

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Juniper

No. _____ St.

Hospital Home

Registration District No. 216

Primary Registration District No. 2069

File No. _____

Registered No. 7

FULL NAME OF CHILD Gwenever Clark

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1 (To be answered only in event of plural births)	3	yes	Feb 11 1919

FATHER		MOTHER	
FULL NAME	Laurence M. Clark	FULL MAIDEN NAME	Martha Cornelia Audin
RESIDENCE	Juniper. Idaho	RESIDENCE	Juniper. Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Benson. Utah.	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 o'clock PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah Wilson

Midwife (Physician or midwife)

Address Juniper Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 4 1921 R. T. Mauer M.D. Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6 26 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 1 10 30 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 88808

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clark (Name on Original Certificate) who was born (Was Born or Died) on Feb. 11, 1919 (Date of Event)
in Juniper, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Gwenever Clark

Subscribed and sworn to before me this 26 day of
May, 19 74
Notary Public, residing at Evanston, Wyo.
My commission expires Sept. 18, 1977
(Seal)

Signed Gwenever Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
294 West 2nd N Mt. Pleasant Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUL 2 1974

(Birth # 48-3304)

Own childs birth certificate Aseneth Marie Corbett born March 21, 1948 at Salmon, Idaho gives mothers name as Gwenever Clark.
Viewed by VS

Certificate of Baptism & Confirmation LDS Church Juniper, Idaho baptized May 13, 1927 signed William Waddoups, Bishop , Gwenever Clark born Feb. 11, 191[illegible] at Juniper, Idaho.
Viewed by VS

395 - 120 - 636 - 286

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

88809

CERTIFICATE OF BIRTH

RECEIVED
APR 7 1921
BUREAU OF VITAL STATISTICS

County of Oneida

City of Black Pine

Registration District No. 210

File No.

No. _____ St.

Primary Registration District No. 2069

Registered No. 3

Hospital Home

FULL NAME OF CHILD LEVI ISAAC TREASE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1 (To be answered only in event of plural births)		11	yes	Feb 20 1919

FATHER		MOTHER	
FULL NAME	John W Trease	FULL MAIDEN NAME	Jessie Myrtle Shoualter
RESIDENCE	Black Pine Idaho	RESIDENCE	Black Pine Ida ~~Nebraska~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	missouri	BIRTHPLACE	Nebraska.
OCCUPATION	miner	OCCUPATION	Home wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11,10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maud Wilson
midwife
(Physician or midwife)

Address Juniper Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 4 1921 R. T. Mason M.D. Registrar

S-Y CO. 24655

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Box Elder }

Certificate No. 88809

Date Filed JAN 24

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for — — Trease (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 20, 1919 (DATE OF EVENT) in Black Pine, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 20, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Lewis Isaac Trease

Subscribed and sworn to before me this 21 day of January, 19 42

Merlin N. Clark, Co. Clerk Pro Tem
Notary Public, residing at ~~.....~~
~~My commission expires~~ by Hannah N. Brown Deputy.
(SEAL)

Signed Jessie Myrtle Trease
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19 .....

Notary Public, residing at.....
My commission expires.....
(SEAL)

Signed.....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....
(REGISTRAR'S SIGNATURE)

DEC 12 1988

997-120-036-385

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

88810

RECEIVED
APR 7 1921
BUREAU OF VITAL STATISTICS

County of Oneida

City of Juniper

No. _____ St.

Hospital Home

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 4

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7	Yes	March 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Riggs	Bell Lueck
RESIDENCE	Juniper . Ida	Juniper
COLOR	white	white
AGE AT LAST BIRTHDAY	40 (Years)	38 (Years)
BIRTHPLACE	Oregon	Kelton Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at one M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amanda Jane Wilson
Midwife
(Physician or midwife)

Address Juniper Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed April 4 19 21 R. T. Mauer M.D. Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-220-036-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 7 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88811

County of Oneida

City of Black Pine Ida

Registration District No. 21c

File No.

No. _____ St.

Primary Registration District No. 2069

Registered No. 5

Hospital Home

FULL NAME OF CHILD Ruth Ethel Hawks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	1	6	Yes	Nov. 20 (Month) (Day) 1917 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank L. Hawks	FULL MAIDEN NAME	Ethel M. Harris
RESIDENCE	Black Pine	RESIDENCE	Black Pine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Escalanty Utah	BIRTHPLACE	Layton Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10, 15' M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maud Wilson

Midwife (Physician or midwife)

Address Juniper Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 7 19 21 R. M. James M.D. Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD YEAR OF BIRTH

814-119026-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90649

County of Jefferson

City of Rigby R.D.

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 143

Hospital .....

FULL NAME OF CHILD Gilbert LeRay Hamaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12-19 1919

	FATHER	MOTHER
FULL NAME	Melvin Hamaker	Margaret Connel
RESIDENCE	Rigby R D 2	Joane
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 10 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) Josephine Newman
(Physician or midwife)

Address Rigby R2

Filed 5/10/21 Ray H. Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ripley

Place of Birth — Street:

Place of Birth — County: Jefferson

File Number: 90649

Registration Dist. No.: 35

Sex of Child: Male

Date of Birth: Dec. 19 1919

Father: Melvin Hamaker (Full Name)

Mother: Margarett Connell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gilbert LeRoy Hamaker (Child's Name in Full)

Margarett Hamaker (Signature of Father or Mother)

253-101-026-249

PLACE OF BIRTH

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—2)m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 90656

No. ..... St.

Primary Registration District No. 2176 Registered No. 106

Hospital .....

FULL NAME OF CHILD J. Pershing Selck

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	1 — 1 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A. Selck	Esther Burton
RESIDENCE	Lewisville	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Ida.	Texas
OCCUPATION	Soldier A.E.F.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 18 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 5/10 1921 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-108-026-713

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

Registration District No. 98 File No. 90687

No. ____ St.

Primary Registration District No. 2176 Registered No. 138

Hospital ____

FULL NAME OF CHILD Benjamen Emmett Tibbitts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B. E. Tibbitts	Mary B. Galbraith
RESIDENCE	Lorenzo	Lorenzo
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Given names added from a supplemental report. ____ 19____

Filed 5/10 19 21 Ray H Fisher
Registrar.

____
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-120-026-493

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Hamer — Registration District No. 98 — File No. 90695

No. ____ St. ____

Primary Registration District No. 2176 — Registered No. 130

Hospital ____

FULL NAME OF CHILD Ben Edward Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 20 19

FATHER

FULL NAME: Guy C. Powell

RESIDENCE: Hamer

COLOR: W — AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Auto Mechanic

MOTHER

FULL MAIDEN NAME: Elma M. Mill

RESIDENCE: Hamer

COLOR: W — AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report. ____ 19____

Filed 5/10 1921 — Ray H Fisher, Registrar.

____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

617109-026493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lovell

Registration District No. 98 File No. 90698

No. ..... St.

Primary Registration District No. 2176 Registered No. 127

Hospital .....

FULL NAME OF CHILD Frank Wagoner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M			Yes	5	9	1919

FATHER

FULL NAME Thomas Wagoner

RESIDENCE Lovell

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Wyo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Florence Mitchell

RESIDENCE Lovell

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mont.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Filed 5/10 19 21 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-1061 Odt-213

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

RECEIVED MAY 20 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90706

County of Jefferson

City of Roberts

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 119

Hospital

FULL NAME OF CHILD John Henry McDermott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence H. McDermott	Mary Backhald
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	54	39
BIRTHPLACE	Ill.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Filed 5/10 1921 Ray L. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
MARGIN RESERVED FOR BINDING

K

SEP 25 1970

662-21-026-5-5-6

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

90709

County of Jefferson

City of Roberts

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 116

Hospital

FULL NAME OF CHILD Mary Lucille Foster

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Aug 21 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A. Foster	Mazie E. Newnham
RESIDENCE	Roberts	Hamer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Idaho	Ida.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report. 19

Registrar.

Filed 5/10 1921 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-121-025-693

RECEIVED
JUL 12 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91623

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 35

Hospital

FULL NAME OF CHILD Warren Michael Smith Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	July 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren M Smith	Francis M Wickham
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs Anna Ferguson
(Physician or midwife)

Address Lewiston Idaho

Filed Jy 2, 1 1924 G B Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1962

SEP 13 1962

231-221-534-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

91802

County of Minidoka

City of Paul

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2065 Registered No. 117

Hospital

FULL NAME OF CHILD Evelyn Lena Stark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec. 21 1919

	FATHER	MOTHER
FULL NAME	Carl E. Stark	FULL MAIDEN NAME Mame Mai
RESIDENCE	Paul	Paul
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	So. Dak.	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

(Signature) Carl Stark Father
Had neither Doctor nor midwife.
(Physician or midwife)

Address Paul

Filed 6-26 1921 O. E. Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-109-014-299

PLACE OF BIRTH

RECEIVED
OCT 7 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-18

County of Canyon

City of Caldwell

Registration District No. 9

File No. 93537

No. ..... St.

Primary Registration District No. 2005

Registered No. 192

Hospital .....

FULL NAME OF CHILD John Mac Donald Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 9 1919

FATHER		MOTHER	
FULL NAME	John Mac Donald	FULL MAIDEN NAME	Joan Bridges
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Elgin Scotland	BIRTHPLACE	McCauley Texas
OCCUPATION	Mechanic	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Torres

Physician

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 6 1921 John S. Meyer

Registrar

..... Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-944437

845-116-021-855

RECEIVED
SEP 15 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

93705

County of Franklin,
City of Clifton.
No. None St.
Hospital At Home

Registration District No. 214 File No.

Primary Registration District No. 27 Registered No. 131

FULL NAME OF CHILD Dee Henderson Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	One		March 16, 1921

FATHER

FULL NAME Cyral S. Hunter.
RESIDENCE Dayton Idaho.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Salt Lake City Ut.
OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Pearl H. [illegible]
RESIDENCE Clifton
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Fairview Wyo.
OCCUPATION Housework

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. D. [illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address [illegible]

Filed Sept. 19 21 D. A. R. Curtis
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth.

Sex of Child

FULL N

Hospital

No. . . . .

NOV 18 1943

415-120-023-845

PLACE OF BIRTH FILED

OCT RECEIVED

SEP 15 1921

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ____ BUREAU OF VITAL STATISTICS

City of ____

No. ____ St.

Registration District No. ____ File No. 93742

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Frank Irwin Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	Feb. 20 19

What bactericidal solution was used in eyes? Bichloride solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Irwin F Davis	FULL MAIDEN NAME	Myra Hunter
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Warrenton N.C.	BIRTHPLACE	Oakley Idaho
OCCUPATION	Post Office Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett Ida

Filed Sept 12 1921 J. A. Thomas Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

HOLD TO PLACE

413-207-026-299

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 22 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

93779

County of Jefferson

City of Poplar

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 151

Hospital

FULL NAME OF CHILD Maggie Edgiar Matson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 7 1919

FATHER

FULL NAME Clarence Matson

RESIDENCE Poplar

COLOR W

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Briggs

RESIDENCE Poplar

COLOR W

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) C. A. Fillmore

(Physician or midwife)

Address Rigby, R 3

Filed 1/10 19 21 Ray H Frew

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V

DELAYED

993-113-026-844
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

94712

County of Jefferson
City of Rigby
No. ..... St.
Hospital .....
Registration District No. 98
Primary Registration District No. 2176
File No. .....
Registered No. 203

FULL NAME OF CHILD Richard Esban Ricks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Dec 13 19 19

FATHER		MOTHER	
FULL NAME	Wm Ricks	FULL MAIDEN NAME	Kate E Humphrey
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a M. on the date above stated.
(Born alive or stillborn)

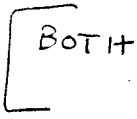
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam J. Price
(Physician or midwife)
Address Rigby

Given names added from a supplemental report.
..... 19.....
.....
Registrar.

Filed 10/10 19 21 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


BOTH

637-114-04 C-759

PLACE OF BIRTH

City of Wardner

City of Kellogg

No. ____ St.

Hospital Wardner

RECEIVED
OCT 31 1921
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 95033

Primary Registration District No. ____

Registered No. 43

HOMER MERVIN

Full Name of Child ~~Albert~~ Olmstead

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	—	Yes	July ~~23~~ 14th 19 19

FATHER		MOTHER	
FULL NAME	Albert Olmstead	FULL MAIDEN NAME	Lofkrmia Purdy
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex McCracken MD
(Physician or midwife)

Address Kellogg Idaho

Filed Oct 31 1921 E. J. Hart
Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 95033

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert Olmstead (Name on Original Certificate) who was Born (Was Born or Died) on July 14th 1919 (Date of Event)
in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on July 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Albert	Homer Mervin Olmstead
Date	July 23rd	July 14, 1919

Subscribed and sworn to before me this 3rd day of August, 1942

Notary Public, residing at Pullman

My commission expires May 29 1943
(Seal)

Signed Sophronia Abigail Olmstead, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, if correcting a death record; or other credible person.)

Palouse Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 4 1942

Mervin Olmstead

AUG 6 1942

814.125.039-593

PLACE OF BIRTH

RECEIVED
NOV 30 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 96490

County of Power
City of Crystle
No. Farm St.
Hospital Home
Primary Registration District No. 28 File No. 95
Primary Registration District No. 2161 Registered No. 4018

FULL NAME OF CHILD Lyman Viggo Hanson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 25 1919

What bactericidal solution was used in eyes? Baracic Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lyman Vasseo Hanson	FULL MAIDEN NAME	Petra Ingeborg Nilsson
RESIDENCE	Crystle Power Co. Ida.	RESIDENCE	Crystle, Power Co. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 (Born alive or stillborn) **on the date above stated.** Jan M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Mrs. Petra Ingeborg Hanson
Parent
(Physician or midwife)
Address Crystle, Power Co. Idaho

Filed 11/1 1921 J H Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

97649

County of Ada

City of Boise

351-117-001-239 Registration District No. _____ File No. _____

No. 1 St.

Hospital St. Lukes. Primary Registration District No. _____ Registered No. _____

Full Name of Child Stanley Arnold Leavitt

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month)
M.	+	2	Yes	[illegible]

FATHER		MOTHER	
FULL NAME	Leavitt	FULL MAIDEN NAME	Vera Stevens
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Kansas
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address [illegible]

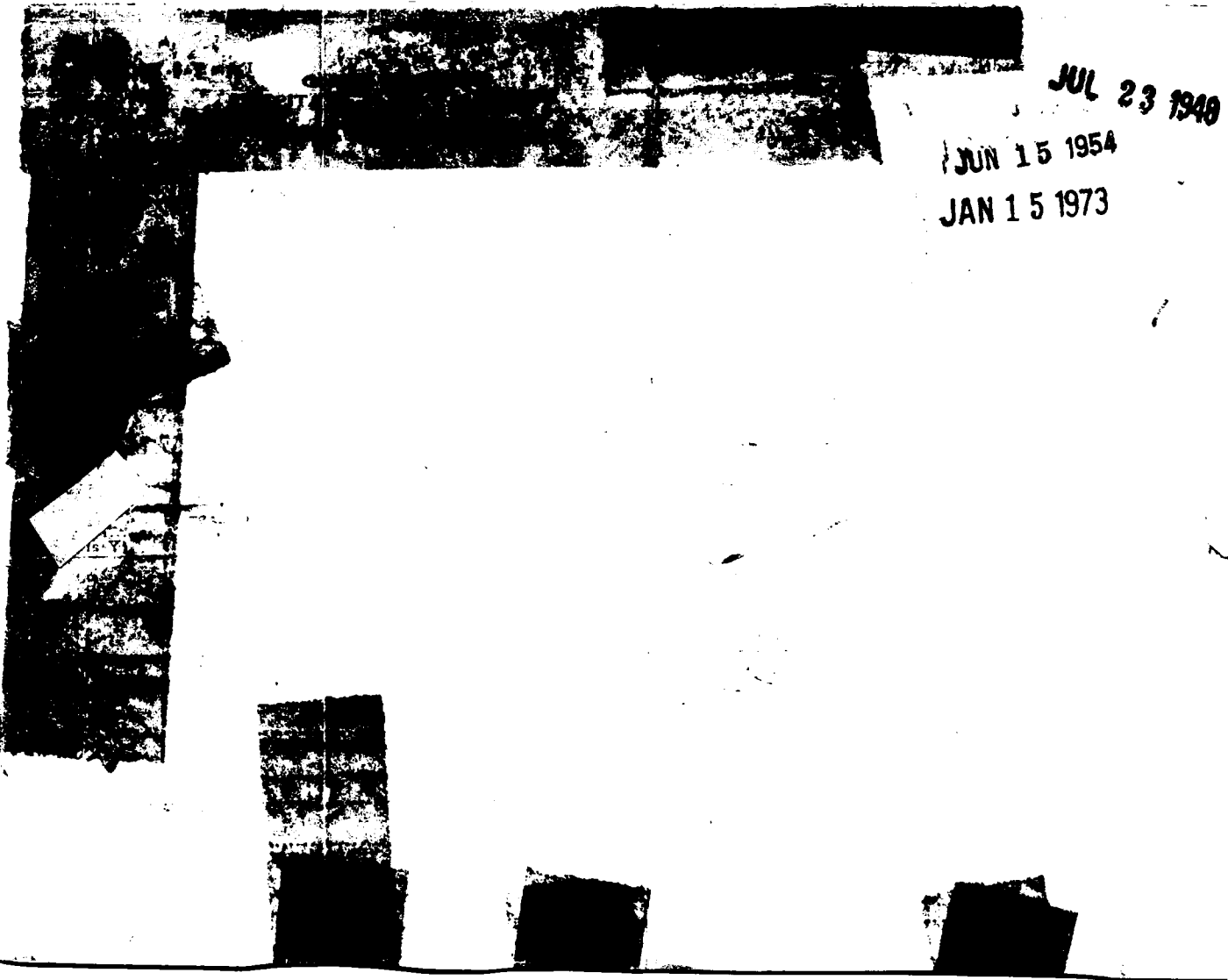
Given names added from a supplemental report

..... 19....

..... Registrar

Filed [illegible] 22

[signature] Registrar



JUL 23 1948
JUN 15 1954
JAN 15 1973

294-120-024-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Mendell

No. ..... St.

Hospital .....

Registration District No. 22 File No. 9857.0

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD Wendell Elliott Simms

Sex of Child: Male

~~Twin~~ Triplet or other? (To be answered only in event of plural births)

Number in order of birth: Third

Legitimate? Yes

Date of Birth: Oct (Month) 20 (Day) 19 (Y

FATHER

FULL NAME: Joseph Rhield Simms

RESIDENCE: Mendell Ida

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: Salesman

MOTHER

FULL MAIDEN NAME: Edith Milner

RESIDENCE: Mendell Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Frank Barrett M.D.

Physician

(Physician or midwife)

Address Mendell Ida

Filed Oct 24 19 19 E. L. Samuelson
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 98570
Date Filed 10/24/19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~death~~)
for Wendell Elliott Simms (Name on original certificate) who born (Was born or ~~died~~) on Oct 20 1919 (Date of event)
in Wendell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Her name left out	Simms	Wendell Elliott Simms

Subscribed and sworn to before me this 15th
day of July, 1941.
D. H. Horton
Notary Public, residing at Boise, Idaho
My commission expires 2/14/45
[SEAL]

Signed Mrs. J. S. Simms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
928 Krall St., Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-17-41

331-20119 24-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Gooding

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Wendell

Registration District No. 22

File No. 98571

No. ..... St. .....

Primary Registration District No. 2018

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jean Maud Clark

Sex of Child: Girl | Twin, Triplet or other? — | and | Number in order of birth: 7th (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct 1st (Month) (Day) 1919 (Year)

FATHER

FULL NAME: John Harvey Clark

RESIDENCE: Wendell Ida

COLOR: White | AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Tennessee

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Maud Powers

RESIDENCE: Wendell Ida

COLOR: White | AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Texas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7 | Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) E. L. Simonton

Wendell Ida

(Physician or midwife)

Physician

Address Wendell Idaho

Filed Oct 5 1919 E L Simonton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 3 - 1922 BUREAU OF VITAL STATISTICS

RECEIVED MAR 29 1922 BUREAU OF VITAL STATISTICS

MAR. 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wendell

Street: .....

County: Gooding

File Number: 98571

Registration Dist. No. .....

Date of Birth: Oct 1st 1919.

Sex of Child: Female

Father: John Harvey Clark (Full Name)

Mother: Josie Maud Powers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Maud Clark

Child's Name in Full

Maud Powers Clark

Signature of Father or Mother

MAY [illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[illegible]

89[redacted]69

RECEIVED
MAR 11 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 22 (1917)

Primary Registration District No. 2017

File No. 98908

Registered No. .....

FULL NAME OF CHILD Hiroshi Hori
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin (and)	1st (To be answered only in event of plural births)	yes	Aug 29 1919

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Hori	FULL MAIDEN NAME	Saku Hori
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome
COLOR	oy	COLOR	oy
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D. (Physician or midwife)

Address Jerome, Ida.

Filed Mar 9 1922 E. D. Piper M.D. Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Cap[redacted]

City of [redacted]

No. [redacted]

Hospital [redacted]

BIRTH

MAY 16 [redacted]

Sex of Child

Please do not write in this space. Print.

F BIRTH
381-926-015-364

RECEIVED
APR 3 1922
BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99049

City or ... Soda Springs

No. ..... St. ..... Registration District No. 82 File No. .....

Hospital ..... Primary Registration District No. 2159 Registered No. 13

FULL NAME OF CHILD Mary Lucile Thatcher
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		—	yes	June 26 1921

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilford Ernest Thatcher	FULL MAIDEN NAME	Mary Rose Tomlinson
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... , at 3 A ..... M.
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

Ellis Kaseg
Registrar.

(Signature) Mrs Wm J. Skinner
(Physician or midwife)

Address Soda, Idaho

Filed March 31 1922 Ellis Kaseg

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 1 4 1966

213-122-030-595

PLACE OF BIRTH

RECEIVED
MAR [illegible] 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi
City of Salmon
No. Rural St.
Registration District No. 41
File No. 99398
Hospital
Primary Registration District No. 216
Registered No.

FULL NAME OF CHILD Eugene Bacin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		6th	Yes	8-22-1919

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	George Bacin	FULL MAIDEN NAME	Maria Vintila
RESIDENCE	Rural, Salmon	RESIDENCE	Rural, Salmon.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Romania	BIRTHPLACE	Romania.
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hausner
Physician
(Physician or midwife)
Address Salmon

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 10 1922 Chas. E. Bellamy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

786-213.020-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100123

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. St. Primary Registration District No. 20 20 Registered No. 18

Hospital

FULL NAME OF CHILD Emma Fay Lyon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 13 1919

FATHER		MOTHER	
FULL NAME	Lafayette Lyon	FULL MAIDEN NAME	Agnis Fabrisius
RESIDENCE	Ogden Utah	RESIDENCE	Ogden Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Rome New York	BIRTHPLACE	Springfield Utah.
OCCUPATION	Steam Shovel Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2-55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr. O. P. Hamilton

Physician

(Physician or midwife)

Address Mountain Home Ida

Filed 3-17- 1922

H E Evans

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 [redacted]

231-124: 031-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester — Registration District No. ____ File No. 100319

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD ____ Blakesley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes.	12 24 1919

FATHER	MOTHER
FULL NAME: Gage Everett Blakesley	FULL MAIDEN NAME: Clara Lavaugn Rice
RESIDENCE: Winchester, Ida.	RESIDENCE: Winchester, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: California	BIRTHPLACE: Washington
OCCUPATION: Mill-Hand.	OCCUPATION: House-wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Alvord Gore, M. D.

(Physician or midwife)

Address Rexburg Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed Jan 10 1920 Lou E Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

DUP OF 1918 - 29635

313-219-034-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

100429

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2016 Registered No. 28

FULL NAME OF CHILD Margaret Elizabeth Catmull

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	yes	Nov. 19 1921

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alvin E. Catmull	FULL MAIDEN NAME	Adaline Eliza Whittle
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bussey Caskey Co. Utah	BIRTHPLACE	Mapleton Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. P. Pillow

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4-10 1922 E. A. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

895-119-010-236

PLACE OF BIRTH

RECEIVED JUN 1 - 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Registration District No. .....

File No. 100920

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD John Axtell Kingston
(Certificate of no value without full name of child.)

Sex of Child Female

Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth May 19 1927
(Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5

Number of child of this mother now living, including present birth 5

FATHER

FULL NAME Charles William Kingston

RESIDENCE Idaho Falls Ida. R#3

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Morgan Utah

OCCUPATION .....

MOTHER

FULL MAIDEN NAME Vista Minerva Stowell

RESIDENCE Logan Utah

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Ogden Utah

OCCUPATION .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas W Kingston householder
attending physicians address not known at this time
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 2 1927 F. W. Ahrens
State

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1971

FEB 1 9 1968

AUG 1 2 1987

799-215-015-385

PLACE OF BIRTH

[redacted] U. S. No. 11—25m-6-15-18

STATE OF IDA[redacted]

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Conda

No. _____ St.

Hospital _____

Registration District No. 82

File No. 101055

Primary Registration District No. 2159

Registered No. 20

Full Name of Child Emma E. Grimes

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	—		—	yes	Dec 15 1918

FATHER		MOTHER	
FULL NAME	Chilton Grimes	FULL MAIDEN NAME	Cora C Kenny
RESIDENCE	Conda	RESIDENCE	Conda
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley

(Physician or ~~midwife~~)

Address Soda Springs Idaho

Given names added from a supplemental report.

_____ 19____

Ellis Kackley
Registrar

Filed Mch 31 19 22 Ellis Kackley
Registrar

[redacted]

STATE OF IDA[redacted]
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No. 10-

SEP 30 1944

113-102-026-335

PLACE OF BIRTH

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1920 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudsvell

Registration District No. 98 File No. 101309

No. ..... St.

Primary Registration District No. 2176 Registered No. 177

Hospital Home

FULL NAME OF CHILD Wesley Thomas Jackson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Sept 2 19 19

FATHER		MOTHER	
FULL NAME	Thomas Jackson	FULL MAIDEN NAME	Elsie Clemt
RESIDENCE	Rudsvell	RESIDENCE	Rudsvell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Roxy Miss.	BIRTHPLACE	Morland Idaho
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 99 M. on the date above stated.
(Born alive or stillborn)

(Signature) A H Anderson MD

(Physician or midwife)

Address Rudsvell

Filed 5-10-20 H Ray Hughes Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston

Street: .....

County: Jefferson

File Number: 101309

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Sept. 2 1921

Father: Thomas W. Jackson (Full Name)

Mother: Elsie [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wesley Thomas Jackson
Child's Name in Full

Elsie [illegible] Jackson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

City of [redacted] District No. 5 File No. 101774

No. 3068 St.

~~Hospital~~ Home Primary Registration District No. 1 Registered No.

FULL NAME OF CHILD Eugene Nicolai Maki

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 30, (Year) 1919.

What bacterioidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	August Maki	FULL MAIDEN NAME	Lillian Maki
RESIDENCE	Enaville Ida	RESIDENCE	Enaville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 30 (Born alive or stillborn) at 12 M. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sofie Luoma

(Physician or midwife)

Address Enaville Ida

Filed June 19 192[illegible] F. W. Almond, M.D. State Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

NOV 3

DEC 17 2003

396-127-007-155

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102073

County of Blaine

City of Bellevue

Registration District No. #57 File No.

No. St.

Primary Registration District No. #222 Registered No. 53

Hospital

FULL NAME OF CHILD Russell Bruce Crowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male			yes	11	24	1919

FATHER		MOTHER	
FULL NAME	Charles William Crowe	FULL MAIDEN NAME	Eva Jensen.
RESIDENCE	Bellevue Idaho	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pratt Center Kansas.	BIRTHPLACE	Park City Utah
OCCUPATION	Stock raising	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 ± 50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lew Crowe

Father
(Physician or midwife)

Address Lew Crowe

Given names added from a supplemental report.

19

Registrar.

Filed 6-20 1922 Robert H. Wright

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-107-
003-462-

PLAC[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

102939

RECEIVED
JUL 12 192[illegible]
BUREAU OF [illegible]

CERTIFICATE OF BIRTH

County of [redacted]

City of Pocatello

No. 347 North Buchanan St.

Registration District No. 28 File No. 79

Hospital General

Primary Registration District No. 2161 Registered No. 4454

FULL NAME OF CHILD Herman Gerhard Brummund
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 7th 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Brummund	FULL MAIDEN NAME	Marie Mayhitz
RESIDENCE	1945 E. Sonora St Stockton Cal	RESIDENCE	1945 E Sonora St. Stockton Calif.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oldenburg Germany	BIRTHPLACE	Saifnitz Austria
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
Physician
(Physician or midwife)

Address Pocatello, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/11 1922 J. P. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-125-009-369

PLACE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St.

Registration District No. 75 File No. 103056

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Harold Moen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 25 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	A. M. Moen	FULL MAIDEN NAME	Sigrid Torstad
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs A M Moen

informant (Physician or midwife)

Address .....

Filed July 2 1922 Viola Allen
Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-129.039.225
PLACE OF BIRTH

RECEIVED
AUG 17 [illegible]

[illegible] DEPARTMENT OF P[illegible]FARE
BUREAU OF VITAL STATISTICS
STATE [illegible]

Form V. S. No. 11—20m-7-26-19

CERTIFICATE OF BIRTH

County of Powers
City of Landing
No. ____ St.
Hospital ____

Registration District No. 16
Primary Registration District No. 2016

File No. 104033
Registered No. 35

FULL NAME OF CHILD Roland Enos Woods

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Jan. 29 1919

	FATHER	MOTHER
FULL NAME	Robert F Woods	FULL MAIDEN NAME Caroline L. Skeen
RESIDENCE	L.A. Skeen	RESIDENCE L.A. Skeen
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Plain City Utah
OCCUPATION	Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edith Maxwell [redacted]
Amy Hadley
(Physician or midwife)
Address Rockland Ida.

Given names added from a supplemental report.
____ 19____

____
Registrar.

Filed July 12 1922 H Skeen
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DECEASED

553-130-003-257

PLACE OF BIRTH

RECEIVED SEP 1 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

Registration District No. 83

File No. 104351

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Glenn Kenneth Vetsch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
boy				yes	Aug 30 1919 (Month) (Day) (Year)

FATHER

FULL NAME [redacted] Vetsch

RESIDENCE George Heggie Arimo American Falls Idaho

COLOR white

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE [redacted] ota

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Violet Isabel Beach

RESIDENCE [redacted] Idaho

COLOR white

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE North Platte Nebr.

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Martha E. Beach

midwife (Physician or midwife)

Address American Falls Ida

Filed Sept. 26, 1923 H. J. Gastrigan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1968

JUL 15 1944

263-129-006-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104389

County of Bingham
City of Shelley
No. ____ St.
Registration District No. 121
File No. ____
Hospital ____
Primary Registration District No. 2194
Registered No. 319

FULL NAME OF CHILD Lloyd George Bolander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 29 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. E. George Bolander	FULL MAIDEN NAME	Nora McGary
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Aalborg Denmark	BIRTHPLACE	Taylorsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Dent M.D.
(Physician or midwife)

Address Shelley Idaho

Filed Sept 1 1920 Mrs Hattie E. Fatout
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-107-015-384 Child's name & city of birth added 5-15-89 MCM

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of SODA SPRINGS

No. ~ St.

Registration District No. 82 File No. 105619

Hospital ~ Primary Registration District No. 2159 Registered No. 59

FULL NAME OF CHILD ELLIS HARRIS SKINNER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~	~	yes	Nov. 7 1919

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Archibald Skinner	FULL MAIDEN NAME	Ethel May Chugg
RESIDENCE	Soda Spgs., Ida.	RESIDENCE	Soda Spgs., Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Ellen Kacey
Registrar.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Idaho

Filed Oct 31 1924 Ellen Kacey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

4-26-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

RECEIVED

MAY 0 3 1989

VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Caribou } ss.

Certificate No. 105619
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Skinner (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 7, 1919 (Date of Event)

in Unnamed (Caribou) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Skinner	Ellis Harris Skinner
City of birth	unnamed	Soda Springs

Subscribed and sworn to before me this 1 day of May, 1989.

Notary Public, Gloria Archer

Residing at Soda Springs, Id

My commission expires Oct 2, 94

(Seal)

Ellis Harris Skinner
Signature of Applicant

160 Chatteau Theresa Soda Springs 10
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

US Army discharg shows Ellis H Skinner born Nov 7, 1919 in Soda Springs and discharged Jan 23, 1946. Viewed by VS.

MAY 15 1989

Reliance National Life Insurance Co Shows Ellis H Skinner born Nov 7, 1919 in Soda Springs, ID to Archibald Skinner & appiled May 27, 1957. Viewed by VS.

Birth certificate from Caribou Co Hospital in Soda Springs, ID for Kent A. Skinner born Mar 14, 1954 shows Ellis Harris Skinner born Nov 7, 1919 in Meadowville, ID as the father. Viewed by vs.

693-12-2033-859

PLACE OF BIRTH

RECEIVED
DEC 6 1929
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

No. ..... St. Registration District No. 12 File No. 106833

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Keith Wilcox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 27 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Floyd Wilcox	FULL MAIDEN NAME	Annie Grizelda Gibson
RESIDENCE	Sunnydell Ida.	RESIDENCE	Sunnydell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cedar Fort Utah	BIRTHPLACE	Glenwood Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Sunnydell Ida on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lucy Burr
nurse
(Physician or midwife)

Address Sunnydell Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed apr 1929

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/19/41. w.h.

249-12 PLAC [redacted] -389

RECEIVED DEC 26 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 107123

County of [redacted]

City of Picabo, Idaho

No. ..... St. Registration District No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Adrain Aaron Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	One	Fifth	Yes.	Sept. 24 1919

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Orn Smith.	Addie Bell Robishaux.
RESIDENCE	Picabo, Idaho.	Picabo, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	32
BIRTHPLACE	Mo.	Texas.
OCCUPATION	farming.	House work on farm.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Jesse O. Smith (Mother)

(Physician or midwife)

Address Picabo, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Dec. 26 1922 F. W. Algyer, M.D. State Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]
APR 2 1976

415-168-012-1689

PLACE OF BIRTH

County of Fremont

City of Stanthony

No. ..... St.

Hospital .....

1923

ITAL

PICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 107766

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. 41

FULL NAME OF CHILD Lawrence Dean Dover

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	Nov. 18 1922

What bactericidal solution was used in eyes? Silver nitrat

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Dover	FULL MAIDEN NAME	Mable Whittaker
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Shepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Frank Hackett M.D.

(Physician or midwife)

Address St Anthony Ida

Filed Jan 4th 1923 W. M. Hansen

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-123-022-215

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 107771

Primary Registration District No. 2177 Registered No. 61

FULL NAME OF CHILD Utaka Moriyata

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feby 23 1922

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME S Moriyata	FULL MAIDEN NAME Kiyo Kanaya
RESIDENCE Parker	RESIDENCE Parker
COLOR Japanese AGE AT LAST BIRTHDAY ..... (Years)	COLOR Japanese AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I Certify That to the best of my knowledge the above is correct

(Signature) .....

W. E. Ernst

(Physician or midwife)

12-29-1922

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Jan 10th 1923 W. M. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1968

10-413

PLACE OF BIRTH

RECEIVED FEB 21 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 108924

No. 179/11th St.

Primary Registration District No. 2100

Registered No. 4

Hospital

FULL NAME OF CHILD Thomas Michael Sheppard

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 2 4 a 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Harold B. Sheppard	FULL MAIDEN NAME: Edna Mac Donnell
RESIDENCE: Idaho Falls Idaho	RESIDENCE: Idaho Falls Ida.
COLOR: White; AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White; AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Tenness Tee	BIRTHPLACE: Castle Mont
OCCUPATION: Real Estate & Loans	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Lemaird

P. Sygmain (Physician or midwife)

Given names added from a supplemental report.

______19___

Registrar

Address Idaho Falls Idaho

Filed Dec 18 1923 Wm Lemaird
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 19[illegible]

753-119-010-753

PLACE OF BIRTH

RECEIVED
APR 9 1923
BUREAU OF VITAL STATISTICS

STATE OF [redacted]
DEPARTMENT OF P[redacted]
BUREAU OF VITA[redacted]

CERTIFICATE OF BIRTH

109195

County of Bonneville

City of Idaho Falls St. No. Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD George Henry Petersen, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11 19, 1919

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: George Henry Petersen	FULL MAIDEN NAME: Lulu Bernice Peterson
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Washington, D.C.	BIRTHPLACE: Horse Shoe Bend, Idaho.
OCCUPATION: Civil Engineer	OCCUPATION: none.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ✓ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) W. H. Glenn

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Apr. 9 192 3 J. W. Almond
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
819-103-010-573
County of Bonneville
City of Idaho Falls
No. 400 Eleventh St.

RECEIVED
JUN 1 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

111357

Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jad Evans Hardesty
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		2	yes	May 3, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Fay W. Hardesty	FULL MAIDEN NAME Beatrice Irvine Nicolson
RESIDENCE 400 Eleventh St.	RESIDENCE 400 Eleventh St
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Chanute, Kansas.	BIRTHPLACE Butte, Montana.
OCCUPATION mechanic	OCCUPATION House wife—mother

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) T. C. Hallister

M.D.
(Physician) ~~or midwife~~

Address .....

Filed June 6 1923 H. Walmsley Registrar.

7/18/41

565-12-019 -66

PLACE OF BIRTH

RECEIVED JUN 1 1923 BUREAU OF VITAL STATISTICS

STATE OF [redacted] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-15

County of Custer

City of Mackay. Registration District No. 15 6 111482

No. ..... St. Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Louis Gordon Nonini (Noninii)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Aug 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amerigo Nonini	Mable Whitney
RESIDENCE	Mackay	Mackay, Idaho
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Laborer.	Home wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Farrell.

(Physician or midwife)

Address Mackay Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/31 1923 Rose Nonnacki Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1940

JUN 11 1962

JUN 5 1940

APR 8 1968

219-125-024-252

RECEIVED
MAY 27 1923

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

111563

County of Gooding

City of Wendell

Registration District No. 12 File No.

No. St.

Primary Registration District No. 209 Registered No.

Hospital

FULL NAME OF CHILD Robert [illegible] Barton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		6th	Yes	Nov. 25 1922

FATHER	MOTHER
FULL NAME: Burton L. Barton	FULL MAIDEN NAME: Mary Best
RESIDENCE: Wendell Ida	RESIDENCE: Wendell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Colorado
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

19

Registrar

Filed May 29 19 23 E. L. Simonton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1951

345-112-024-553

PLACE OF BIRTH

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 111566

No. ____ St.

Primary Registration District No. 2018

Registered No. ____

Hospital ____

FULL NAME OF CHILD Frank Gustaov Lundquist.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			4	Yes	Dec 12 1919

FATHER		MOTHER	
FULL NAME	Carl Robert Lundquist	FULL MAIDEN NAME	Agnes Nelson
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) E. C. Simonton

Physician
(Physician or midwife)

Address Wendell Ida

Filed Jan 12 1920 E. C. Simonton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-118-22-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

County of Gooding
City of Wendell
No. ..... St.
Hospital .....
Registration District No. 22
Primary Registration District No. 2018
File No. 111568
Registered No. .....

FULL NAME OF CHILD Donald James Huey

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	3	Yes	Dec 18 19 19

FATHER		MOTHER	
FULL NAME	Dwight L. Huey	FULL MAIDEN NAME	Mary Alta Davis
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Simanton
Physician
(Physician or midwife)
Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 20 1923 E. D. Simanton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1943

413-22-006-638

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 111584

No. ..... St.

Primary Registration District No. 2018

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marion Florence MacInnes

Sex of Child Female | Twin, Triplet or other? ..... | Number in order of birth 3d | Legitimate? Yes | Date of Birth July 21 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Gordon McGuirey

RESIDENCE Wendell Ida

COLOR White | AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Vermont.

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Audrey McGuirey

RESIDENCE Wendell Ida

COLOR White | AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 20 1923 E L Simonton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

dup of 1919-DS2-3174

593-127-025-247

PLACE OF BIRTH

RECEIVED
JUN 10 1943
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 112678

County of Idaho

City of Elk City

No. ..... St.

Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Hunter Nitz

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Dec. 27th, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth Fourth Number of child of this mother now living, including present birth Fourth

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Conrad Nitz	Violet Brooke Supplee Nitz
RESIDENCE	Elk City, Idaho	Elk City, Idaho
COLOR / AGE AT LAST BIRTHDAY	White / 31 (Years)	White / 25 (Years)
BIRTHPLACE	Nebraska	Pennsylvania
OCCUPATION	Farmer	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Ida E. Smith

..... (Physician or midwife)

Address Elk City

Filed Dec 1919

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

459-212-019-295 [redacted]

Form V. S. No. 11-O

SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

114363

PLACE OF BIRTH

County of Custer

City of Stanley

No. .... St.

Hospital ....

Registration District No. 108

Primary Registration District No. 2186

File No. ....

Registered No. ....

FULL NAME OF CHILD Stella May Meritt

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Dec Fri 12 1919

FATHER		MOTHER	
FULL NAME	Jay Devonport Merrett	FULL MAIDEN NAME	Sadie Fannie Binkley Merritt
RESIDENCE	Stanley	RESIDENCE	Stanley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mason, Mich	BIRTHPLACE	Benton Organ
OCCUPATION	Ranching	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 .... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R B Clothers (nurse)

(Physician or midwife)

Address Stanley Idaho

Given names added from a supplemental report.

.... 19...

.... Registrar

Filed SEP 10 1923 19......

F W Almond M D
State Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted] 1 2 1947

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-124 028-433

PLACE OF BIRTH

RECEIVED AUG 22 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake — Registration District No. 45 — File No. 114535

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Kenneth Bowers ~~Laurence~~ ~~Kenneth Laurence~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	3rd	yes	Feb 24 1919

FATHER		MOTHER	
FULL NAME	Henry N. Bowers	FULL MAIDEN NAME	Violet M. Laughlin
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Hostler Round House	OCCUPATION	House work

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. McCormick

Physician

(Physician or midwife)

Address Spirit Lake Ida.

Given names added from a supplemental report.

....19....

Registrar

Filed 2/27 19 19 Thos. Nowicki

Registrar

S-Y-CO 38071

APR 28 1942

MAR 25 1957

AUG 20 1947

DELAYED

463-120028-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 26 1920
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Spirit Lake

Registration District No. 45

File No. 14539

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Philip Edwin Dolan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	— (To be answered only in event of plural births)	2nd	yes	June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Dolan	FULL MAIDEN NAME	Mary Porchinger
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Round House Foreman	OCCUPATION	House Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Address ____

Filed 1/26 1920 Thos. Kendrick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

.... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 5 1954

DELAYED

759-205-028-547

PLACE OF BIRTH

RECEIVED
AUG
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 45

File No. 1 4540

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Eleanor Maralee E. Sprow

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	2nd	yes	Feb 5th 1919

FATHER		MOTHER	
FULL NAME	Clifford J. Sprow	FULL MAIDEN NAME	Myrtle Edgerton
RESIDENCE	Spirit Lake Idaho	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Georgia
OCCUPATION	Locomotive fireman	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) F. P. McCormick

Physician (Physician or midwife)

Address Spirit Lake, Idaho

Filed 2/10 1919 Mrs Kunich

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 9 1945

DELAYED

296107 028 419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 22 19
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Spirit Lake — Township, District No. 45

File No. 14541

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Baby Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1st	yes	Feb 7 1919

FATHER	MOTHER
FULL NAME: Ira. Brown	FULL MAIDEN NAME: Ada. Mabee
RESIDENCE: Spirit Lake Ida.	RESIDENCE: Spirit Lake Ida.
COLOR: Whit — AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Illinois
OCCUPATION: Car Repairer	OCCUPATION: House wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) F. P. McCormack

Physician (Physician or midwife)

Address Spirit Lake Ida.

Filed 2/17 1919 Ina Kamish Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

915-114-634-155

County of Minidoka

City of Rupert

No. ..... Hospital .....

RECEIVED NOV 7 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 116377

Registration District No. 19 State File No. 1

Primary Registration District No. 2015 Local Registrar's No. 188

FULL NAME OF CHILD Theodore Everett Ranstrom
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	April 14 1919

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilford Joseph Ranstrom	FULL MAIDEN NAME	Veda Averett
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Mt. Pleasant, Utah	BIRTHPLACE	Mt. Pleasant, Utah
OCCUPATION	Workingon Railroad	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at Rupert M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) E. K. Edmunds

(Physician or midwife)

Address Rupert Ida

Filed Apr 1919

Registrar.

BOTH

291-128:040-291

RECEIVED OCT 26 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 10 File No. 116474

No. ..... St.

Primary Registration District No. 1011 Registered No. 92

Hospital .....

FULL NAME OF CHILD Charles Junior Brant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Jan 28 1919

FATHER	MOTHER
FULL NAME Charles A Brant	FULL MAIDEN NAME Eva Brant
RESIDENCE Mullan Ida	RESIDENCE Mullan Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mich	BIRTHPLACE Ill
OCCUPATION Laborer & Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Ralph

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan

Filed 1/23 19 22

Registrar

BY CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-112-040-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
OCT 26 1923
BUREAU OF VITAL STATISTICS

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 70

Primary Registration District No. 1011

File No. 116475

Registered No. 93

FULL NAME OF CHILD ..... not given Arthur Leonard Kero

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	Nov (Month) 12 (Day) 1919 (Year)

FATHER

FULL NAME: Charles Kero

RESIDENCE: Mullan Ida

COLOR: W

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Tillie Lake Lakkajarvi

RESIDENCE: Mullan Ida

COLOR: W

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Finland

OCCUPATION: House Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Ralfs

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/1/23 19.. H L Jones Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 10-28-40

843-205-637-169

PLACE OF BIRTH

County of Owyhee

City of B. Duncan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 118341

Hospital ..... Primary Registration District No. 47 Local Registrar's No. .....

FULL NAME OF CHILD LOIS CHRISTINA Nicks

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	3 5 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Carl Roy Nicks	FULL MAIDEN NAME	Cora Johnson
RESIDENCE	Duncan	RESIDENCE	B. Duncan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ida	BIRTHPLACE	WASECA, MINN.
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) .....

midwife

(Physician or midwife)

Address .....

Filed 3-5 1919 Matt Becker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1943

APR 28 1943

d States
rtment of Commerce
au of the Census

APR 26 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County OWYHEE (b) City BRUNEAU
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City BRUNEAU
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state)

FULL NAME OF CHILD LOIS CHRISTINA HICKS
5. Date of Birth of Child (Month, day, year) MARCH 5 1919
Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD
FULL NAME EARL ROY HICKS
Color or Race WHITE 12. Age at time of THIS birth 30 yrs.
Birthplace KENDRICK (City or town) IDAHO (State or foreign country)
Exact Occupation BARBER
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** CORA MAY HICKS
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace WASECA (City or town) MINN. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I ~~attended the birth of this~~ child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that Mrs. Daisy (First name) Armstrong (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora May Hicks Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1943.

(SEAL) C E Morell, Notary Public, residing at Mtn. Home, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 151, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

118346

STANDARD CERTIFICATE OF BIRTH

County of Owyhee
Township of Idaho
or
Village of Riddle
or
City of ---- (No. ----, ---- St.; ---- Ward)

1919 Dec
Registered No. Sup. 2

652-117-C37-493

FULL NAME OF CHILD August Jess

{If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month), (Day), (Year)
M			Yes	Dec, 19, 1919

FATHER		MOTHER	
FULL NAME	Frank Jess	FULL MAIDEN NAME	Tilly Dicks
RESIDENCE	Near Riddle Ida	RESIDENCE	Near Riddle Nev.
COLOR	Indian 4/4	AGE AT LAST BIRTHDAY	39 (Years)
COLOR	Indian 4/4	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of children born to this mother, including present birth 3

Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I did not attended the birth of this child, who was alive (Born alive or Stillborn) at ---- M., on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D A Richardson M D

(Physician or Midwife)

Address Owyhee Nevada

Given name added from a supplemental report ----, 19

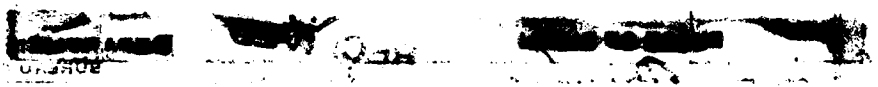
---- REGISTRAR

Filed 12-19, 1919. W. H. Becker REGISTRAR

11—385 H

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar City

No. 814-115 033862 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC[redacted]
FEB 1[redacted] 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 118973

Registration District No. 100 State File No.

Primary Registration District No. 2178 Local Registrar's No. 646

FULL NAME OF CHILD HARUO YAMASAKI
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Feb. 15/1919 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME J. YAMASAKI	FULL MAIDEN NAME YASUYO YOKOYAMA
RESIDENCE Sugar City	RESIDENCE Sugar City
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / [redacted] } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) H. G. Espe

(Physician ~~or midwife~~)

Address Rupert Cassia - Idaho

Filed 1/28 192 4

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] OF PUBLIC WELFARE
[redacted] VITAL STATISTICS

County of Madison

City of Rexburg

CERTIFICATE OF BIRTH 11891/3

No. ..... St. Registration District No. 10c State File No. .....

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 1136

FULL NAME OF CHILD Haruo. Yamasaki

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	2	15	1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	J. Yamasaki	FULL MAIDEN NAME	Yasuyo Yokoyama
RESIDENCE	Rexburg	RESIDENCE	
COLOR	Japan	COLOR	Japanese
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE		BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) K. Sakata X

Neighbor

~~(Physician or midwife)~~

Address .....

..... , 192....

..... Registrar.

Filed 6/4 192 5 J. Wyong Registrar.

2 Certified pies issued Feb. 24, 1941. E.W.

PLACE OF BIRTH

RECEIVED
FEB 1 1924
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

Ci - Sugar

No. 212-120033429 St.

Registration District No. 100 State File No. 118986

Hospital

Primary Registration District No. 2128 Local Registrar's No. 641

FULL NAME OF CHILD KIYOSHI SAKOTA

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	1		Apr. 20/1919 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER

FULL NAME: K SAKOTA

RESIDENCE: Sugar City

COLOR: Japanese

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Japan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: KURA UKINAGA

RESIDENCE: Sugar City

COLOR: Japanese

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Japan

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 2/4/42

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) G. G. Espe

M D

(Physician or midwife)

Address

Filed 1/28 1924

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO
N. B.—In case of more than one child at birth a SEPARATE RETURN must be ma
each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City or Sugar

No. ..... St.

Hospital .....

RECEIVED
FEB 16 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 State File No. .....

Primary Registration District No. 2178 Local Registrar's No. 1015

FULL NAME OF CHILD Kiyoshi Sakota

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4/20/1919 ~~102~~

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	K. Sakota	FULL MAIDEN NAME	Kusa Okunaga
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Mrs Y. Yoshida
Neighbor
(~~Physician~~ or midwife)

Address Sugar Idaho

Filed 3/12 192 J. Rogers Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Ada

City of Boise

No. 262 2020 845 St. Hospital Maternity

STATE OF IDAHO
DEPARTMENT OF PUBL[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH 119197

Registration District No. ..... State File No. 1191 24

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frances Jeanne Boswell

(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth Feb. 2 1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Elmer E. Boswell	FULL MAIDEN NAME Juanita L. Terry
RESIDENCE Mt. Home Idaho	RESIDENCE Mt. Home Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Canton Ills.	BIRTHPLACE Mt. Home Idaho
OCCUPATION Back Teller.	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) [signature]

[signature] M.D.
(Physician or midwife)

Address .....

Filed Feb 27 1924 [signature]
State Registrar.

MAR 1 5 1976

JUL 12 1949

PLACE OF BIRTH
551 115009 958

County of Bonner

City of Sandpoint (rural)

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 120204

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Donald Eldon Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Male			Yes	Feb. 15 19

What bactericidal solution was used in eyes? Boric acid solution

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME Franklin Daniel Evans	FULL MAIDEN NAME Nora Elizabeth Reynolds
RESIDENCE Sandpoint Ida Box 186	RESIDENCE Sandpoint, Ida Box 186
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Durbin, N. Dak	BIRTHPLACE Lake City, Iowa
OCCUPATION Fisherman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

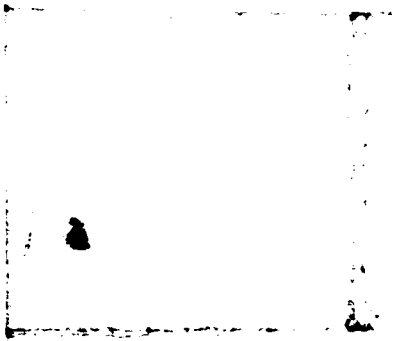
.....
Registrar.

(Signature) Helen A. Hawkins
(Neighbor in attendance.)
(Physician or midwife)

Address Sandpoint, Idaho.

Filed April 2 1924 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
691-126-003249
County of Bannock
City of Robin

ST[redacted]HO
DEPARTMEN[redacted]C WELFARE
BUREAU C[redacted] STATISTICS

CERTIFICATE OF BIRTH 121566

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD LeRoy Harrison Franklin.
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 26th 1924

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth first Number of child of this mother now living, including present birth One.

FATHER	MOTHER
FULL NAME Harrison Grant Franklin	FULL MAIDEN NAME Mary Glee Smith
RESIDENCE Robin Idaho	RESIDENCE Robin Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pottawattamie Co. Iowa	BIRTHPLACE Pottawattamie Co. Iowa
OCCUPATION Farming	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at about noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Dr Hartrickson
(by Mrs H. L. Franklin)
(Physician or ~~midwife~~)

Address McCammon, Idaho

Filed May 12 1924 F. W. Almond, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

74 7-102-006-699
PLACE OF BIRTH

STATE OF [redacted]
DEPARTMENT OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 122348

County of Bingham
City of Shelley
No. — St. Registration District No. ..... State File No. 12234-
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Clarence Jurgensen
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	April 2 1919

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Argyrol No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME: Marion Leon Jurgensen
RESIDENCE: ~~R 23~~ Shelley Idaho.
COLOR: White. AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Wells Point, Texas.
OCCUPATION: Potato Buyer

MOTHER

FULL MAIDEN NAME: Mary Alyce Frazzell
RESIDENCE: Shelley Idaho
COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Des Moines Iowa
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192..

..... Registrar.

(Signature) J. E. Gilbert M.D.
Shelley Idaho
(Physician or midwife)

Address .....

Filed JUL 3 1919 192..

J. W. Almond M. D.
State Registrar.

OF IDAHO
PUBLIC WELFARE
AL STATISTICS

819-217
PLACE OF BIRTH
007-353

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 3 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 122650

Registration District No. 57 State File No. .....

Primary Registration District No. 2022 Local Registrar's No. 15

FULL NAME OF CHILD Mary Evelyn Hazelton
(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 17th 1924

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth Two Number of child of this mother now living, including present birth Two

FATHER

FULL NAME Oscar Leroy Hazelton

RESIDENCE Bellevue

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Boulder Colorado

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Helen Bruce Delfer

RESIDENCE Bellevue

COLOR ..... AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Somerville Mass

OCCUPATION .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 30 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Oscar L. Hazelton

Mrs George S Stitt
(Physician or midwife)

Address Bellevue Ida.

Filed 6-10 1924 Robert F. Wright Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. 415 204 041 389 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH

RECEIVED
JUL 5 1924
BUREAU OF VITAL STATISTICS

Primary Registration District No. 2176

File No. 123446

Registered No. 45

FULL NAME OF CHILD Vesna Mary Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 4, 1919

FATHER		MOTHER	
FULL NAME	Charles L. Daniels	FULL MAIDEN NAME	Ida Christopherson
RESIDENCE	Driggs,	RESIDENCE	Driggs, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

(Signature) Chas. L. Martin

Physician
(Physician or midwife)

Address Driggs, Idaho

Filed 6-20-1924 Martha Marker
Registrar

JAN 29 1981

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. 799 1/2 1/4 1/2 35 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 123449

Registration District No. 77 State File No.

Primary Registration District No. 2176 Local Registrar's No. 42

FULL NAME OF CHILD Stevens MacGregor Price
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 21, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cecil William Price	FULL MAIDEN NAME	Lila Carolyn Stevens
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nephi Utah	COLOR	white
OCCUPATION	Teacher	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Charlevoix Michigan
		OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Mrs C. W. Price
(the mother)
~~(Physician or midwife)~~

Address

Filed 6-20-1924 Martha Marker
Registrar.

c.c. 4/29/41. w.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 19 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

123519

CERTIFICATE OF BIRTH

County of Nezperce

City of Peck

No. 455-115 St. (035 455)

Registration District No. ..... State File No. 123519

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Willie Elgin Devlin
(Certificate of no value without full name of child)

Sex of Child Male

Twin, Triplet or other? ..... **and Number in order of birth** One
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 12 (Month) / 15 (Day) / 1919 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Thomas Devlin	FULL MAIDEN NAME	Gladys Blanch Devlin
RESIDENCE	Peck Nezperce Co. Ida.	RESIDENCE	Peck Nezperce Co Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Rathdrum Ida.	BIRTHPLACE	Peck Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at 6 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Wm J. Devlin Father

none
(Physician or midwife)

Address Peck Idaho

Filed July 19 1924 F W. Almond M.D
State Registrar.

546-22040185

PLACE OF BIRTH

RECEIVED
OCT 3 1924
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123

File No. 125486

Primary Registration District No. 2201

Registered No. 8

FULL NAME OF CHILD Alwen Cedris Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	--		--	Yes	Jan. 21 1924

FATHER	MOTHER
FULL NAME: John Edwards	FULL MAIDEN NAME: Elizabeth Jones
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Wales	BIRTHPLACE: Wales
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: three

Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. McCracken

M.D.
(Physician or midwife)

Address Kellogg

Given names added from a supplemental report:

..... 19.....

.....
Registrar

Filed 9-29-1924 Mrs. Helen McBride
Registrar

S-Y-CO 36071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B

OCT 30 1967

243-206 040 814
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 8 1924
STATE

County of Shoshone

City of Kellogg

No. 701 N. Caledonia St.

Registration District No. 123

File No. 125487

Primary Registration District No. 1201

Registered No. 9

Hospital

FULL NAME OF CHILD Ethel Elizabeth Buchanan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	-- and --	--	Yes	Jan. 6 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Lloyd Buchanan	FULL MAIDEN NAME: Nellie Hamilton
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Smith Center, Kans.	BIRTHPLACE: Thornburg, Iowa
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 p M. on the date above stated.

(Signature) Alex. D. McCracken

M. D.
(Physician or midwife)

Address Kellogg, Ida.

Filed 9-29-1924 Mrs. Helen McBride
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623 2/4 - 60K-149

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 125556

County of Ada

City of Boise

No. 1107 Front St. Registration District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 373

FULL NAME OF CHILD Aurora Astolaza

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	12-14-1919

What bactericidal solution was used in eyes? No.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Costantino Astolaza	FULL MAIDEN NAME Lucia Arnas
RESIDENCE 1107 Front	RESIDENCE 1107 Front
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Rancher	OCCUPATION House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 1. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Costantino Astolaza per [illegible]
(Physician or Midwife)

Address Boise

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 20 1924 R. K. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1974

SEP 1 1942

249-201-041-155

PLACE OF BIRTH

RECEIVED
NOV 6 1924
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs.

No. ..... St.

Registration District No. 77 State File No. 126290

Hospital .....

Primary Registration District No. 2176 Local Registrar's No. 20

FULL NAME OF CHILD Frances Smith

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	April 1 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clement Smith	FULL MAIDEN NAME	Sybil Jensen
RESIDENCE	Driggs, Ida.	RESIDENCE	Driggs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 12 o'clock M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Sibyl Smith mother

(Physician or midwife)

Address Rexburg, Idaho

Filed Oct 31 1924 Martha Marsher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1973

dup of 1919-296533

PLACE OF BIRTH
867-217-421-369

Form V. S. No. H-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

126292

County of Teton

RECEIVED
NOV 6 1924
BUREAU OF VITAL STATISTICS

City of Driggs

Registration District No. 77

File No.

No. St.

Primary Registration District No. 2176

Registered No. 18

Hospital

FULL NAME OF CHILD Frances Hoggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Apr. 17, 1919

FATHER		MOTHER	
FULL NAME	James D. Hoggan	FULL MAIDEN NAME	Agnes M. Gordon
RESIDENCE	Driggs.	RESIDENCE	Driggs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Harness maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Agnes M. Hoggan

The Mother (Physician or midwife)

Address Rigby, Idaho (R.F.D.)

Filed 31 Oct 1924 Martha Marker Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1959

413-129-64-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
DEC 6 19

County of Teton

City of Driggs. BU Registration District No. 77 File No. 127166

No. St. Primary Registration District No. 2176 Registered No. 34

Hospital

FULL NAME OF CHILD John Philip Dalby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Mar. 29 1927

FATHER

FULL NAME: Glenn E. Dalby

RESIDENCE: Driggs,

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Ethelwynne Griggs

RESIDENCE: Driggs, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethelwynne G. Dalby

The Mother (Physician or midwife)

Address Driggs, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-5-1927 Martha Marker Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318 PLACE OF BIRTH 318

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DEC 6 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs, Ida. No. ..... St.

Registration District No. 77 State File No. 127172

Hospital ..... Primary Registration District No. 9176 Local Registrar's No. 23

FULL NAME OF CHILD Leone Taylor
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes.	Aug. 6 1924

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ernest James Taylor	FULL MAIDEN NAME	Leone Wardrop Taylor
RESIDENCE	Driggs Idaho.	RESIDENCE	Driggs Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Salt Lake City, Utah.	BIRTHPLACE	Salt Lake City, Ida.
OCCUPATION	Sheepman, Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born dead~~ Born alive at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Leone W. Taylor
The Mother.
~~(Physician or Midwife)~~

Address Driggs, Idaho.

Filed 11-5-1924 Martha Marker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

128531

RECEIVED
JAN 5 1925
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia R D 2

No. 944-110-041-214 St. Registration District No. 77 State File No.

Hospital Primary Registration District No. 2176 Local Registrar's No. 47

FULL NAME OF CHILD Frank Rudolfo

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 16 1924

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto Franz Rudolph	FULL MAIDEN NAME	Florence Leone Sautter
RESIDENCE	Tetonia R D 2	RESIDENCE	Tetonia R.D.2. Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Florence Rudolph
Mother
~~(Physician or midwife)~~

Address Tetonia R D #2. Idaho

Filed 12-31- 1924 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31

449-103022-286

PLACE OF BIRTH

RECEIVED
FEB 4 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

129048

County of Fremont

City of Ashton,

Registration No. 102

File No. 129048

No. ..... St.

Primary Registration District No. 6

Registered No. .....

Hospital .....

FULL NAME OF CHILD Samuel Setsuo Murakami

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				3/3/19 ..... 191....

FATHER		MOTHER	
FULL NAME	Samuel Murakami	FULL MAIDEN NAME	Konami Kyogoku
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E K Branyan

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Ashton, Idaho

Filed Feb 1 1925 A. Meacham

Registrar

8-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

655-13-033-655
PLACE OF BIRTH

[redacted] DEPARTMENT BUREAU [redacted] 130271

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. R.F.D. # 4 St. Registration District No. State File No. 130271

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Robert Clark Fenstermaker
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	Oct.	13	19

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth first Number of child of this mother now living, including present birth first

FATHER		MOTHER	
FULL NAME	Dayton Henry Fenstermaker	FULL MAIDEN NAME	Eva Anna Overton
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Provo, Utah	BIRTHPLACE	Manchester, Eng.
OCCUPATION	Farmer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Joseph Walker, M. D.

(Physician [redacted])

Address Residing now at Los Angeles, Calif.

Filed April 25 1925 S. W. Almond, M.D.

Registrar.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1961
DEC 11 1973

944-120-004-944

REC[redacted]
APR [redacted] 1925
BUREAU OF VITAL
STATISTICS

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

130403

PLACE OF BIRTH

County of Bear Lake

City of Raymond

Registration District No. 52

File No.

No. ...., ... St.

Primary Registration District No. 231

Registered No.

Hospital

FULL NAME OF CHILD Harold Moser Mumford

Sex of Child: Male	Twin, Triplet or other? other (To be answered only in event of plural births)	and Number in order of birth: second	Legitimate? yes	Date of birth: 2 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Leroy Mumford	FULL MAIDEN NAME	Elizabeth Jumbunnen
RESIDENCE	Raymond Ida	RESIDENCE	Raymond, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Big Cottonwood Utah	BIRTHPLACE	Colville Wyo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at .... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Annie Bleckert.
Midwife
(Physician or Midwife)

Given names added from a supplemental report

March 11th 1919

H. S. Sorensen J.P.
Registrar

Address Raymond Idaho.

Filed 31.01 1920 H H King
Registrar

YORK CO., PTRS. & BDRS. 17826

DECEASED

249-272-825 444

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Idaho

City of

No. ..... St.

Hospital

DEPART[redacted] IDAHO
BURE[redacted] LIC WELFARE
[redacted] STATISTICS

132024

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 132024

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Josephine Dorothy Smith
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Mar 22 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER	MOTHER
FULL NAME: Edward Rodney Smith	FULL MAIDEN NAME: Josephine Mumford
RESIDENCE: Canfield, Ida	RESIDENCE: Canfield, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nevada	BIRTHPLACE: Washington
OCCUPATION: Placer Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / [redacted] } **at** ..... **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... **Registrar.**

(Signature) Josephine Smith Mother

(~~Physician or midwife~~)

Address .....

Filed July 17 1925 J. W. Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUL 6 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Picabo
No. 32114 007 433 St. Registration District No. ..... State File No. 132309
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Willis Hayton Castle
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? X | and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Feb (Month) 14 (Day) 1925 (Year)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel Garry Castle	FULL MAIDEN NAME	Lena Edna McCoy
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Belevue Idaho	BIRTHPLACE	Ketchum Idaho
OCCUPATION	Farmer	OCCUPATION	Home Maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 7 40 o'clock P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Mrs S. G. Castle
mother
(Physician or midwife)
Address Jannett, Idaho

Filed JUL 9 1925 192 F. W. Almond M.D.
State Registrar.

6/9/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
234-227-009962

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sagle
No. ..... St. Registration District No. ..... State File No. 132341
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Opal Claire Studebaker
(Certificate of no value without full name of child)

Sex of Child: Girl
Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)
Legitimate? yes
Date of birth: Feb. 27, 1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5
Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Ray George Studebaker	FULL MAIDEN NAME Norah Sylvia Rose
RESIDENCE Sagle	RESIDENCE Sagle,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Menomonie, Wis.	BIRTHPLACE Marionville, Mo.
OCCUPATION Timberman	OCCUPATION

Died 6 hrs after birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Give names added from a supplemental report.

(Signature) Mrs. R. G. Studebaker
(Physician or midwife)
Address .....

....., 192....
Registrar.

Filed JUL 10 1925, 192.... L. W. Almond M.D.
State Registrar.

PLACE OF BIRTH

County of Blaine

City of Austin

No. 254 208 007 693 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 132580

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Jessie Juanitta Knudsen
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Feb. 8 1925

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Eric Peter Knudsen	FULL MAIDEN NAME	Phebe Fillmore
RESIDENCE	Austin Idaho	RESIDENCE	Austin Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Stockholm Den.	BIRTHPLACE	Walsburg Utah
OCCUPATION	Rancher	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Jessie Steel

Nurse
(Physician or midwife)

Address

....., 192....

Registrar.

Filed JUL 10 1925 F. W. Almquist M.D.
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 24 1949

297-813-010-292

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WE
BUREAU OF VITAL STATISTI

RECEIVED OCT 31 1925 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 135071

County of Shoshone

City of Kellogg Idaho

No. 129 Mission St. Registration District No. 10-2 State File No. 33871

Hospital Wardner Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Johanna Henderika Kips
(Certificate of no value without full name of child)

Sex of Child	Twin, triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)		Yes	April 13 1919 ~~192~~

What bactericidal solution was used in eyes? nothing I know of

Number of child of this mother, including present birth first, and only one Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME Jacobus Kips	FULL MAIDEN NAME Bertha Johanna Kist
RESIDENCE Kellogg, Idaho	RESIDENCE Kellogg, Idaho
COLOR White AGE AT LAST BIRTHDAY 45 (Years)	COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Amsterdam Netherlands	BIRTHPLACE Amsterdam Netherlands
OCCUPATION cement worker	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Jacobus Kips

(Physician or midwife)

Address 2350 E 21st Oakland California

Filed Oct 31 1925 David Bernell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-7-126 Sept-69

PLACE OF BIRTH

RECEIVED MARCH 1926

[redacted] STATE OF IDAHO
[redacted] ENT OF PUBLIC WELFARE
[redacted] U OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138577

County of Jerome

City of Jerome

No. ..... St. Registration District No. ..... State File No. 1385-97

Hospital Home ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Melvin Howard Magnelli

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	Twin	7th	Yes.	Sept.	26	1919

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Tony Magnelli	FULL MAIDEN NAME	Harriett I. Warren
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Ohio
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Chas. F. Zeller M. D.

(Physician or midwife)

Address Jerome, Idaho.

Filed Sept. 1 1925 David Bussell State Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
214 106 ⊕ 418

County of Bonneville

City of Idaho Falls, Ida

No. 4th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 23 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138774

Registration District 73 State File No.

Primary Registration District No. 2 No Local Registrar's No. 41

FULL NAME OF CHILD Raymond Ross Kaufman

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan 6th 1919

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph Nichols Kaufman	FULL MAIDEN NAME	Millie May
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Birch Creek, Ida.	BIRTHPLACE	Oklahoma.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 1 a.M. on the date above stated.

(Signature) T C Hollister.

Idaho Falls, Ida.

(Physician or ~~midwife~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

........, 192

Registrar.

Address

Filed Jay 30 1926

Registrar.

K

DELAYED

694-225-001-894

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 140298

Registration District No. 2 State File No. 140298

Primary Registration District No. 1064 Local Registrar's No. .....

FULL NAME OF CHILD Lidia Arrasachea

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 25 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Eustasio Arrasachea	FULL MAIDEN NAME	Guillerma Yzurzo
RESIDENCE	613 Idaho St.	RESIDENCE	613 Idaho St
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Prop. rooming house	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Ira Caccia

.....
(Physician ~~or midwife~~)

Address Boise Idaho

Filed May 3 1926 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1944

DELAYED

719-207-036-331

PLACE OF BIRTH

RECEIVED
APR 19
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida Idaho

City of

No. St. Registration District No. State File No. 140809

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Lillian Esther Parker

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
girl	(To be answered only in event of plural births)		yes	April	7	1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Albert Smith Parker

RESIDENCE: Holbrook, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Greenwich Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hattie Esther Clayton

RESIDENCE: Holbrook Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Dayton Washington

OCCUPATION: Farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Mrs W.B. Kinkle

~~(Physician or~~ midwife)

Address Holbrook Idaho

Filed Apr. 19 1926 David Burnell Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

485-23-020-185

PLACE OF BIRTH

RECEIVED
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 140929

County of Bonneville

City of Ucon

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD MICHIKO UYENO

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Aug. 31 (Month) (Day) 19 (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Mohachi Uyeno	FULL MAIDEN NAME	Yano Uyeno
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... **Registrar.**

(Signature) Sarah J. Simmons

midwife

(Physician or midwife)

Address Ucon, Idaho

Filed May 24 192 6 David Burnell

State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1961

DEC 5 1962

289-162-226-642

PLACE OF BIRTH

RECEIVED
MAY 24
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

140932

CERTIFICATE OF BIRTH

140932

County of Jefferson

City of Rigby

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD SHIRO SHIOZAWA

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Dec. 7 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Haiji Shiozawa	FULL MAIDEN NAME	Kane Fukura
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** 11 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... **Registrar.**

(Signature) A. G. Anderson M D

(Physician or midwife)

Address Rigby. Idaho

Filed MAY 24 1926

David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 Certified Copies issued Jan. 17, 1941. E.V.

799-214 02-799

PLACE OF BIRTH

RECEIVED JUN 3 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 141520

County of Fremont

City of Ashton

No. ____ St.

Registration District No. 102 File No. 1

Hospital ____ Primary Registration District No. 6 Registered No. 185

FULL NAME OF CHILD Gladys Freida Minnie Griffel

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	Aug 14 1919

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Fred Griffel	FULL MAIDEN NAME Martha Lang Griffel
RESIDENCE	Ashton Ida.	RESIDENCE Ashton Ida.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Nebraska.
OCCUPATION	Farmer.	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Fall River (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Meacham M.D.

(Physician or midwife)

Address Ashton Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5-26 1926 C. M. Meacham

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
213 214033 149

County of Madison

City of Burton

No. ..... St. Registration District No. ..... State File No. 24

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

143581

FULL NAME OF CHILD Hatsuko Satow
(Certificate of no value without full name of child)

Sex of Child: Girl

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Nov. 14 1919
(Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: Yunojio Satow

RESIDENCE: Burton

COLOR: Jap. AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Japan

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Hamayo Aizawa

RESIDENCE: Burton

COLOR: Jap AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Japan

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1. A. M. on the date above stated. I did not located any physician nor any of midwife.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Yunojio Satow

(Physician or midwife)

Address Burton, Idaho

Give names added from a supplemental report.

Kura Satow my mother but she is in Japan Now, 192 .....

Registrar.

Filed Aug 8 1926 Kate Burrell
State Registrar.

MAR 1 1947

294-224-00-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 15
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 1114 N. 21 Street or Location District No. 7 State File No. 144556
Hospital Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD ~~Katherine~~ Brunger CATHERINE ALICE
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)		yes	3 – 24 – 1919

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter J. Brunger	FULL MAIDEN NAME	Emma Shirley
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Mgr. Amer. Laundry	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Callaway Japlin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 10-14 1926 Holt N. Watt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 144556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Katheryn	Catherine Alice Brunger

Subscribed and sworn to before me this 4th day of November, 19 44

Marion E. Ord
Notary Public, residing at Boise Idaho

My commission expires 4-24-45
(Seal)

Signed Emma Lucy Brunger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-22-040-196

PLACE OF BIRTH

RECEIVED NOV 12 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

14

CERTIFICATE OF BIRTH 145728

County of Shoshone

City of Enaville

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lilie Irene Kuisti

(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 27 (Month) (Day) 1919 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER

FULL NAME Ilon J. Kuisti

RESIDENCE Enaville

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Finland

OCCUPATION Section Boss

MOTHER

FULL MAIDEN NAME Lilie Elizabeth Aro

RESIDENCE Enaville

COLOR White AGE AT LAST BIRTHDAY 16 (Years)

BIRTHPLACE Enaville Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) W. C. Lindsay, Physician

(Physician or midwife)

Address Kellogg Idaho

Filed 11/12 1926 David Burrill State Registrar.

NOV 14 1985

DELAYED

469-215-
010-631

PLACE OF BIRTH

RECEIVED NOV 13 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

145722

CERTIFICATE OF BIRTH 145722

County of Bonnevi[illegible]

City of Idaho Falls

No. ..... St. Registration District No. 73 State File No. .....

Hospital ..... Primary Registration District No. 2 N 0 Local Registrar's No. 446

FULL NAME OF CHILD TOSHIYE MORITA
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 15, 1919

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth First Number of child of this mother now living, including present birth First

FATHER

FULL NAME: TSUNEZO MORITA

RESIDENCE: Rt. 3, Idaho Falls, Idaho

COLOR: Japanese

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: ShiotaMura, KumageGun, YamaguchiKen-Japan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: SHITSU OTA

RESIDENCE: Rt. 3, Idaho Falls, Idaho

COLOR: Japanese

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Tabuse Mura, KumageGun, Yamaguchi Ken, Japan

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) John O. Millar M.D.

(Physician or midwife)

Address Idaho Falls, Ida

Filed 11/V 192 6 [illegible]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

155-101-003-168

PLACE OF BIRTH RECEIVED NOV 5 - 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Way, Ida.
No. ____ St.
Hospital ____

Registration District No. 84 File No. 145845
Primary Registration District No. 216 Registered No. 281

FULL NAME OF CHILD Eldon Frank Jenkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11 - 1 - 1926

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Loren A. Jenkins	FULL MAIDEN NAME	Margaret Johnson
RESIDENCE	Way, Ida	RESIDENCE	Way, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grain Buyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....
Registrar.

(Signature) John H. Hubbard.
Grace, Ida
(Physician or midwife)
Address Physician

Filed 9/ 1926 Mrs. G. G. Fitz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

c.c. 6/19/41. w.h.

PLACE OF BIRTH

RECEIVED NOV 13 1926

STATE OF IDAHO,
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Custer

City of Clayton

CERTIFICATE OF BIRTH

No. 813-104 Main St. Registration District No. 108 State File No. 146223

Hospital ..... Primary Registration District No. 2186 Local Registrar's No. 98

FULL NAME OF CHILD Frank Marcs Yacomella

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 4 1926

What bactericidal solution was used in eyes? 2% Protargol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Marcs Yacomella	FULL MAIDEN NAME	Celesta Fontana
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	49 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 a. M. on the date above stated.

(Signature) Dr Kirtley M.D.

(Physician or midwife)

Address Challis Idaho

Filed Oct 23 1926 Edna M. Kinney Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 20 1926

PLACE OF BIRTH
343-108-901-692
County of Ada
City of Boise
No. ..... St.
Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9-10 State File No. 146860
Primary Registration District No. 9-10 Local Registrar's No. 11

FULL NAME OF CHILD Ray L. Cullen
(Certificate of no value without full name of child)

Sex of Child: M
Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)
Legitimate? yes
Date of birth: 8 (Month) 8 (Day) 1926 (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME: Jas. W. Cullen
RESIDENCE: Eagle Idaho
COLOR: W. AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Mont
OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Blanche Fisher
RESIDENCE: Eagle Idaho
COLOR: W AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Idaho
OCCUPATION: Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) M. Cullen Japlin
Physician
(Physician or midwife)
Address Boise Idaho

Filed Nov 20 1926 Owney Jorgenson Registrar.
Eagle Idaho

FEB 20 1942

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No 819 1220 07 314 St. Registration District No. State File No. 147056

Hospital Primary Registration District No. Local Registrar's No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD John Robert Harrison
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: Feb (Month) 2 (Day) 1919 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME George Harrison

RESIDENCE Bellevue, Idaho.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE England

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Isabel Edna Campbell

RESIDENCE Bellevue Idaho.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nova Scotia

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) Isabel E. Harrison

(Physician or ~~midwife~~) mother

Address 216 N. 13th Boise Ida.

Filed Dec 1 1926 David Burrell Registrar.
State

APR 0 8 2003

PLACE OF BIRTH RECEIVED NOV 13 1926 STATE OF IDAHO
RECEIVED DEC 2 - 1926 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls Ida. CERTIFICATE OF BIRTH

No 769 126 010 695 St. Registration District No. 73 State File No. 147098

Hospital ..... Primary Registration District No. 210 Local Registrar's No. 442

FULL NAME OF CHILD John Joseph Poitevon
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? 4 | and Number in order of birth 2 | (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Nov. 26 1926 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. J. Poitevon	FULL MAIDEN NAME	Ada Finlayson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Payson Utah
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 10.15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Idaho Falls Ida.

Filed Dec 10 1926 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1942

295-109-961-542

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada JAN 3 1927

City of Boise

No. R R 4 St. Registration District No. 2 State File No. 147631

Hospital St Alphonso Primary Registration District No. 1004 Local Registrar's No. 509

FULL NAME OF CHILD Ray Hiram Biesecker
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 9 1927 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME Ertle Charles Biesecker

RESIDENCE Boise

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Wheaton, Chippewa Co Wis

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elvira Edson

RESIDENCE Boise - Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Wheaton Chippewa Co. Wis

OCCUPATION Dressmaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs Pearle Edson

(Physician or midwife)

Address

....., 192....

Registrar.

Filed 12-10 1926 R. H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

319-115 022-238

Amended 1-18-62

(Be sure the information is complete and accurate)

State File No. 147965

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 102

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Cherry Street	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First)	b. (Middle)	c. (Last)
Charles	B.	Card

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Boy	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Sept. 15, 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
William	Henry	Card	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Beloit, Wis.	Machinest	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Lena	Emma	Schafer	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	Emerson, Nebr.	1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE: C. C. Meacham	18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
	18c. ADDRESS: Ashton, Ida.	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
12/11/1926	C.C. Meacham	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
WEEKS	LBS. OZS.	Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there l attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owr the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of l Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont }

Certificate No. 147965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Charlie B. Card (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1919 (Date of Event) in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record - marriage certificate (Bible Record, Insurance Policy, Etc.) prepared on May 1932 — July 17, 1954 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Charlie	Charles B. Card

Subscribed and sworn to before me this 11th day of January, 1962.

Notary Public, residing at Ashton Idaho

My commission expires 7/31/65

(Seal)

Signed Lena E. Card

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ashton Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1962.

Notary Public, residing at Ashton Idaho

My commission expires 7/31/65

(Seal)

Signed Velma C. Heller

(Signature of Any Credible Person)

Ashton, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 1-8-62. nm

Term Report Card, Ashton, Idaho School, District No. 8, Fremont County, promoted to 4th grade on May 20, 1932 gives full name of student as Charles Card - grade Third, Teacher-Margaret Suanstrum - viewed by V.S.

Marriage Certificate, State of New Mexico, married July 17, 1954 at Tucumcaii, County of Quay, gives full name of groom as Charles Benjamin Card, and full name of bride as Mildred Lena Wilson - viewed by V.S. certificate recorded July 19, 1954 - marriage record book no. 16 - Page No. 8825 - viewed by V.S.

249-125.001-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 9 - 1927

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 State File No. 148345

Hospital St Alphonsus Primary Registration District No. 1004 Local Registrar's No. filed

FULL NAME OF CHILD Laurence Rachh Smith

(Certificate of no value without full name of child)

Sex of Child M | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth 11 (Month) 25 (Day) 1919 (Year)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Andrew P. Smith	FULL MAIDEN NAME	Alice I. Call
RESIDENCE	Barber Ida	RESIDENCE	Barber Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Mechanic	OCCUPATION	Hse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) M. Callaway-Jahlin

Physician

(Physician or midwife)

Address Boise Idaho

Filed 1 - 12 - 1927 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-178564

243-220-044-669

PLACE OF BIRTH

RECEIVED FEB 1 1921

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

149155

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Marjorie Clara Buchholz.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	12-20-1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wesley Ralph Buchholz.	Artie Forge.
RESIDENCE	Cambridge- Idaho.	Cambridge- Idaho.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27.	21.
BIRTHPLACE	Washington Co- Washington	Washington Co — Washington
OCCUPATION	Rancher.	House Wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 A.M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Cambridge - Idaho

Filed Jan 10 1921 C E Schmutz Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1944
JUN 12 19[illegible]
SEP 18 1941

354-230-044-386

PLACE OF BIRTH

RECEIVED FEB 1 1925

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88

File No. 149157

No. ____ St.

Primary Registration District No. 2164

Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Ellen — Ledington

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	Yes	12-30-1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Elijah Calvin Ledington	FULL MAIDEN NAME: Bertha Lyons.
RESIDENCE: Cambridge - Idaho.	RESIDENCE: Cambridge - Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Vandalia - Ohio.
OCCUPATION: Ranch Hand	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:40 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or midwife)

Address [illegible]

Filed Jan 10 1920 C E Schmuntz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

....Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1971

844-19-029 -299

PLACE OF BIRTH

RECEIVED MAR 1 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

149642

County of Latah

City of Linden

No. ..... St. Registration District No. ..... State File No. 149642

Hospital At Home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Raymond Elmer Hudson
(Certificate of no value without full name of child)

Sex of Child Male | Twin, Triplet or other? No | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Apr. 19 (Month) (Day) 1927 (Year)

What bactericidal solution was used in eyes? Boric acid water

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Lee Hudson	FULL MAIDEN NAME	Susan Kirchknopf
RESIDENCE	Linden, Idaho	RESIDENCE	Linden, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Elden Starr

(Physician or midwife)

Address Linden Idaho

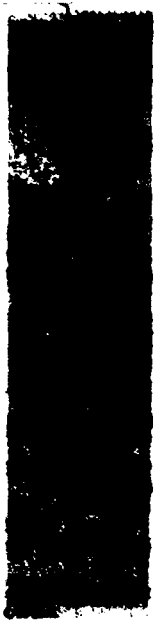
Filed Mar 1 1927 David Burnell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 25 1942



DECEASED

219-109 001-313 AMENDED Aug 5, 1948

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 150789
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Ada (b) City Boise
   (c) Street address or R. F. D. No. 27 and Bannock
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home — Days
   In THIS County years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street address or R. F. D. No. 27 and Bannock
   (e) How long has MOTHER lived in Idaho? 24 yrs.
   (f) Mother's mailing address (for registration notice): Boise
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph Richard Bartlett

5. DATE OF BIRTH (Month, day, year) Nov. 9-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry E. Bartlett
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kerwin (City or Town) Kansas (State or foreign country)
14. Exact Occupation Truck Driver - Grocery Store
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Dallas
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Manassa (City or Town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Was a standard serological test for syphilis performed? Yes — No ✓ Approximate date —
23. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol
24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Edna Bartlett (First name) (Last name), who is related to this child as mother (Mother, etc.).

27. (a) Aug 5, 1948 (Date received) (b) J. W. Wright (Registrar's signature)

28. Given name added on — by — (Registrar's signature)

26. Attendant's OWN signature Mary A. Galloway, M. D. (D.O., Midwife, etc.)
and address 208 State, Boise Date 7-31-48

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth**; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 26 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF
BUREAU OF VITAL STATISTIC

CERTIFICATE OF BIRTH

[redacted] 15 4916

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

363-201-014-393

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wylene Fay Coleman.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl				Nov. 1, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? Yes.

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead — Stillborn —

FATHER

FULL NAME Sanford Lavaughn Coleman

Residence (Usual place of abode) Caldwell

If nonresident, give place and State —

Color or race White Age at last Birthday 34 (Years)

Birthplace Clayton Georgia (City and State or Country)

Occupation farm and Farming

MOTHER

FULL MAIDEN NAME Elsna May Littell.

Residence (Usual place of abode) Caldwell

If nonresident, give place and State —

Color or race White Age at last Birthday 30 (Years)

Birthplace Redcloud Neb. (City and State or Country)

Occupation House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 P. M. on the date above stated.

(Signature) [signature]

(Physician or Midwife)

Address

Filed Sept 26 1927 David Burrell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[redacted] 1942

MAR 7 1956

MAR 13 1956

APR 26 1956

DELAYED

dup of 1919-73797

183-209-016-235

PLACE OF BIRTH

RECEIVED NOV 17 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

156764

County of Cassia

City of Burley.

No. ..... St. Registration District No. 117 State File No.

Hospital ..... Primary Registration District No. 2196 Local Registrar's No. 3715

FULL NAME OF CHILD Ruth Ahlm.
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Sept 9 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward Ahlm	FULL MAIDEN NAME	Ella M. Steward
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Forest Lake Minn.	BIRTHPLACE	Salina Kans.
OCCUPATION	Mechanic.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 8 P M. on the date above stated.

(Signature) Joseph Tronstad

(Physician or midwife)

Address Burley Idaho

Filed Nov 4 1927 J. J. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 318-128-042-356

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 10 1928

157134

CERTIFICATE OF BIRTH

15-21134

County of Twin Falls
City of Filer
No. ——— St. Registration District No. ——— State File No. ———
Hospital Home Primary Registration District No. ——— Local Registrar's No. ———

FULL NAME OF CHILD Raymond E. Taylor
(Certificate of no value without full name of child)

Sex of Child male | Twin Triplet or other? ^ | and | Number in order of birth | Legitimate? no | Date of birth Oct 28 1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Oct. 28, 1919.

Number of child of this mother, including present birth ——— Number of child of this mother now living, including present birth ———

FATHER

FULL NAME Thomas Jerone Taylor
RESIDENCE Leavenworth Kansas
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Caldwell Idaho
OCCUPATION Painter

MOTHER

FULL MAIDEN NAME Estella Mae Leohner
RESIDENCE Milwaukee Oreg
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Minneapolis Kans
OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

——— , 192—

——— Registrar.

(Signature) Thos. J Taylor
Mrs El tta Leohner
(Physician or midwife)

Address Leavenworth Kansas

Filed Jan. 10 1928 David Burrell
State Registrar.

3/24/41

749-220-027-235

PLACE RECEIVED APR 18 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

160548

County of Jerome

City of Jerome

No. [redacted] E. St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 160548

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Nina Mae Pursley
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Sept. 20 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Lee Pursley

Residence (Usual place of abode) Jerome Idaho

If nonresident, give place and State .....

Color or race White Age at last Birthday 24 (Years)

Birthplace Chicago Ill. (City and State or Country)

Occupation Laborer

MOTHER

FULL MAIDEN NAME Hannah C. Stevens

Residence (Usual place of abode) Jerome Idaho

If nonresident, give place and State .....

Color or race White Age at last Birthday 20 (Years)

Birthplace Fairview Utah (City and State or Country)

Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs Jennie Pursley

(Physician or midwife)

Address [redacted]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed ..... 19 ..... Registrar.

RECEIVED APR 18 1928

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1962

219-222 616-622

RECEIVED APR 21 1928

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 160905

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ina Ferne Barton.
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth Dec. 22 (Month) (Day) 1919 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 6th (a) Born alive and now living yes.

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Alfred Newton Barton

Residence (Usual place of abode) Yale

If nonresident, give place and State .....

Color or race White Age at last Birthday 48 (Years)

Birthplace New Mexico New York. (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Stella Frances Osborn

Residence (Usual place of abode) Yale

If nonresident, give place and State .....

Color or race White Age at last Birthday 29 (Years)

Birthplace Edison Nebraska (City and State or Country)

Occupation House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5:00 P. M. on the date above stated.

(Signature) Mrs. Stella Frances Harvey,

..... (Physician ~~or~~ midwife)

Address .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED APR 21 1928

Filed APR 21 1928 19..... David Burnell State Registrar

OCT 2 5 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE RECEIVED JUN 13 1928

219-17-010-586

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Idaho Falls, Ida.

No. St. Registration District No. State File No. 161859

Hospital Emmet Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Kenneth Sharp Barnard
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Oct. 17 1928

What bactericidal solution was used in eyes? Argyrol 10%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wendell Hayes Barnard	FULL MAIDEN NAME	Adeline Ellen Thornton
RESIDENCE	445 E - 45th St. Portland, Oregon	RESIDENCE	445 E - 45th St. Portland Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minneapolis, Minn.	BIRTHPLACE	Leeds, England
OCCUPATION	Furniture Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Harry L. Wilson

(Physician or midwife)

Address

, 192

Registrar.

Filed JUN 13 1928 192 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham JUL 3 1918

City of Idaho Falls

No. ..... St.

643:104 010-296

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

162727

Registration District No. 73 State File No. .....

Prim. Registration District No. 2170 Local Registrar's No. 322

FULL NAME OF CHILD Glen B. Fullenwider

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male				Yes	Dec. 4, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Roy Fullenwider

Residence (Usual place of abode) Idaho Falls, Ida

If nonresident, give place and State .....

Color or race White Age at last Birthday 31 (Years)

Birthplace Burlington Junction, Mo (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Mabel Brown

Residence (Usual place of abode) Idaho Falls, Ida

If nonresident, give place and State .....

Color or race White Age at last Birthday 29 (Years)

Birthplace Carleton, Neb. (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 12:10 A M. on the date above stated.

(Signature) T. C. Hollister M.D.

Idaho Falls, Ida

(Physician or midwife)

Address Idaho Falls Ida

Filed 6/16 1920 [illegible]

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

7-10-41

United States Department of Commerce
Bureau of Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. 4
(d) Name of Hospital or Maternity Home:
(e) Mother's ~~stay~~ BEFORE delivery: In Hosp. or Mat. Home ___ days. Own home
IN THIS ~~county~~ ___ ~~years~~ ___ ~~month~~ ___ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address or~~ R.F.D.No. 4
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Idaho Falls, Idaho

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Glen Brown Fullenwider

5. Date of Birth (Month, day year) Dec. 4, 1918

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Remington Fullenwider
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Burlington Jct. Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Isabel Brown
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Carleton, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or ~~Business~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum ___
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) ___ (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature ___ M.D. (D.O., Midwife, etc.)
and address ___ Date ___

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Roy Fullenwider, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Glen Brown Fullenwider (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hollister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Roy Fullenwider Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of June, 1941

(SEAL) Ellen Ken Notary Public, residing at Idaho Falls Idaho

...ord typewriter ribbon in completing this certificate. Mail COMPLETED certifi... ...FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge ...certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

36-7218-026-695

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 12

CERTIFICATE OF BIRTH

State File No. 166730

County of Jefferson

City of Roberts

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital at home

FULL NAME OF CHILD Jennie May Coppock.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	August 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hubert Warren Coppock	Alice Jane Freauf
RESIDENCE	Roberts Idaho	Roberts Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Johnson Co. Kansas	Roberts Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive ~~or dead~~) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.
Physician
(Physician or midwife)

Address Roberts Idaho

Given names added from a supplemental report. ..... 19.....

Filed Dec 13 1928 C. K. Macey State Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 15 1948

819-120-00-499

PLACE RECEIVED DEC 19 [illegible]

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166736

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

Registration District No. ..... File No. 166736

No. ..... St.

Hospital St Lukes

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Richard Driscoll Harland.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 20 1919

FATHER	MOTHER
FULL NAME: Ferrin Gilman Harland	FULL MAIDEN NAME: Emma Helen Driscoll
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Sauk Rapids, Minn.	BIRTHPLACE: Payette, Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present [redacted] Number of children of this mother now living, including present birth .....

CERTIFICATE OF [redacted]DING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Keil M.D.

(Physician or midwife)

Address Boise Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Dec 18 1928 C. K. Macey State Registrar.

..... Registrar.

763107506-663

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

AMENDED June 6, 1946

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 167830
Primary Registration District No. 2194 Registered No. 27

FULL NAME OF CHILD Frank Kearney Gold
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	May 7, 1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Sol. AgNO3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Frank Gold	FULL MAIDEN NAME: Mary Barbara Woolston
RESIDENCE: Shelley, Ida.	RESIDENCE: Shelley, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Soda Spr., Idaho	BIRTHPLACE: Ogden, Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:44 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts, M. D.

Shelley (Physician or midwife)

Address Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Feb. 6, 1929 Mrs. Walter E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bingham } ss.

Certificate No. 167830
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Name on Original Certificate) for (Birth or Death) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Mary Kearney	Mary Barbara Woolston

Subscribed and sworn to before me this 31st day of May 1946

Notary Public, residing at Shelley, Idaho

My commission expires June 16, 1947

(Seal)

Signed Mary B. Yorgesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of May 1946

Notary Public, residing at Shelley, Idaho

My commission expires June 16, 1947

(Seal)

Signed E. Woolston
(Signature of Any Credible Person)

Shelley, Idaho
(Street Address, City, State)

JUN 7 1963

RECEIVED MAR 1 2 19[illegible]

PLACE OF BIRTH

RECEIVED MAR 6 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Grace Ida

No. 493 111003 168 St. Registration District No. 84 State File No. 168557

Hospital ..... Primary Registration District No. 2161 Local Registrar's No. 616

FULL NAME OF CHILD Lowell Joseph Miles
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 11 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER

FULL NAME Joseph Daniel Miles

RESIDENCE Niter Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elsie Ann Johnson

RESIDENCE Niter Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) John Hubbard deceased
By Mrs. G. G. Fitz
(Physician or midwife)

Address Bancroft Idaho

Filed Feb. 28 1929 Mrs. G. G. Fitz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 22 1929

289211 910-964

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 168668

County of Bonneville

City of Idaho Falls

No. R-7 D#1 St. Registration District No. 73 State File No.

Hospital Primary Registration District No. 19-5 Local Registrar's No. 9

FULL NAME OF CHILD Mary Louise Shive
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Femal	1		1	yes	April	11	1929

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert William Shive	FULL MAIDEN NAME	Eva Lucille Rodgers
RESIDENCE	Idaho Falls Idaho R 7 D #1	RESIDENCE	Idaho Falls Idaho R 7 D #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Gallatin, Missouri
OCCUPATION	Carpenter	OCCUPATION	Nursing

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** 5 a. M. **on the date above stated.**

(Signature) H. D. Spence

(Physician ~~or midwife~~)

Address Idaho Falls, Idaho

Filed Feb 13 192 9

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

DEC 1 2 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 25 1929

County of Owyhee

City of Grand View

No. ..... St.

622 227 037 613

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168973

Registration District No. 74 State File No. .....

Prim. Registration District No 2151 Local Registrar's No. .....

FULL NAME OF CHILD Letha May Osborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 27 1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME James Ross Osborn

Residence (Usual place of abode) Grand View

If nonresident, give place and State .....

Color or race White Age at last Birthday 29 (Years)

Birthplace Mound City, Kansas (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Margaret Wallace

Residence (Usual place of abode) Grand View

If nonresident, give place and State .....

Color or race White Age at last Birthday 21 (Years)

Birthplace Hebo, Oregon (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 11:00 P. M. on the date above stated.

(Signature) Margaret Osborn

Mother
(Physician or midwife)

Address Grand View

Filed Feb 21 1929 W. J. Chambers
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 2 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin [illegible] MAR 27 1929

City of Kimberly

No. ..... St.

249-219-042-134

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

169135

Registration District No. ..... State File No. 1[illegible]5

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ava Elizabeth Smith

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 19 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 6 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	John C Smith	FULL MAIDEN NAME	Birdie Estella Acuff
Residence (Usual place of abode)	Kimberly Ida	Residence (Usual place of abode)	Kimberly Ida.
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	37 (Years)	Age at last Birthday	32 (Years)
Birthplace	Plato Mo (City and State or Country)	Birthplace	Tunis Mo. (City and State or Country)
Occupation	Farmer	Occupation	Farmer Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) .....

.....
(Physician or midwife)

Address Mrs A.D. Santwell

Filed MAR 27 1929 19 Kimberly Ida.

E.K. Macey Registrar.
State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED APR 3 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 160138

County of Bonneville
City of Idaho Falls AMENDED
No. R.F.D.# 6 St. DEC 13 1949
315 209 010-212
(If born in hospital or institution give name.)

Registration District No. 215 State File No. 160138

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Pat Hatsumi Tanaka
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes,	Aug. 9th 1929

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Masakichi Tanaka	FULL MAIDEN NAME	Mashie Sakai
Residence (Usual place of abode)	Idaho Falls, Idaho,	Residence (Usual place of abode)	Idaho Falls, Idaho.
If nonresident, give place and State		If nonresident, give place and State	
Color or race	japanese	Color or race	japanese
Age at last Birthday	41 (Years)	Age at last Birthday	23 (Years)
Birthplace	Japan. (City and State or Country)	Birthplace	Japan. (City and State or Country)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 4 A. M. on the date above stated.

(Signature) M. Tanaka

Father,
(Physician or midwife)

Address R.F.D.# 6, Idaho Falls, Idaho.

File APR 3 1929 19 L. K. Macey
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

dup of 1919 - D48-338

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 19-169138

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Hatsumi Tanaka (Name on Original Certificate) who was born (Was Born or Died) on August 9, 1919 (Date of Event) in Idaho Falls, Idah. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by present records, curretntly prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Hatsumi Tanaka	Pat Hatsumi Tanaka

Subscribed and sworn to before me this 6th. day of December, 1949

Notary Public, residing at Idaho Falls, Idaho
My commission expires March 29, 1953
(Seal)

Signed Masuda Tanaka
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th. day of December, 1949

Notary Public, residing at Idaho Falls, Idaho
My commission expires March 29, 1953
(Seal)

Signed
(Signature of Any Credible Person)

Idaho Falls, Idaho
(Street Address, City, State)

APR 12 195

966-101-00-859

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of

No. Barber St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 171677

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Leonard Melvin Rowland
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Feb. 1 19 19 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Ralph S. Rowland	FULL MAIDEN NAME Sophia E Henrich
Residence (Usual place of abode) Barber	Residence (Usual place of abode) Barber
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 38 (Years)	Color or race White Age at last Birthday 17 (Years)
Birthplace Alma Colorado (City and State or Country)	Birthplace Canada (City and State or Country)
Occupation Rancher	Occupation Keep

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Sophia E Rowland
mother
(Physician or midwife)

Address

Filed Feb 19 19 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DECEASED

236-223-010-244

RECEIVED JUL 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 171681

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mildred Agnes Stoltenberg
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Dec. 23 (Month) (Day) 1919 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Francis Stoltenberg

Residence (Usual place of abode) .....

If nonresident, give place and State .....

Color or race W Age at last Birthday 30 (Years)

Birthplace Estherville, Iowa (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Clara Amelea Bumann

Residence (Usual place of abode) .....

If nonresident, give place and State .....

Color or race W Age at last Birthday 26 (Years)

Birthplace Estherville, Iowa (City and State or Country)

Occupation Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11:25 P. M. on the date above stated.

(Signature) Mrs. Francis Stoltenberg

.....
(Physician or midwife)

Address Swan Valley Ida

Filed July 1929 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH RECEIVED AUG 3 1929

County of Minidoka

City of Rupert

No. ..... St.

593 110 034 853

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

172721

Registration District No. 19 State File No. .....

Prim. Registration District No. 2015 Local Registrar's No. .....

FULL NAME OF CHILD Robert H. Nichols

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 10 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 6 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Holt Nichols	FULL MAIDEN NAME	Mary Ann Hellewell
Residence (Usual place of abode)	Rupert	Residence (Usual place of abode)	Rupert
If nonresident, give place and State		If nonresident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday	45 (Years)	Age at last Birthday	37 (Years)
Birthplace	Iowa (City and State or Country)	Birthplace	Ogden Ut (City and State or Country)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 30 P. M. on the date above stated. Dr. Killen attended but has moved. (Signature) .....

Mary A. Nichols mother
(Physician or midwife)

Address Rupert Ida.

Filed Aug 3 1929 C K Macy State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

992-207 0427 315

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

.....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173531

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Sylvia Marie Gibson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	January 7 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Bert Gibson	FULL MAIDEN NAME	Della Lavander
Residence (Usual place of abode)	Cambridge, Ida.	Residence (Usual place of abode)	Cambridge, Ida.
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	28	Age at last Birthday (Years)	16
Birthplace (City and State or County)	Harney Co., Oreg	Birthplace (City and State or County)	Cambridge, Ida.
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9 A. M. on the date above stated.

(Signature) Della Gibson (mother)
(Physician or midwife)

Address .....

Filed Sept 12 1929 C. K. Massey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Bert Gibson.

JUL 1 1 1973

JUL 2 6 1974

DELAYED

SE, IDAHO
SEP 1 0 1969
VETERANS' BUREAU
Date

ded 08 1919-64908

962-212-ed-493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 175221

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Catherine Rosandick

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
female			Yes	Dec 12 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Matt Rosandick

Residence (Usual place of abode) 1221 Grove Boise

If non-resident, give place and State .....

Color or race white Age at last Birthday 40 (Years)

Birthplace Kanica Jugoslavia Gospic (City and State or County)

Occupation logger and rooming house

MOTHER

FULL MAIDEN NAME Mary Milinkovich

Residence (Usual place of abode) same as per other side

If non-resident, give place and State .....

Color or race white Age at last Birthday 28 (Years)

Birthplace same as per other side (City and State or County)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) H Goodpasture

(Physician or midwife)

Address Overland Hosp Boise

Filed Oct 23 1929 C. A. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 11 1949
JUN 27 1947

632-216-015-269

PLACE OF BIRTH — RECEIVED OCT 30 1929

County of Caribou

City of Henry Ida

No. Henry St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 175235

Registration District No. ..... State File No. 175235

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edna Jones Olsen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Girl			Yes	Aug	16	1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Richard B. Olsen	FULL MAIDEN NAME	Bessie Jorgensen
Residence (Usual place of abode)	Sheridan Wyo	Residence (Usual place of abode)	Soda Springs Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	28 (Years)	Age at last Birthday	22 (Years)
Birthplace (City and State or County)	Ephraim Utah	Birthplace (City and State or County)	Georgetown Idaho
Occupation	Laborer	Occupation	Home Work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 A. M. on the date above stated.

(Signature) Mrs B. V. Canty

(~~Physician~~ or midwife)

Address Henry Ida

Filed Oct 30 1929 C K Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-268-006-364

REGISTRAR'S NOTICE: RECEIVED NOV 4 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

175245

County of Bingham
City of Shelley Amended 11/22/76
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Akiko Tominaga
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female
Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes
Date of birth: Aug. 18 (Month) (Day) 19 19 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME: Kazuo Tominaga	FULL MAIDEN NAME: Nobue Tominaga
Residence (Usual place of abode): Idaho Falls, Idaho	Residence (Usual place of abode): Idaho Falls, Idaho
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: Yellow Age at last Birthday: 49 (Years)	Color or race: Yellow Age at last Birthday: 34 (Years)
Birthplace: Fukuoka, Japan (City and State or Country)	Birthplace: Fukuoka, Japan (City and State or Country)
Occupation: Farmer	Occupation: House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9:00 A M. on the date above stated.

(Signature) K. Tominaga

(~~Physician~~ or midwife) Father

Address Rt. #6 Box 13 Idaho Falls

Filed Nov. 14 1929 C. K. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OCT 7 1975

Has brother born Feb 5,, 1921 in Idaho File No. 32700

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 10 26 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 175245

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Akiko Tominaga (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1920 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birth date	Aug 18, 1920	Aug 18, 1919

Subscribed and sworn to before me this 3rd day of November, 19 76

Notary Public, residing at 645 So State
My commission expires .....
(Seal)

Signed Mary A. Tominaki
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 19 76

Notary Public, residing at William F. Felt
My commission expires 645 So State St
(Seal)

Signed [illegible] (Signature of Any Credible Person)

169 E 6th So S.L.C. Ut 84111 (Street Address, City, State)

FORM DH 60-155

CL 9/23/76 Rec'd

Certifof Baptsim from Japanese Churchof Christ, Nisei, Salt Lake City, Utah gives name as Mary Akiko Shiozaki born Aug 18, 1919 viewed by V S

NOV 2 2 1976

Insurance application to the New Yorl Life Ins. Co gives name as Mary A. Shiozaki born Aug 18, 1919. dated June 24, 1969. viewed by V. S.

799 – 122 – 23 – 279

RECEIVED NOV 8 1929

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

175677

County of Lewis

City of Nezperce — Registration District No. 47 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No. 343

Hospital ____

FULL NAME OF CHILD Spragg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	8 22 1919

FATHER

FULL NAME: Ralph Grim

RESIDENCE: Nezperce Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ellen Spragg

RESIDENCE: Nezperce Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 17 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Taylor M D

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

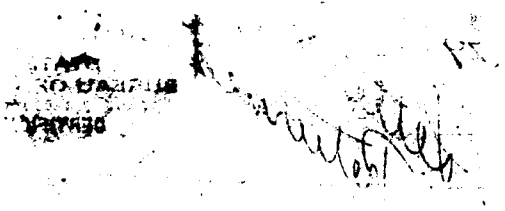
..... 19.....

Albert Hauff Registrar

Filed Nov 4 1929

Albert Hauff Registrar

S-Y CO. 24656



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-262-662-455

PLACE OF BIRTH RECEIVED NOV 27 1929

County of Twin Falls

City of Twin Falls

No. Boyd Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 175977

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Margaret Imogene Jones

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	July 12 1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Two (a) Born alive and now living Two

Born alive but now dead none Stillborn none.

FATHER		MOTHER	
FULL NAME	Thomas Edgar Jones	FULL MAIDEN NAME	Julia Angelone Dennis
Residence (Usual place of abode)	Twin Falls, Idaho	Residence (Usual place of abode)	Twin Falls, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White Age at last Birthday (Years) 28	Color or race	White Age at last Birthday (Years) 26
Birthplace (City and State or County)	Chillicothe, Missouri	Birthplace (City and State or County)	Chillicothe, Missouri
Occupation	Dairyman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11.55 P.M. on the date above stated.

(Signature) Mrs Thos E. Jones

(Physician or midwife)

Address 602-2nd Ave, East

Filed Nov. 27 1929 Twin Falls, Idaho

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C/M Macey - State Registrar

238-220-029-663

PLACE OF BIRTH

County of Latah

City of Viola

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 176466

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Margaret Marie Schultz
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
girl	twin	and	yes	Aug	20	1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Albert H Schultz	FULL MAIDEN NAME	Meta M Wolff
Residence (Usual place of abode)	Viola Ida	Residence (Usual place of abode)	Viola Ida
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	24	Age at last Birthday (Years)	24
Birthplace (City and State or Country)	Hinlock Wash.	Birthplace (City and State or Country)	Fisher Nebr.
Occupation	farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Viola Idaho. on the date above stated.

(Signature) Albert H Schultz - father

.....
(Physician or midwife)

Address Cameron, Idaho

Filed Nov 1929

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-220-029-663

PLACE OF BIRTH

RECEIVED NOV 20 19[illegible]

County of Cassia

City of Burley

No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

176467

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Madeline Therese Schultz

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	twin	and	Yes	Aug. 20 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Albert H. Schultz	FULL MAIDEN NAME	Meta M. Wolff
Residence (Usual place of abode)	Burley Ida.	Residence (Usual place of abode)	Burley, Idaho
If nonresident, give place and State		If nonresident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last Birthday	24 (Years)	Age at last Birthday	24 (Years)
Birthplace	Hinlock Wash. (City and State or Country)	Birthplace	Hazen Nebr. (City and State or Country)
Occupation	farmer	Occupation	farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 4 P.M. M. on the date above stated.

(Signature) Albert H. Schultz father

.....
(Physician or midwife)

Address Cameron Idaho

Filed Nov. 20 1919 Dr. J.W. Thompson
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 130 St. California Sts.

(If born in hospital or institution give name.)

MAR 10 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 178542

Prim. Registration District No. ..... Local Registrar's No. A

FULL NAME OF CHILD Aurelia Jean

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: October 13 1919 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead none Living Stillborn .....

FATHER	MOTHER
FULL NAME: Mateo Jean	FULL MAIDEN NAME: Maria Morales
Residence (Usual place of abode): Ida Falls, Ida.	Residence (Usual place of abode): Ida. Falls, Ida.
If non-resident, give place and State:	If non-resident, give place and State: .....
Color or race: Mexican Age at last Birthday: 28 (Years)	Color or race: Mexican Age at last Birthday: 26 (Years)
Birthplace: Villa Morelos Mich. (City and State or County) Mexico	Birthplace: Villa Morelos Mich. (City and State or County) Mexico
Occupation: Labor	Occupation: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 5 o'clock A. M. on the date above stated.

(Signature) Mrs. M. Leon Mathies

(Physician or midwife)

Address 171 Missouri St. San Francisco, Calif.

Filed March 10 1930 Bessie D. Lepper State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

dup of 1919-73111

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

RECEIVED MAR 14 1930

County of Adams

City of Indian Valley, Ida

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

178547

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Kathryn Alice Byers

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth January (Month) 30 (Day) 1919 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 2

Born alive but now dead 1 Stillborn .....

FATHER	MOTHER
FULL NAME Amos Eugene Byers	FULL MAIDEN NAME Ethel Elva Brown
Residence (Usual place of abode) Indian Valley Ida.	Residence (Usual place of abode) Indian Valley Ida.
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 31 (Years)	Color or race white Age at last Birthday 25 (Years)
Birthplace Ohio (City and State or County)	Birthplace Colorado (City and State or County)
Occupation Farmer	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Amos E Byers

Father

(Physician or midwife)

Address Indian Valley, Idaho

Filed March 14 1930 Bessie N Lippert State Registr.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PREGAN BIRTH MAY 5 1930

STATE OF IDAHO
DEPARTMENT ~~OF PUBLIC~~ WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette
City of Payette
No. 755 707.038-415 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 180057
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Walter Genoway
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male
Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)
Legitimate? Yes
Date of birth: Feb. 7 (Month) (Day) 1919 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2nd (a) Born alive and now living Yes
Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME: Peter T. Genoway
Residence (Usual place of abode): Payette
If non-resident, give place and State: Ida
Color or race: White Age at last Birthday: 31 (Years)
Birthplace: Aurora, Neb. (City and State or County)
Occupation: Standard Oil employee

MOTHER

FULL MAIDEN NAME: Edith Mabel Genoway
Residence (Usual place of abode): ~~Ontario Calif~~
If non-resident, give place and State: Payette, Ida.
Color or race: White Age at last Birthday: 28 (Years)
Birthplace: Eyota Minn. (City and State or County)
Occupation: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4. A M. on the date above stated.

(Signature) Peter T. Genoway
Father
(Physician or ~~midwife~~)
Address Cortesia Calif.

Filed May 5 1930 Bessie M. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEP [illegible] 1947

APR 28 1930

In the Matter of the Birth)
(AFFIDAVIT.
and Birth Certificate of)
(Robert Walter Genoway.)

State of Idaho,)
(ss.
County of Payette.)

Peter T. Genoway, being first duly sworn, on his oath says: That he is the father of Robert Walter Genoway, who was born at Payette, Idaho, on February 7, 1919; that Edith Genoway, wife of affiant, is the mother of said Robert Walter Genoway.

That there was no official registration of the birth of said Robert Walter Genoway in the State of Idaho, and no official Birth Certificate was ever issued for him, for the reason that there was no doctor or nurse in attendance at the time of his birth, - the weather conditions at the time being such that affiant could not get into communication with any professional attendant .

That affiant's mother, Mrs. C. E. Genoway, also Mrs. H. D. Barnes, were present as the time of said birth, as was affiant, and affiant of his own knowledge knows that the said Robert Walter Genoway was born at Payette, Idaho, on the 7th day of February, 1919; that affiant and his said wife are both white, and are natural born citizens of the United States of America; that the said Robert Walter Genoway is and always has been a normal and healthy child, and now resides with affiant and his said mother at Artesia, Los Angeles County, California.; that affiant is now forty years of age and his said wife is thirty-eight years of age.

Peter T. Genoway

Subscribed and sworn to before me this 3d day of April, 1930.

A. L. Freehafer,
Notary Public for Idaho,
residing at Payette, Idaho.

My Commission
Expires April 12, 1933.

State of Idaho,)
(ss.
County of Payette.)

Mrs. C. E. Genoway, being first duly sworn, on her oath says: That she is the mother of the above named affiant, Peter T. Genoway and the grandmother of the said Robert Walter Genoway; that she was present at the time of the birth of the said Robert Walter Genoway and knows of her own knowledge that he was born at Payette, Idaho, on the 7th day of February, 1919; further, that she has read the foregoing affidavit of Peter T. Genoway and knows the contents thereof, and that the statements contained in said affidavit are t

Also, Mrs. H. D. Barnes, being first duly sworn, on her oath says: That she was present at the time of the birth of the above named Robert Walter Genoway, and of her own knowledge knows that h was born at Payette, Idaho, on the 7th day of February, 1919; furt that she has read the above and foregoing affidavit of Peter T. Ge oway and knows the contents thereof, and that the statements contained in said affidavit are true.

Mrs. C. E. Genoway
Mrs. H. D. Barnes

Subscribed and sworn to before me this 3d day of April, 1930.

A. L. Freehafer,
Notary Public for Idaho,
residing at Payette, Idaho.

My Commission expires,
April 12, 1933.

RECEIVED MAY 16 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Iona

No. 942 [illegible] 942 St.

at home

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 180889

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Erma May Russell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Y	March 6 1930

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 2

Born alive but now dead 2 Stillborn .....

FATHER		MOTHER	
FULL NAME	Henry Atwood Russell	FULL MAIDEN NAME	Treasure Russell
Residence (Usual place of abode)	Iona	Residence (Usual place of abode)	Iona
If non-resident, give place and State		If non-resident, give place and State	
Color or race	American	Color or race	White
Age at last Birthday	29 (Years)	Age at last Birthday	23 (Years)
Birthplace (City and State or County)	Utah	Birthplace (City and State or County)	Salina Utah
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

(Signature) Treasure Russell

Mother

(Physician or midwife)

Address Iona, Idaho

Filed May 17 1930 Bessie N Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-22(010-455

SEP 18 19[illegible]

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

..... (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

184386

Registration District No. ..... State File No. 184386

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Kinuko Tokita

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 21 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Seijiro Tokita	FULL MAIDEN NAME	Noe Den
Residence (Usual place of abode)	Idaho Falls, Idaho	Residence (Usual place of abode)	Idaho Falls, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Yellow	Color or race	Yellow
Age at last Birthday (Years)	34	Age at last Birthday (Years)	26
Birthplace (City and State or County)	Japan	Birthplace (City and State or County)	Japan
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 5:00 P. M. on the date above stated.

(Signature) S. Tokita

Father
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Sept 16 1930 Bessie N. Lepper
State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 29 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18440 2

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. West St.

268 124 410-594

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 184402

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Norbert Arthur Bohn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 26 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 7 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Julius Bohn	FULL MAIDEN NAME Martha Mary Nemmich
Residence (Usual place of abode) Ozone	Residence (Usual place of abode) Ozone
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 47 (Years)	Color or race white Age at last Birthday 34 (Years)
Birthplace Germany (City and State or County)	Birthplace Germany (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive X / Stillborn } at 3-30 P. M. on the date above stated.

(Signature) Mrs Sa Roberts

(Physician or midwife)

Address 709 Idaho Falls Idaho
Memorial Drive

Filed Sept. 29 1930 Bessie N. Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUL 2 9 1971

753-105-044-284

RECEIVED MAR 4 1931

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 188640

County of Teton

City of Driggs

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. 77 State File No. .....

Prim. Registration District No. 2176 Local Registrar's No. 7

FULL NAME OF CHILD Dyle B. Peterson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 5 — 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Hyrum Benjamin Peterson	FULL MAIDEN NAME	Agnes Schmidt
Residence (Usual place of abode)	Driggs, Idaho	Residence (Usual place of abode)	Driggs, Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Age at last Birthday (Years)	36
Birthplace (City and State or County)	Heber City, Utah	Color or race	White
Occupation	Farmer	Age at last Birthday (Years)	27
		Birthplace (City and State or County)	Germany
		Occupation	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 3.00 P. M. on the date above stated.

(Signature) Mrs. H. B. Peterson

Mother
(Physician or midwife)

Address Teton City, Idaho

Filed 2-27-1931 Martha Markin

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1981

BOTH DELAYED

voided Duplicate 1919-126291

316-225031 25 RECEIVED APR 9 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]RE
BUREAU OF VITAL STA[illegible]TICS

CERTIFICATE OF BIRTH

189793

PLACE OF BIRTH

County of Lewis

City of Myrtle Idaho

No. Village St.

(If born in hospital or institution give name.)

Registration District No. 47 State File No.

Prim. Registration District No. Local Registrar's No. 4

FULL NAME OF CHILD Marjorie Belle La Frenierre

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 25 1919

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Jerome La Frenierre	FULL MAIDEN NAME	Myrtle May Sunford
Residence (Usual place of abode)	Myrtle Idaho	Residence (Usual place of abode)	Myrtle Idaho
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	29	Age at last Birthday (Years)	24
Birthplace (City and State or Country)	Michigan	Birthplace (City and State or Country)	Idaho
Occupation	Laborer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7 a M. on the date above stated.

(Signature) E Taylor MD

(Physician or midwife)

Address Myrtle Idaho

Filed May 6 1930 Albert Hanft

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC
BUREAU OF VITAL
CERTIFICATE OF

Registration District No. 42 State

(If born in

St.

1941 19 041 844

PLACE OF BIRTH

County of Teton

City or Clementsville

No. ____ St.

State - Idaho

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 20 1931

190033

CERTIFICATE OF BIRTH

190033

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD Henry Napoleon Ard

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child: Male | Twin Triplet or other? | and | Number in order of birth (TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS) | Legitimate? yes | Date of birth April 19th (MONTH) (DAY) 1931 (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? ____

Number of child of this mother, including present birth 4th (a) Born alive and now living Yes

Born alive but now dead ____ Stillborn ____

FATHER	MOTHER
Full Name: George W. Ard	Full Maiden Name: Grace F. Humphrey
Residence (Usual place of abode): Clementsville	Residence (Usual place of abode): Clementsville
If non-resident, give place and State: ____	If non-resident, give place and State: ____
Color or race: white Age at last Birthday: 33 (YEARS)	Color or race: white Age at last Birthday: 27 (YEARS)
Birthplace: Elsmore, Kansas, Allen Co. (CITY AND STATE OR COUNTY)	Birthplace: Elsmore, Kansas, Allen Co. (CITY AND STATE OR COUNTY)
Occupation: Farming	Occupation: Farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ____ M. on the date above stated.

(Signature) W. W. Ard M.D.

(PHYSICIAN OR MIDWIFE)

Address ____

Filed Apr. 20 1931

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

EEB 7 1942

DELAYED

1813-112 005-593 1402984 190042 MAY

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

St. Maries Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190042

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Claude Earl Hallead Jr.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 12, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Claude Hallead	FULL MAIDEN NAME	Anna Nicholson
Residence (Usual place of abode)	St. Maries	Residence (Usual place of abode)	St. Maries
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	24 (Years)	Age at last Birthday	21 (Years)
Birthplace	Chicago, Ill (City and State or County)	Birthplace	Michigan (City and State or County)
Occupation	Car Inspector	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6:30 A. M. on the date above stated.

(Signature) Dellenwalt

(Physician or ~~midwife~~)

Address St. Maries

Filed May 4 1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 19

DELAYED

962-114-006-214

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

191763

Registration District No. .....

File No. 191763

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD George Samuel Robert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 14 19

FATHER		MOTHER	
FULL NAME	Edward Robert	FULL MAIDEN NAME	Ida Baumgartner
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John Cline (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) M. C. Martin MD

(Physician or midwife)

Address Aberdeen Ida

Filed Feb 19 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

192667

CERTIFICATE OF BIRTH 192667

1. PLACE OF BIRTH
County of ? Latah
City of Genesee - Idaho
No. ? St.
436 - 208 029 - 689
(If born in hospital or institution give name.) Do Not Remember Name

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Violet - Cecelia Mc Williams

3. Sex Female
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X
7. Legitimate? Yes
8. Date of birth May 29th, 1919 (MONTH, DAY, YEAR)

FATHER

9. Full name Joseph A. Mc Williams
10. Residence (usual place of abode) (If non-resident, give place and State) Uniontown Wash
11. Color or race W
12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Power Co
16. Date (month and year) last engaged in this work Oct, 192?
17. Total time (years) spent in this work ? yrs

MOTHER

18. Full maiden name Florence M. White
19. Residence (usual place of abode) (If non-resident, give place and State) Uniontown Wa
20. Color or race W
21. Age at last birthday ? (years)
22. Birthplace (city or place) (State or country) New York State

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19__
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____
28. If stillborn, period of gestation _____ months or weeks
29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at ? m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. A. Mc Williams Father M. D.
or _____, Midwife
Address (over)

Give name added from a supplemental report _____ (DATE OF)

Filed Aug, 193_

_____ Registrar.

_____ Registrar.

Aug 8-31

1943 8 NOV.

The Mother of this child is dead since Jan. 20 - 1923 I do not remember the doctors name who delivered the child. neither do I know the names of any person or persons who knew of the circumstances as we were total strangers in Genesee Idaho being there only because it was the nearest hospital to Uniontown Wash where we were living temporaly

Yours Very Truly

James Williams

Father of Violet Evelyn

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. NAME—In case of one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth st

No. 915-115-028 St. 15

Idaho

(If born in hospital or institution give name.)

CERTIFICATE OF BIRTH 193090

Registration District No.____ State File No.____

Prim. Registration District No.____ Local Registrar's No.____

2. FULL NAME OF CHILD Melvina Woodrow Ranger

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
Male					Yes	July 15, 1919

FATHER	MOTHER
9. Full name Wright Addison Ranger	18. Full maiden name Martha Cola Manley
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and state) Coeur d'Alene
11. Color or race White 12. Age at last birthday 25 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Kansas	22. Birthplace (city or place) (State or country) Texas Colorado
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn____

28. If stillborn, period of gestation____ months or weeks | 29. Cause of stillbirth____ | Before labor____ During labor____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Bradley, M. D.

or ____, Midwife

Address Spokane Wn

Give name added from a supplemental report____ (DATE OF)

Filed____, 193__

Registrar.

Registrar.

K

NOV 2 8 1958

593-139-001-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 8 1939

193509

CERTIFICATE OF BIRTH

193510

County of Ada

City of Star Idaho

No. ____ St. Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Herbert Franklin Niccolls

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	6 29 1939

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME Bert Niccolls	FULL MAIDEN NAME Hazel Gillasby
RESIDENCE Star	RESIDENCE Star
COLOR	COLOR
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M. (Born alive or stillborn) on the date above stated.

midwife Mr Addington grandmother to child

(Signature) ____

(Physician or midwife)

Address ____

Filed July 1939

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1943

MAY 24 1949

NOV 27 1972

319-215007-296

195937

PLACE OF BIRTH

County of Blaine

City of Bellevue Ida.

No. ..... St.

.....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **195937**

Registration District No. ✓ State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frances Mae Laidlaw

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female					December Monday 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	William Laidlaw	FULL MAIDEN NAME	Thelma Elizabeth Brown
Residence (Usual place of abode)	Bellevue Ida	Residence (Usual place of abode)	Bellevue Ida
If non-resident, give place and State	Ida	If non-resident, give place and State	Ida
Color or race	White	Color or race	White
Age at last Birthday (Years)	34	Age at last Birthday (Years)	25
Birthplace (City and State or County)	Scotland	Birthplace (City and State or County)	Eureka Utah
Occupation	Shoeman	Occupation	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive ✓ / Stillborn } **at 2 A. M. on the date above stated.**

(Signature) Thelma Brown Laidlaw mother

Doctor Dutton

(Physician or midwife)

Address Hailey Ida.

Filed NOV 19 31

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 24 1970

DELAYED

341-10 7 10 40-259

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

205930

CERTIFICATE OF BIRTH 205930

Registration District No. 123 State File No. .....

Prim. Registration District No. 2201 Local Registrar's No. 127

FULL NAME OF CHILD SEAMORE ARNOLD CRANDALL

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child MALE | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth OCT. 7 1919 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1ST (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME SEAMORE A. CRANDALL	FULL MAIDEN NAME FLORA E BERGNER
Residence (Usual place of abode) KELLOGG, ID.	Residence (Usual place of abode) KELLOGG, IDA
If nonresident, give place and State 31	If nonresident, give place and State 24
Color or race WHITE Age at last Birthday 44 (Years)	Color or race WHITE Age at last Birthday 39 (Years)
Birthplace ROCHESTER N.Y. (City and State or Country)	Birthplace CHICAGO, ILL. (City and State or Country)
Occupation ENGINEER	Occupation HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 30 P. M. on the date above stated.

(Signature) Geo. H. Kennett, MD

(Physician or midwife)

Address Kellogg Idaho

Filed Oct. 1 1932 Mrs. Helen McBride Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 20 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED FEB 20 1933

County of Bonneville

City of Idaho Falls

No. RFD # 6 St.

415 215 016 993

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209098

Registration District No. 73 State File No.

Prim. Registration District No. 21-10 Local Registrar's No.

FULL NAME OF CHILD Hannah Dannehl

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth	
Female				Yes	Aug. 15 (Month) (Day)	1919 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Four (a) Born alive and now living Three

Born alive but now dead one Stillborn None

FATHER	MOTHER
FULL NAME Fred Dannehl	FULL MAIDEN NAME Hattie Rice
Residence (Usual place of abode) Idaho Falls, Idaho	Residence (Usual place of abode) Idaho Falls, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 42 (Years)	Color or race White Age at last birthday 39 (Years)
Birthplace Rock Island, Ill. (City and State or County)	Birthplace Berlin, Germany. (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 3 o'clock A.M. on the date above stated.

(Signature) Katriene Meier Nandorf

Katriene Meier Nandorf (Physician or midwife)

Address Idaho Falls, Idaho.

Filed 2-16 1933 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210281

PLACE OF BIRTH

County of Payette

City of

No. St.

959 107038 449
(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Paul Henry Reimers
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
boy				yes	Dec. (Month) 7 (Day), 19 19 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st child (a) Born alive and now living

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Claus Jacob Reimers	FULL MAIDEN NAME	Jessie Lorraine Durham
Residence (Usual place of abode)	Payette Idaho	Residence (Usual place of abode)	Payette Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday	35 (Years)	Age at last birthday	24 (Years)
Birthplace	Tama County Iowa (City and State or County)	Birthplace	Warren Co Iowa (City and State or County)
Occupation	Farming	Occupation	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature) Dr O H Avery

(Physician or midwife)

Address Payette Idaho

Filed Dec 19 19. Mrs Claus J. Reimers
mother.
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Names of people knowing of birth
Mrs. Lee Young Payette Idaho
Mrs. Henry Simers Payette Idaho.
Mrs George Latty Fruitland, Idaho.

N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

RECEIVED MAR 2 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

210383

CERTIFICATE OF BIRTH **210383**

County of Cassia

City of Rosston

No. 470 E. Rupert St.

945-219-2016-413

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Norma Guerra

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female				Yes	January 19, 1919 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth third (a) Born alive and now living living

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Peter Guerra

Residence (Usual place of abode) Rosston

If non-resident, give place and State Idaho

Color or race White Age at last birthday 34 (Years)

Birthplace Italy (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Julia Dalsoglio

Residence (Usual place of abode) Rosston

If non-resident, give place and State Idaho

Color or race White Age at last birthday 28 (Years)

Birthplace Italy (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } alive at 4 P. M. on the date above stated.

(Signature) Peter Guerra
Father

(Physician or midwife)

Address .....

Filed Mar. 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 1 2 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 23 1933

PLACE OF BIRTH

County of Elmore

City of Mtn. Home

No. ..... St.

131 16 020 114

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210394

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Theodore Jean Acaitaure

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 6, 1932

What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

Number of child of this mother, including present birth 2nd (a) Born alive and now living 2

Born alive but now dead None Stillborn .....

FATHER		MOTHER	
FULL NAME	Jacinto J. Acaitaure	FULL MAIDEN NAME	Rosario Ajuria
Residence (Usual place of abode)	Burley	Residence (Usual place of abode)	Burley
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday (Years)	38	Age at last birthday (Years)	27
Birthplace (City and State or County)	Spain	Birthplace (City and State or County)	Spain
Occupation	Sheepman	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1:00 a.m. M. on the date above stated.

(Signature) Rosario Ajuria "Acaitaure" Mother

224 W. 3rd St. Burley

(Physician or midwife)

Address .....

Filed May 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Mr & Mrs. Domingo Aguirre
Mtn Home, Idaho

Mrs. Faustino Alzola
Mountain Home, Idaho

DUP OF 1919-74445

819 4-24-075-419

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nenpisa

City of Southwick

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 213445

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Vernon Lee Harris
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	4 21, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Walter James Harris

Residence (Usual place of abode) Southwick

If non-resident, give place and State .....

Color or race White Age at last birthday 32 (Years)

Birthplace Southwick Idaho (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Essie Ella Martin

Residence (Usual place of abode) Southwick Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 32 (Years)

Birthplace Grangeville Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Essie Martin Harris
Mother
(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed July 12 1935 Pearl Dillingham
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

6/7/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 133-219

County of Elda 001-168

City of Boise RECEIVED SEPT 1933

No. ..... St.

St Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

215114

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Elizabeth Mary Allen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	April 16, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Third (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	James Albert Allen	FULL MAIDEN NAME	Elizabeth Mary Johnson ~~Allen~~
Residence (Usual place of abode)	Hailey Idaho	Residence (Usual place of abode)	Hailey, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	31	Age at last birthday (Years)	27
Birthplace (City and State or County)	Boston, Mass.	Birthplace (City and State or County)	Chicago, Ill.
Occupation	Newspaper	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 P. M. on the date above stated.

(Signature) Elizabeth M. Allen
Mother
(~~Physician or midwife~~)

Address P.O. Box 211 Nampa, Ida.

Filed Sept. 11 1923 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ~~Ida~~ Idaho } ss.
County of Ada

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Elizabeth Mary Allen (Name on original certificate) who April 18 (Was born or died) on 1919 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	April 18 - 1919	April 19 - 1919

Subscribed and sworn to before me this 26
day of May, 1944

Notary Public, residing at Nampa Ada

My commission expires Sept. 5 - 1944
[SEAL]

Signed Elizabeth Mary Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1915 - 9th So. (P.O. Box 211) Nampa Idaho
608 14th Ave S (Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAY 28 1942

RECEIVED NOV 2 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 216058

1. PLACE OF BIRTH
County of Bingham
City of Basalt
No. 691 122 006 St. 355
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marvin Brastus Brandsen

3. Sex boy | If plural births | 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth May 22 1917 (Month, Day, Year)

FATHER

9. Full name Victor Brastus Brandsen
10. Residence (usual place of abode) (If non-resident, give place and State) Basalt
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Mt. Pleasant Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming Stock
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Sarah Lewella Steeples
19. Residence (usual place of abode) (If non-resident, give place and State) Basalt
20. Color or race White 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or country) Nevada Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 8 eight
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elizabeth Wadsworth, M. D.
or ....., Midwife
Address Shelley

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Nov 2, 1933 Pearl Dillingham Registrar.

MAR 2 3 1943

JUN 4 1981

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Clearwater
City of Weippe
No. ..... St.
258 114 018 355
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 216558

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Burton London Snyder
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes.	Feb. 14, 1919, 19

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

Number of child of this mother, including present birth Fourth (a) Born alive and now living Four
Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Denver Lee Snyder	FULL MAIDEN NAME Sylvia Teed
Residence (Usual place of abode) Weippe, Ida.	Residence (Usual place of abode) Weippe, Ida.
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 31 (Years)	Color or race White Age at last birthday 21 (Years)
Birthplace Tucker Co., West Va. (City and State or County)	Birthplace Weippe, Ida. (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at about 6 A. M. on the date above stated.

(Signature) Allison Reid
(Physician or midwife)
Address Weippe Idaho

Filed 12-4 19 33 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. J. W Jackson
Mrs. Hannah Larson
Mrs. Charles Long

862-214-022-025

RECEIVED DEC. 29 1933

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

217409

CERTIFICATE OF BIRTH

Registration District No. 99 State File No. 217409

Prim. Registration District No. 2177 Local Registrar's No. 821

1. PLACE OF BIRTH
County of Fremont
City of St Anthony
No. ..... St .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dorothy Lee Hobbs

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Nov 19 1933 (Month, Day, Year)

FATHER

9. Full name Ernest Wm Hobbs
10. Residence (usual place of abode) Twin Grove Idaho (If non-resident, give place and State)
11. Color or race W. | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Twin Grove Ida
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mabel Scoggin
19. Residence (usual place of abode) Twin Groves (If non-resident, give place and State)
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Weiford Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address Twin Groves Ida

Give name added from a supplemental report Mabel Hobbs M (Date of)

Filed Dec 23, 1933 Sarah Munk Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth, Separate Return must be made for each, and the number of each, in order of birth stated.

-Magdalena abegglen St. anthony Ida
Ester Jacobson St. anthony Ida,
Jenny young. St. anthony Idah

OCT 20 1944

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH APR 7

County of Boundary

City of Bonners Ferry.

No. ..... St.

855-216-011-367

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220117

Registration District No. ..... State File No. [redacted]

Prim. Registration District No. ..... Local Registrar's .....

FULL NAME OF CHILD Iris Elizabeth Henderson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			4th	yes	April 16, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth four (a) Born alive and now living four

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Harry Alden Henderson	FULL MAIDEN NAME	Myrtle Elizabeth Cox
Residence (Usual place of abode)	Bonners Ferry Idaho	Residence (Usual place of abode)	Bonners Ferry Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race		Color or race	white
Age at last birthday (Years)	47	Age at last birthday (Years)	37
Birthplace (City and State or County)	Casper Co Iowa	Birthplace (City and State or County)	Adrian Minnesota
Occupation	farmer	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs. H. A. Henderson

Bonners Ferry Idaho

(Physician or ~~midwife~~) mother

Address .....

Filed Apr. 7 1924 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. W. H. Richardson
Harrington Washington.

Mrs. Jesse Meeker
Bonners Ferry
Idaho

Judge E. R. Henderson
Harrington Washington

DELAYED

691 101-006-556

RECEIVED MAY 3 1934

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Bingham
City of Moreland
No. ..... St.
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220777

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Paul Frazier

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth
Boy					X		June 1, 1934 (Month, Day, Year)

FATHER

9. Full name: Anthony Frazier
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho
11. Color or race: W. | 12. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or country): Hoyt Ark.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Farm
16. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: Isabell Nelson
19. Residence (usual place of abode) (If non-resident, give place and State): .....
20. Color or race: W. | 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or country): Carlos Co Tex

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: House Wife
25. Date (month and year) last engaged in this work: ....., 19.....
26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 3. (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Catherine Bentley, Midwife
Address Moreland Idaho

Filed May, 1934 ..... Registrar.

JUN 2 7 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Gannett
No. 249-106 207-319 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220782

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Buford Eugene Smith

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth March 6, 1919 (Month, Day, Year)

FATHER

9. Full name Marion Reece Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Route 1 Gannett
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) Hennessey Okla.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work None, 1919
17. Total time (years) spent in this work all Life.

MOTHER

18. Full maiden name Ruth Lucile Carpenter
19. Residence (usual place of abode) (If non-resident, give place and State) Route 1 Gannett
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Peckaloo Ida.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home Wife
25. Date (month and year) last engaged in this work None, 1919
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead No (c) Stillborn .....
29. If stillborn, period of gestation None { months or weeks
30. Cause of stillbirth None { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or M R Smith Midwife Father
Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 1934

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 841-119

County of Ada 001-693

City of Boise

No. ..... St.

St. Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

221418

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Peter David Quarles

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	July 19, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? agno 3 1%

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Horace H. Quarles

Residence (Usual place of abode) Boise

If non-resident, give place and State .....

Color or race W Age at last birthday 47 (Years)

Birthplace McCracken Co., Ky (City and State or County)

Occupation Laborer

MOTHER

FULL MAIDEN NAME Thursa Marguerite Wilson

Residence (Usual place of abode) Boise

If non-resident, give place and State .....

Color or race W Age at last birthday 39 (Years)

Birthplace Boise (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 P M. on the date above stated.

(Signature) J. A. Springer

(Physician or midwife)

Address Boise Idaho

Filed 5/11 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 29 1948

M-2-61

363-119-026-296

RECEIVED
JULY 1934

STATE OF IDAHO 222.343
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 222343

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ammon, Lorenzo Rd

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lloyd Cole

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		1	Yes	Sept 19 19

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead One Stillborn None

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rufus P. Cole	Pearl Browning
Residence (Usual place of abode)	Idaho Falls, Id 909 Bannock Ave	Idaho Falls, Id
If non-resident, give place and State	✓	✓
Color or race	White	White
Age at last Birthday (Years)	29	18
Birthplace (City and State or County)	Union Co Utah	Ammon Ida
Occupation	Carpenter	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:32 P.M. on the date above stated.

(Signature) H. A. Anderson M D

(Physician or midwife)

Address Teton Idaho

Filed Sept 19 19

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 14 1945

DELAYED

549-315-003 762

Amended 10-1-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 222347
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grace
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grace
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Rae
b. (Middle):
c. (Last): Eriksen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 15, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): M.
c. (Last): Eriksen

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah

10. USUAL OCCUPATION: Miller Flour

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Isabell
b. (Middle):
c. (Last): Rose

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Weston, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Isabell Eriksen

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) Mother

19. ADDRESS: 3755 S.E. Hawthorne, Portland, Oregon

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7-6-1934

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

ITAL STATISTICS, BOISE, IDAHO.

L.D.S. Church Record gives all information correct, Sept. 7, 1919, viewed by V.S.
Another Child's Birth Cert. #4728 gives correct Father's Name-viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON
County of UMATILLA } ss.

Certificate No. 222347

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rae Erickson (Name on Original Certificate) who born (Was Born or Died) on June 15, 1918 (Date of Event)
in Grace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Rae Erickson	Rae Eriksen
Date of Birth	June 15, 1918	June 15, 1919
Full Name of Father	William M. Erickson	William M. Eriksen

Subscribed and sworn to before me this 2nd day of SEPTEMBER, 1958.

Notary Public, residing at PENDLETON, OREGON
My commission expires
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
816 N.W. Garden, Pendleton, Ore. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of U, ATILLA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Wm M. Eriksen (Signature of Any Credible Person)
816 N.W. Garden Pendleton, Ore. (Street Address, City, State)

FORM DPH 55.155 CL 7-28-58

1 Copy (Notarized) of Portland Public Schools Record, Portland, Oregon, states that Rae Eriksen, born June 15, 1919 enrolled in Kellogg Grade School, 1932-1933, Portland, Oregon born in Grace, Idaho - information given by Bell R Eriksen, mother to school - viewed by V.S. statement written Sept. 13, 1965 - ~~viewed by V.S.~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Grace

No. ——— St. ———

not in hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 22347

Registration District No. ——— State File No. ———

Prim. Registration District No. ——— Local Registrar's No. ———

FULL NAME OF CHILD Rae Eneleson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth	Year
Female	Single	single	yes	June 15 (Month) (Day)	1918 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 4th (a) Born alive and now living Yes.

Born alive but now dead alive Stillborn no

FATHER	MOTHER
FULL NAME William M Eneleson	FULL MAIDEN NAME Rose (Isabell)
Residence (Usual place of abode) Grace Idaho	Residence (Usual place of abode) Grace Idaho
If non-resident, give place and State Idaho	If non-resident, give place and State
Color or race White Age at last birthday 26 (Years)	Color or race White Age at last birthday 26 (Years)
Birthplace Logan Utah (City and State or County)	Birthplace Weston Idaho (City and State or County)
Occupation Miller Front	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ——— M. on the date above stated.

(Signature) Isabelle Eneleson

Postum Mother (Physician or midwife) Oregon

Address 3746 S.E. Hawthorne

Filed 7-6-1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

John Raaymaw

Grace Hallo

Carl Woodruff

Grace Hallo

Mike Paul

[illegible]

OCT 1 1965
JUN 23 1958

231-1936-46469

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bassia

City of Burley

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED
JULY 11 1934

STATE OF IDAHO 222 354
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 222354

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edward Thomas Blamires
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	March 6, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 8 (a) Born alive and now living 7

Born alive but now dead 1 Stillborn .....

FATHER	MOTHER
FULL NAME Lawrence Bone Blamires	FULL MAIDEN NAME Lucille Elizabeth Morgan
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 44 (Years)	Color or race White Age at last birthday 43 (Years)
Birthplace Fayetteville Utah (City and State or County)	Birthplace Layton Utah (City and State or County)
Occupation Farmer	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8:0 clock A.M. on the date above stated.

Doctor Dead (Signature) Lawrence Bone Blamires Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Jerome Idaho

Filed March 19 19 .....
Registrar.

Mrs. C.S. Burton address unknown

Mrs. Katie A[illegible] Burley Idaho

JAN 24 1944

12472 K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Boise Idaho

No. 466-22nd-01-225 St.

(If born in hospital or institution give name.)

SEP 27 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

224723

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Esthel Matte Moore

3. Sex F | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth May 21 1919 (Month, Day, Year)

FATHER

9. Full name William Albert Moore

10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho

11. Color or race Cau | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 23

MOTHER

18. Full maiden name Maria Spence

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida.

20. Color or race W | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or country) Marshall Co Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 1900

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Physician attended

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks }

30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 2 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Maria Moore, M. D.

or (Mother), ~~Midwife~~

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed 11-13, 1934

Registrar.

Registrar.

Dr Shurtz attending Physician Boise Idaho
Mrs Pairs neighbor called in at birch Boise
Mrs. Hawk (teacher Lake Hazel Kuna Idaho)"
Ila Smith - Corning Tehama Co. Calif

MAR 30 1971

966-225-009-622

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Newport

No. 3rd

(If born in hospital or institution give name.)

RECEIVED JAN 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 227726

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Ramona Rowlands

3. Sex: Female

If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term ✓

7. Legitimate? Yes.

8. Date of birth Dec. 25 1934 (Month, Day, Year)

FATHER

9. Full name: Hugh Garfield Rowlands

10. Residence (usual place of abode): Newport (Idaho) (If non-resident, give place and State)

11. Color or race: White 12. Age at last birthday: 34 (years)

13. Birthplace (city or place): Layafette (State or country): Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Stationary Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm & Logging

16. Date (month and year) last engaged in this work: September, 1934

17. Total time (years) spent in this work: 12

MOTHER

18. Full maiden name: Ethel Osborn

19. Residence (usual place of abode): Newport (If non-resident, give place and State)

20. Color or race: White 21. Age at last birthday: 33 (years)

22. Birthplace (city or place): Stanton (State or country): Ohio

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Public Schools

25. Date (month and year) last engaged in this work: May, 1917

26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)

.....
Registrar.

(Signed) ....., M. D.

or (Mrs.) Cora D. Jackson, Midwife

Address Coldwell Idaho

Filed Jan. 5, 1935

Registrar.

DEC 14 1942

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Caribou

City of Grovers Springs Ida.

No. St.

239-110-037-46b

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 230073

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Frank William Black

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			yes	April 10 (Month), (Day), 1919 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 4 (a) Born alive and now living 3 yes

Born alive but now dead Stillborn

FATHER

FULL NAME Harry Alexander Black

Residence (Usual place of abode) Grovers Springs, Ida

If non-resident, give place and State

Color or race White Age at last birthday 41 (Years)

Birthplace Winston-Salem N. C.
(City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Eugenia Gertrude Moore

Residence (Usual place of abode) Grovers Springs Ida.

If non-resident, give place and State

Color or race White Age at last birthday 38 (Years)

Birthplace Baker, Baker Co. Oregon
(City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at M. on the date above stated.

(Signature) Harry A. Black

(Physician or midwife)

Address Mell-2 Idaho

Filed Apr 19.19

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Martha Walker
Tim Shirley
Mrs. G. F. Gaines

Melba.
Idaho.

14-220-001-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 230169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Irene Adams			2. Date Of Birth (month) September (day) 20, (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: John Adams			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Shangle			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Irene Adams	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 6-30- 19 64		12. Signature of Notary: CON T. SHEA, Notary Public in and for the City and County of San Francisco, State of California	13. Notary Commission expires 19 My Commission expires 2-28-67	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's Birth Certificate #352		By whom issued and signed: State of California San Francisco, California	Date Issued: June 17, 1965	Date Orig. Entry: child born Jan 13, 1939
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Record #5852		By whom issued and signed: State of California County Recorder San Francisco	Date Issued: June 17 1965	Date Orig. Entry: Nov 14, 1959
	Date of Birth: Sept. 20, 1919	Birth Place: Idaho	Full Name of Mother: Elizabeth Shangle	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license & certificate		By whom issued and signed: State of California County of San Diego	Date Issued: Aug 13 1965	Date Orig. Entry: April 17, 1938
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: Elizabeth Shangle	Name of Father: John E. Adams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: August 25, 1965

230169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 1800 N. 14th St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 230169

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna Irene Adams

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate?	8. Date of birth Sept. 20, ~~193~~ 1920 (Month, Day, Year)
Female				

	FATHER	MOTHER
9. Full name	John Adams	18. Full maiden name Elizabeth Shangle
10. Residence (usual place of abode) (If non-resident, give place and State)	1800 N. 14th	19. Residence (usual place of abode) (If non-resident, give place and State) 1800 N. 14th
11. Color or race	White	20. Color or race White
12. Age at last birthday	25 (years)	21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country)	Missouri	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Barber	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Barber Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
OCCUPATION 16. Date (month and year) last engaged in this work	Sept, 1920	25. Date (month and year) last engaged in this work ....., 19....
OCCUPATION 17. Total time (years) spent in this work	2 Years	26. Total time (years) spent in this work 2yrs. 3 month

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11:50 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mother 2346-2nd ave Signature M. D.
or Elizabeth Adams, ~~Midwife~~

Address .....

Filed ....., 193.... .....

Registrar.

OCT 8 1964

AUG 26 1965

Mrs. Frank Pulaski
So. Boise. Route 5

Mrs. J. B. Montgomery 1310 Grand St.
Boise

Dr. Mary Allen Callaway
Empire Bldg.
Boise

A331 — 225.010 — 331

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

230199

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Swan Valley
No. Ogden City Hospital
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Verna Opal Clawson

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1
6. Premature ..... Full term X
7. Legitimate? yes
8. Date of birth Sep. 29, 1919 (Month, Day, Year)

FATHER

9. Full name: Ellis Lee Clawson
10. Residence (usual place of abode) (If non-resident, give place and State): Swan Valley Idaho
11. Color or race: White
12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: garage
16. Date (month and year) last engaged in this work: July, 1919
17. Total time (years) spent in this work: 13 yrs

MOTHER

18. Full maiden name: Martha Lucille Stam Clawson (Martha Lucille Stam)
19. Residence (usual place of abode) (If non-resident, give place and State): Swan Valley Idaho
20. Color or race: White
21. Age at last birthday: 21 (years)
22. Birthplace (city or place) (State or Country): Hills City, Kans.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work: ....., 19.....
26. Total time (years) spent in this work: 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: ones (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature] (Mother) M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report March 21 - 1935.
(Date of)
Registrar.

Filed 4-4, 1935
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

230139

Colorado Springs, Colorado

March 21, 1935.

TO WHOM IT MAY CONCERN:

I, Mrs. Martha Lucille Martin, 305 N. Cascade Ave., Colorado Springs, Colorado, mother of Verna Opal Clawson Oles, hereby certify that the information on the attached birth certificate was furnished by me and is true and correct.

Mrs Martha Lucille Martin

Mrs. Martha Lucille Martin

STATE OF COLORADO)
)ss
COUNTY OF EL PASO)

Subscribed and sworn to before me this 21st day of March 1935.

Edith [illegible]

Notary Public

My [illegible] Mar. 3, 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 18 1935

231930

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 412-223010-213 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231930

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frances Elizabeth Mason

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Mar. 23, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Low Ray Mason	18. Full maiden name: Frances Salem
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: W | 12. Age at last birthday: 33 (years)	20. Color or race: W | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): ~~Iowa~~	22. Birthplace (city or place) (State or country): Binghamton N.Y.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Bookkeeper 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: 16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: 25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Frances Howard M.D. M.D.

or ..... Midwife

Address 4341 - So. Grand Ave

Filed May 18, 1935

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Frances Elizabeth Mason

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female			Yes	March 23 1919

	FATHER	MOTHER
9. Full name	Lon Ray Mason	18. Full maiden name: Frances Salem
10. Residence (usual place of abode) (If non-resident, give place and State)	846 Shoup Ave Idaho Falls	19. Residence (usual place of abode) (If non-resident give place and State): 846 - Shoup Ave Idaho Falls Ida
11. Color or race	White	20. Color or race: White
12. Age at last birthday	33 (years)	21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country)	Iowa	22. Birthplace (city or place) (State or Country): Binghamton New York.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Bookkeeper	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
OCCUPATION 16. Date (month and year) last engaged in this work	____, 19____	25. Date (month and year) last engaged in this work: ____, 19____
OCCUPATION 17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed ____, 193... ____
Registrar.

Registrar.

Mr. W. F. Richards - American Nt. Bank Idaho Falls Idaho.

Jay R. Mason - % American Nt Bank Idaho Falls Ida.

Joseph George - Business Man (moving Picture Business - Idaho Falls, Idaho.

{References} Above people could verify the birth -

DEC 27 1951

712-124022-689

232806

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232806

RECEIVED JUN 21 1935

1. PLACE OF BIRTH
County of Fremont
City of Ashton
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Billy Frank Paschke

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Jan. 24 1919 (Month, Day, Year)

FATHER

9. Full name Carl F. Paschke
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Minn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Brakeman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Nova L. White
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or country) Hutchinson, Kans.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. C. F. Paschke (Mother)
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed June 21, 1935, 193 Pearl Dillingham Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.
MARGIN RESERVED FOR

Two-Certified copy issued 2-17-1941. dp

2093

PLACE OF BIRTH

County of Fremont

City of Ashton MAY 4 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 232806

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Billy Frank Paschke
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)			Yes	Jan. 24, 1919 (Month) (Day) (Year)

What bactercidal solution was used in eyes? .....

No. of child of this mother including present birth 2 No. of children of this mother now living including present birth 2

FATHER	MOTHER
Full Name: Carl F. Paschke	Full Maiden Name: Nova L. White
Residence: Idaho	Residence: Idaho
Color: White	Color: White
Age at last Birthday: 31 (Years)	Age at last Birthday: 29 (Years)
Birthplace: Minn.	Birthplace: Hutchinson, Kans.
Occupation: Brakeman	Occupation: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Born alive, at ..... M. on the date above stated. / Stillborn

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report

(Signature) Mrs. C.F. Paschke (Mother)
~~(Physician or Midwife)~~

....., 19..... Address .....

..... Registrar.

Filed ..... 193..... Registrar.

THIS IS TO CERTIFY, That the above is a true and correct copy of a certificate of birth, filed in the Bureau of Vital Statistics, Department of Public Welfare, as directed by the Act of Legislature, approved March 9, 1911.

DEPARTMENT OF PUBLIC WELFARE

Date June 21, 1935 193.....

Pearl Dillingham
State Registrar.

319 124 044 843

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St.
(If born in hospital or institution give name.)

JUL 1 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232828

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Hubert Larsen

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ✓ | 8. Date of birth Feb. 24, 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Knute Edward Larsen	18. Full maiden name: Jessie Mae Hulse
10. Residence (usual place of abode) (If non-resident, give place and State)	Weiser, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho
11. Color or race	White	20. Color or race: White
12. Age at last birthday	33 (years)	21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country)	Hjorring, Denmark	22. Birthplace (city or place) (State or country): Millville
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Farming
16. Date (month and year) last engaged in this work	Feb. 24, 1919	25. Date (month and year) last engaged in this work: Feb. 24, 1919
17. Total time (years) spent in this work	Three	26. Total time (years) spent in this work: Five yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) Jessie Mae Larsen, ~~M. D.~~
or ..... ~~Midwife~~
Address Near Plymouth, Idaho
Filed June, 1935

Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dr Marshall
Weiser, Idaho

Fred McDonald
Weiser, Idaho

F. F. Williams
Weiser, Idaho

Winfred Jensen
Weiser, Idaho

DECEASED

291/04 628 757

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 927 Birch St.
(If born in hospital or institution give name.)

MAR 2 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 233523

Registration District No. 30 State File No.
Prim. Registration District No. 1050 Local Registrar's No. 532

2. FULL NAME OF CHILD Earl Joseph Brady

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 1
6. Premature: Full term Yes
7. Legitimate? Yes
8. Date of birth March 4, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Byron William Brady	18. Full maiden name: Narcissus Mathilda Ready
10. Residence (usual place of abode) (If non-resident, give place and State): 927 Birch St Coeur d'Alene Id.	19. Residence (usual place of abode) (If non-resident, give place and State): 921 Birch St Coeur d'Alene, Id.
11. Color or race: White 12. Age at last birthday: 41 (years)	20. Color or race: White 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Piona Illinois	22. Birthplace (city or place) (State or country): Trinidad, Colorado
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Barber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: own home
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: Feb 24, 1922	17. Total time (years) spent in this work: 3
25. Date (month and year) last engaged in this work: , 19	26. Total time (years) spent in this work: [illegible]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother: 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Before labor / During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 1:00 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Byron William Brady, FATHER ~~M. D.~~
or ~~Midwife~~
Address 927 Birch Street
Filed 4-24-32, 193 [illegible] Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

18 194

844-102-807-513

233791

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

233791

RECEIVED
JUL 19 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Bellevue

No. .....

(If born in hospital or institution give name.) .....

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wayne D. Hudson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct. 2, ~~1935~~ 1919 (Month, Day, Year)

FATHER

9. Full name: Arthur L. Hudson

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Bellevue, Ida.~~

11. Color or race: White | 12. Age at last birthday: 29 (years)

13. Birthplace (city or place) (State or Country): Hannon, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work: Life

MOTHER

18. Full maiden name: N. Fern Hatfield

19. Residence (usual place of abode) (If non-resident, give place and State) ~~Bellevue, Ida.~~

20. Color or race: White | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): Moline, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) N. Fern Hudson (mother), M.D.

or ....., Midwife

Address .....

(Date of) .....

Filed July 19, 1935

Registrar.

Registrar.

MAR 23 1972

Mrs. Sara E. Hudson - Rupert, Idaho
Mrs. C. P. Humphrey - Idaho Falls Idaho
Mrs. Glesner -Rupert, Idaho

APR 9 1942

JUN 16 1942

463-29-014-515

236692

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236692

OCT 21 1935 RECEIVED

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. R.F.D. (Country) St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Clarence Everett Doty.

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth May 29, 1919 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Charles Robert Doty		Myra Elizabeth Vandruff Doty
10. Residence (usual place of abode) (If non-resident, give place and State)	Caldwell Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Caldwell Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	36 (years)	21. Age at last birthday	34 (years)
13. Birthplace (city or place) (State or Country)	~~Caldwell Idaho~~ Bentville Ark.	22. Birthplace (city or place) (State or Country)	Marion Co Kans
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work 30	25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work 30

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation none (months or weeks) | 30. Cause of stillbirth ____ (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Myra Elizabeth Doty (MOTHER), M. D.
or ____, Midwife
Address Bluffton Alberta (Canada)
Filed Oct 15, 1935

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Mrs Fivecoat Caldwell R. F. D. #4

Mrs Straten " " "

Mrs Striker " "

641-107026-295

237554

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 237554

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Sumao Fujisawa

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth Sept. 7, 1919, 193___ (MONTH, DAY, YEAR)

FATHER

9. Full name: T. Fujisawa

10. Residence (usual place of abode) (If non-resident, give place and State) Kumamoto

11. Color or race: Yellow

12. Age at last birthday: 37 (years)

13. Birthplace (city or place) (State or country): Japan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19___

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: N. Bingo

19. Residence (usual place of abode) (If non-resident, give place and state) Kumamoto

20. Color or race: Yellow

21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or country): Japan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) T. Fujisawa (Father), M. D.

or _____, Midwife

Address Rexburg, Idaho

Filed 12/3/35, 193___

_____ Registrar.

(over)

_____ Registrar.

First certified copy issued 12-3-35. PM 2533.

G. Ugaki, Mrs Hisa. Ugaki
Sugar City, Idaho

T. Onouye
Rexburg, Idaho.

dup of 1919-72970

DELAYED

292-220034-395

237568

DEC 9- 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 237568

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 19 State File No. .....
Prim. Registration District No. 2015 Local Registrar's No. 193184

2. FULL NAME OF CHILD: Frances Beryl Bishop, Riverside, Cal Rt 2

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug 20, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Russell P. Bishop	18. Full maiden name: Louise Lind
10. Residence (usual place of abode) (If non-resident, give place and State): Rupert	19. Residence (usual place of abode) (If non-resident, give place and State): Rupert
11. Color or race: W — 12. Age at last birthday: 25 (years)	20. Color or race: W — 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Oregon	22. Birthplace (city or place) (State or Country): Montana
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) E. K. Edmonds, M. D.

or ....., Midwife

Address Rupert, Ida

Filed 11-5, 1935 E. K. Edmonds

(Date of) ..... Registrar.

Registrar.

APR 2 1 1945

465710010 ~~914~~ DEC 12 1935 RECEIVED 237569

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 237569

1. PLACE OF BIRTH

County of ____
City of Lincoln, Syn Co.
~~No.~~ Lincoln, Idaho St.

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Apolonio Montalvo

3. Sex Boy. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth apr. 10, 19~~3~~19 (MONTH, DAY, YEAR)

FATHER

9. Full name Florentino Montalvo

10. Residence (usual place of abode) (If non-resident, give place and State) Superior Neb.

11. Color or race Brown 12. Age at last birthday 56 (years)

13. Birthplace (city or place) (State or country) Rodeo, Durango, Mexico.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Tomasa Rodriguez Mother

19. Residence (usual place of abode) (If non-resident, give place and state) ____

20. Color or race Brown 21. Age at last birthday 50 (years)

22. Birthplace (city or place) (State or country) Trinidad Durango Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work ____

27. Number of children of this mother (At time of this birth and including this child) 12 11 (a) Born alive and now living 11 (b) Born alive but now dead 3 (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth ____ | Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 7 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Enriqueta Villanueva M.D. or Midwife

Address Gen. Del. Pueblo, Colorado

Give name added from a supplemental report ____ (DATE OF)

____ Registrar.

Filed 12/12/35, 193__

____ Registrar.

Mrs. Ernesta Villanueva
Puerto Cabo,

Mrs. Flora Gonzales,
Linton Adobe

Mrs. Mary Ramos,
Linton, Ida.

717 207 009243

DEC 10 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 237778

1. PLACE OF BIRTH
County of Bonner
City of Valley Idaho
No. ..... St. Main Hay
(If born in hospital or institution give name.)

Registration District No. 78 State File No. .....
Prim. Registration District No. 2155 Local Registrar's No. 346

2. FULL NAME OF CHILD Phoebe Loretta Gagnon

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term?	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female				Yes	Yes	7 Nov. 1935

9. FATHER	18. MOTHER
9. Full name: Wilfred Gagnon	18. Full maiden name: Katherine Buttz
10. Residence (usual place of abode) (If non-resident, give place and State): Valley	19. Residence (usual place of abode) (If non-resident, give place and State): Valley
11. Color or race: White 12. Age at last birthday: 31 (years)	20. Color or race: White 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or country): Quebec Quebec	22. Birthplace (city or place) (State or country): Montana
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Brakeman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Woods	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female (Born Alive or Stillborn) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... M. D.
or Mrs. Otto S. Sheridan, Midwife
Address .....
Filed 12-1-, 1935 J. B. Evans Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

JAN 27 1967

249-102-024-692

239237

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 239237

FEB 12 1936 RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Gooding
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Floid Franklin Smith

3. Sex: Male
If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature..... Full term.....
7. Legitimate? Yes
8. Date of birth May 2, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Franklin Smith	18. Full maiden name: Nellie May Fisher
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State): Gooding, Ida.
11. Color or race: White 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Baker County, Oreg.	22. Birthplace (city or place) (State or country): Myrtle Creek, Oreg.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 1 (b) Born alive but now dead 3 (c) Stillborn

29. If stillborn, period of gestation..... months or weeks
30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 5:30 A.M. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)
..... Registrar.

(Signed) H. E. Smith, M. D.
or ....., Midwife
Address Twin Falls Idaho
Filed 7/15, 1936
Registrar.

MAR 17 1947

JUL 22 1947

55-6-109-023-964

MAR 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240558

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore Co
City of ~~Boise~~ Ola Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Emmett Lewis Newell

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 9, 1919 (Month, Day, Year)

FATHER

9. Full name Edwin L. Newell
10. Residence (usual place of abode) Ola Idaho (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Burns (State or country) Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work Dec. 9, 1919
17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Anna D. Rogler
19. Residence (usual place of abode) Ola Idaho (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Elwood (State or country) Will Co. Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Dec 9, 1919
26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? boric acid
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 4A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lucy B. Letters, ~~M. D.~~
or ..... ~~Midwife~~
Address Ola Idaho
Filed March 6, 1936

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Registrar.

SEP 21 1943

SEP 20 1943

225-214-039-693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Landing
No. ____ St.
Private Home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240762

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Amy Dora Skeen

3. Sex Female
If plural births { 4. Twin, triplet, or other —
5. Number, in order of birth —
6. Premature — Full term yes
7. Legitimate? yes
8. Date of birth March 14, 1919 (Month, Day, Year)

FATHER

9. Full name Lafayette Skeen
10. Residence (usual place of abode) (If non-resident, give place and State) Landing, Ida
11. Color or race White 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Plain City Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming and
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockraising
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Frances Margaret Wilcox
19. Residence (usual place of abode) (If non-resident, give place and State) Landing, Idaho
20. Color or race White 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Moorehead Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of stillbirth — { Before labor —
During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or Amy A. Hadley, Midwife
Address Rockland, Idaho

Filed April, 1936

Registrar. Registrar.

NOV 1 3 195

491-128-E39-386

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of POWER
City of
No. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

240766

MAR 2 1936 RECEIVED

CERTIFICATE OF BIRTH

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD RICHARD LEROY DRAKE

3. Sex MALE
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term X
7. Legitimate? YES
8. Date of birth JULY 20, 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name: LE ROY DRAKE	18. Full maiden name: JESSIE BELLE THOMPSON
10. Residence (usual place of abode) (If non-resident, give place and State): AMERICAN FALLS	19. Residence (usual place of abode) (If non-resident, give place and State): AMERICAN FALLS
11. Color or race: WHITE 12. Age at last birthday: 34 (years)	20. Color or race: WHITE 21. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or country): FARMERS BURG INDIANA	22. Birthplace (city or place) (State or country): DELPHI INDIANA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: FARMER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19..	25. Date (month and year) last engaged in this work ..., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... months or weeks
30. Cause of stillbirth — Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..., M. D.
or Le Roy Drake Father, Midwife
Address HANSEN IDAHO

Give name added from a supplemental report
(Date of)

Filed Mar., 1936

Registrar. Registrar.

AUG 26 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

633-230-030-343

APR 6 1936 REC'D

240890

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240890

1. PLACE OF BIRTH
County of Lemhi
City of Patterson
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Doris Eileen Wells

3. Sex: female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth June 30, 1919 (Month, Day, Year)

FATHER

9. Full name Oliver Clinton Wells
10. Residence (usual place of abode) Patterson (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Arkansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work Farming at present 19 Idle
17. Total time (years) spent in this work 16

MOTHER

18. Full maiden name Juanita Elizabeth Tull
19. Residence (usual place of abode) Patterson (If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Oak Hall Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1:30 AM m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Juanita Elizabeth Wells, ~~M. D.~~
or (Mother), Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed 4/6/36, 193.....

Registrar.

Registrar.

Mrs. Melinda Wells

May Adams

Mrs Carl Hansen

May Adams

Mrs Kirkpatrick

May Adams

763-115-643-127 amended 9-17-81

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Roseberry

No. ____ St.

Registration District No. 15 File No. 240899

Hospital ____ Primary Registration District No. ____ Registered No. 16

FULL NAME OF CHILD John Willie Pottenger
(Certificate of no value without full name of child.)

Sex of Child: Male | Twin, Triplet or other? | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Dec 15 (Month) (Day) 19 19 (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Willie Pottenger	FULL MAIDEN NAME	Cynthia Etta Jasper
RESIDENCE	Roseberry Idaho	RESIDENCE	Roseberry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oswego Kansas	BIRTHPLACE	Roseberry Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Jno Foster~~ J. J. M. Foster
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 192....

____
Registrar.

Filed Mar 24 1936 Mustard J. Brady
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
SEP 09 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 240899
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for John Willie Pottenger (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-15-20 (Date of Event)

in Roseberry(Valley) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs year of birth	1920	1919

Subscribed and sworn to before me this 5th day of September, 1981.
Notary Public, [illegible]
Residing at [illegible]
My commission expires 5-17-84
(Seal)

x John Willie Pottenger
Signature of Applicant
Lorelle Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho } ss.
County of Blaine }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 1981.
Notary Public, [illegible]
Residing at Hailey, Idaho
My commission expires 5-17-84
(Seal)

Gary Hodges
Supporting Signature
main St Rigmire, Idaho
Street Address, City, State

1 cc pd

Recruit Identification card of U.S. Navy dated 12-30-44 gives John Willie Pottenger born 12-15-19 Roseberry, ID Viewed by V.S.

Application for National Service Life Ins. gives John Willie Pottenger born 12-15-19 at Roseberry, ID. Application dated 2-2-45. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

4-3-1/2 oc 3-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

241031

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock MAR 27 1936 REGISTERED
City of Pocatello
No. [redacted] Main.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert William Walker

3. Sex male

If plural births: 4. Twin, triplet, or other ~~.....~~ 5. Number, in order of birth .....

~~6. Premature~~ Full term yes

7. Legitimate? yes

8. Date of birth Mar. 12 1919 (Month, Day, Year)

FATHER

9. Full name Robert Wm. Walker

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race W. 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or country) Illinois.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own office

16. Date (month and year) last engaged in this work March, 1919

17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Zella Scheu

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or country) Pocatello Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work March, 1919

26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now living. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 5 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O. B. Steelen, M. D.
or signed by Zella Walker Mother Midwife
Address Marsing Utah R. F. D.

Give name added from a supplemental report .....
(Date of)

Filed March, 1936

.....
Registrar.

.....
Registrar.

Mrs. H. J. Scherr.
1639 N. Harrison Ave.
Pocatello Idaho.

Mrs. Roy Culet,
Twin Falls Ida
Box 302.

Mrs. William Walker
590 Orpheum Ave
Salt Lake City
Utah

B15-207 003 689

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241906

MAY 11 1936 RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Rubin
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. Dist. State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Hazel Fannin

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ....

6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 7, 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Casper Fannin	
18. Full maiden name		Mary Hannah Whiting
10. Residence (usual place of abode) (If non-resident, give place and State)		
19. Residence (usual place of abode) (If non-resident, give place and State)		
11. Color or race White / 12. Age at last birthday 23 (years)		
20. Color or race White / 21. Age at last birthday 15 (years)		
13. Birthplace (city or place) (State or country)	Kentuckey	
22. Birthplace (city or place) (State or country)		Rubin Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	farmer	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work ....., 19.... / 17. Total time (years) spent in this work		
25. Date (month and year) last engaged in this work ....., 19.... / 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
none (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Nurse Maud Marly, Midwife
Address McCammon Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed April 21, 1936
..... Registrar.

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DELAYED

Dup of 1919-76422

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 18 1936 RECEIVED

CERTIFICATE OF BIRTH 242701

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. 365-12th Ave. E. St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 18 Local Registrar's No. ____

2. FULL NAME OF CHILD Harry R. Roberson Towle

3. Sex M | If plural births: 4. Twin, triplet, or other? Other | 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 21, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name Guy J. Towle	18. Full maiden name Nora E. Roberson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Jerome Ida.
11. Color or race W. | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Massachusetts	22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
16. Date (month and year) last engaged in this work ____, 1920	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 15	26. Total time (years) spent in this work None

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Chas. F. Zeller, M. D.
or ____, Midwife
Address Jerome Ida.
Filed 5/18/36, 1936 C. F. Zeller
Registrar.

____
Registrar.

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1. PLACE OF BIRTH
County of Owyhee
City of Bruneau
No. ..... St. .....
(If born in hospital or institution give name.)

MAY 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 242717

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Aaron Audra Hugulet

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				yes	Nov. 24, 1919

FATHER

9. Full name: Henry Louis Hugulet
10. Residence (usual place of abode) (If non-resident, give place and State): Bruneau, Ida.
11. Color or race: W | 12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc:
16. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Sarah Emma Royse
19. Residence (usual place of abode) (If non-resident, give place and State): Bruneau, Ida.
20. Color or race: W | 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or country): Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: ....., 19.....
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2.30 P.m. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Sarah Hugulet mother M.D.
or .....
Address King Hill. Idaho.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed May 26, 1936
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Jennie Benham. Bruneau Ida.
" Ida Adams. Bruneau, Ida.
" Esther Christison. Mt. Home. Ida;

255-208 035-299

242737

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ..... St. .....
(If born in hospital or institution give name.)

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242737

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Jane Bennett

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate	8. Date of birth
Female					Yes	Dec. 8, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles F. Bennett	18. Full maiden name: Kathrine H. Brink
10. Residence (usual place of abode) (If non-resident, give place and State): Lewiston Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston, Ida
11. Color or race: W. | 12. Age at last birthday: 37 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or country): New York	22. Birthplace (city or place) (State or country): Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Mechanic	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. C. Carsson, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed June, 1936.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5913 105-682-702

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 242748

PLACE OF BIRTH

County of .....

City of St. Anthony Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruben Villalobos

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	September 5th, 1919 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead None Stillborn None

FATHER		MOTHER	
FULL NAME	Jose Lavara Villalobos	FULL MAIDEN NAME	Maria Savina Gallegos
Residence (Usual place of abode)	St. Anthony, Idaho	Residence (Usual place of abode)	St. Anthony, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Mexican	Color or race	Mexican
Age at last birthday	24 (Years)	Age at last birthday	24 (Years)
Birthplace (City and State or County)	Aguas Calientes, Mexico	Birthplace (City and State or County)	Zacatecas, Zac. old Mexico
Occupation	Laborer	Occupation	Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Maria L Gallegos (Mother)

(Physician or midwife)

Address 214 Calle, Juarez, Chihuahua, Mex.

Filed June 12 1936

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

961-125-024961

JUN 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243260

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George William Roark

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth 3-25 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name George W. Roark	18. Full maiden name Clara E Roark
10. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida.
11. Color or race White 12. Age at last birthday 39 (years)	20. Color or race White 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Indiana	22. Birthplace (city or place) (State or country) Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc, home wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo. W. Roark Sr., M. D.
or Father Midwife
Address Walla Walla Wash.
Filed June 10, 1936 Bob West Resident Registrar.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Dr Simeton mendell Idaho.
mrs John Simpson mendell Idaho.
mrs Arion Johnson Jerome Idaho.

219.115 028-437

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene RECEIVED JUN 2 1936
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243369

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 100

2. FULL NAME OF CHILD Charles Dale Bailey

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
M		Yes	yes	Sept 15, 1919 (Month, Day, Year)

FATHER

9. Full name: Paul J. Bailey
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race: W | 12. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Greendale Virginia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steam engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Rutledge Lumber Co.
16. Date (month and year) last engaged in this work: present, 19.....
17. Total time (years) spent in this work: 15

MOTHER

18. Full maiden name: Genevieve McGraw
19. Residence (usual place of abode) (If non-resident, give place and State): C d A. Id.
20. Color or race: W | 21. Age at last birthday: 32 (years)
22. Birthplace (city or place) (State or Country): Kentucky

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: present, 19.....
26. Total time (years) spent in this work: 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5 %

28. Number of children of this mother: 9 (At time of this birth and including this child) (a) Born alive and now living: 7 (b) Born alive but now dead: 2 (c) Stillborn: .....

29. If stillborn, period of gestation: ..... months or weeks
30. Cause of stillbirth: ..... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 8 P m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Robert D Wood, M. D.
or ....., Midwife
Address Coeur d'Alene Ida

(Date of) Filed May 18, 1936 E. L. Sparks M.D.
Registrar. Registrar.

DEC 2 1942

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#2 243675

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Milo

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243675

Registration District No. 73 State File No. .....

Prim. Registration District No. 21-0 Local Registrar's No. 326

2. FULL NAME OF CHILD Hyrum Earl Chapple

3. Sex M. | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 12, 1919 (Month, Day, Year)

FATHER

9. Full name Walter C Chapple

10. Residence (usual place of abode) (If non-resident, give place and State) Milo Idaho

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Spanish Fork Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Sept 12, 1919 | 17. Total time (years) spent in this work 9

MOTHER

18. Full maiden name Mabel Bates

19. Residence (usual place of abode) (If non-resident, give place and State) Milo Idaho

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Park City Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Sept 12, 1919 | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Living at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Walter C Chapple Father
or Mrs Mabel Bates mother, Midwife

Address .....

Filed June 29, 1936 [signature] Registrar.

812-110 026 389

24 3687

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

JUL 6 1936 RECEIVED

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243687

Registration District No. 98 State File No. ____

Prim. Registration District No. 2476 Local Registrar's No. 92

2. FULL NAME OF CHILD Arthur Eugene Haskell

3. Sex M. | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } | 6. Premature ____ Full term X | 7. Legitimate? Yes. | 8. Date of birth Nov. 10, 1919 (Month, Day, Year)

FATHER

9. Full name Archie Andersen Haskell

10. Residence (usual place of abode) (If non-resident, give place and State) Ririe Ida

11. Color or race W. | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Hyrum, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm.

16. Date (month and year) last engaged in this work Nov. 1919

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Eline Marie Christiansen

19. Residence (usual place of abode) (If non-resident, give place and State) Ririe Ida

20. Color or race W. | 21. Age at last birthday 43 (years)

22. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Nov 10, 1919

26. Total time (years) spent in this work 12 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) four (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn no.

29. If stillborn, period of gestation ____ { months or weeks }

30. Cause of Stillbirth ____ { During labor ____ Before labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Eline Marie Haskell Mother

or ____ Midwife

Address Ririe, Ida.

Filed July 1, 1936 A B Eckirsall

Registrar.

DELAYED

418-227.009-965

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Samuels Idaho
No. R. F. D. 1 St.
(If born in hospital or institution give name.)

JUL 25 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 244565
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Hildegarde Dahlstrom

3. Sex female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth July 27, 1936 (Month, Day, Year)

FATHER

9. Full name Charles Dahlstrom
10. Residence (usual place of abode) (If non-resident, give place and State) Samuels Idaho
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Marfee Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc
16. Date (month and year) last engaged in this work ____, 19____ 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ina Romback
19. Residence (usual place of abode) (If non-resident, give place and State) Samuels Idaho
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or country) Crystal Falls Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:15 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) ____, M. D.
or Edna Carlson, Midwife Householder
Address Samuels Idaho
Filed July 27, 1936

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1936 RECEIVED

Registration District No. 73 State File No. 244924

Prim. Registration District No. 2150 Local Registrar's No. 361

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 745-112 010-469 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Virgil Lawrence Gresham

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Apr. 12, 1936 (Month, Day, Year)

FATHER

9. Full name Virgil Barnett Gresham
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Pleasant Hill, Ills. Pike Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Cullota Regent Morton
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Pleasant Hill, Ills. Pike Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) G. A. Anspergel D.O. M.D.
or ____, Midwife
Address Idaho Falls, Ida

Filed 7/3, 1936 C. Gutmund
Registrar.

Registrar.

MAR 2 1955

MAY 5 1955

JUL 29 1943

JUL 14 1949

466-203-09-253

245-1-35

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
.....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 245535

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Avis Wood

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female				yes	Nov. 3, 1919

FATHER	MOTHER
9. Full name: Cartee Wood	18. Full maiden name: Dorothy Inger Selby
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or country): Boise, Idaho	22. Birthplace (city or place) (State or country): Creston, Iowa
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Lawyer	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cartee Wood md (FATHER), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Aug. 19, 1936

..... Registrar.

..... Registrar.

AUG 15 1952

6/20/41 L. B.

AUG 22 1952

719-1240 26-367 Jefferson

24646

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH — SEP 16 1936 RECEIVED

County of [redacted] Idaho

City of Rigby

No. Home St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246562

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Merced Garcia

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 10

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth September 24 1919 (Month, Day, Year)

FATHER

9. Full name † Rupert Garcia

10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Idaho

11. Color or race Mex. | 12. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Rexburg Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Clara Lopes de Garcia

19. Residence (usual place of abode) (If non-resident, give place and State) Rigby Ida

20. Color or race ____ | 21. Age at last birthday ____ (years)

22. Birthplace (city or place) (State or Country) ____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 11 (At time of this birth and including this child)
(a) Born alive and now living X (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 10 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added f. a supplemental report Mary Garcia
(Date of)

(Signed) ____, M. D.

or Mary Garcia, Midwife

Address 8725 Patton St.

Filed Sept 17, 1936

Registrar.

Registrar.

APR 6 1959

JUL 24 1936 RECEIVED Los Angeles Cal.
July 19-36

7/17/36 24656 24656

Public Welfare Boise Idaho.

I write to the auditor and Recorder of Rexburg Idaho to ask them for Mercedes Garcia Smith Certificate and they advise me to apply to you for this purpose and I write this form from your please.

Mercedes Garcia was born in Rickby Idaho October 2nd 1919 was baptized in Rexburg Idaho. the 25 of November 1919. She is the son of Rosario Garcia and Clara Lopez de Garcia. If you have this record please send me this Smith Certificate I am inclosing fifty cents. If the fee is more please let me know.

I thank you.

Sincerely yours.
Mary Garcia
372½ Patton st L.A.

Reference
1 mo
approved 9/16/36

7/24/36

24662

544-24-014-691

246574

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Melba

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246574

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Geraldine Joan Edde

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Aug. 14, 1919 (Month, Day, Year)

FATHER

9. Full name Lionel Lee Edde

10. Residence (usual place of abode) (If non-resident, give place and State) Melba

11. Color or race W. | 12. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rachel Frazier

19. Residence (usual place of abode) (If non-resident, give place and State) Melba

20. Color or race W. | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2.35 A. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. J. Coleman, M. D.

or ..... Midwife

Address Kuna, Idaho.

Give name added from a supplemental report .....

(Date of) .....

Filed Sept. 21, 193 .....

Registrar.

Registrar.

855-227-005 OCT 12 1936 REC'D 246 640

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Lorenet

No. ..... St. Convent of Mary Immaculate

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246640

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rosie Agnace Hendricht

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female					Oct. 27, 1936

	FATHER	MOTHER
9. Full name	Louis W. J. Hendricht	
18. Full maiden name		Mabel Elizabeth Peterson
10. Residence (usual place of abode) (If non-resident, give place and State)	Teneal	
19. Residence (usual place of abode) (If non-resident, give place and State)		Teneal
11. Color or race	White	
12. Age at last birthday	44 (years)	
20. Color or race		White
21. Age at last birthday		31 (years)
13. Birthplace (city or place) (State or country)	Detroit Mich.	
22. Birthplace (city or place) (State or country)		Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Farmer	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		own home
16. Date (month and year) last engaged in this work	September 1932	
17. Total time (years) spent in this work	22	
25. Date (month and year) last engaged in this work		May 1934
26. Total time (years) spent in this work		25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) ..... , M. D.

or Sister Anathias R. N. , Midwife

Address Ste Sonch, Idaho.

Filed Oct. 12, 1936

Oct. 12 1936

Registrar.

DELAYED

Hendrickx

dup of 1919-756061

168-104002995 247668

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 12 1936 RECEIVED

CERTIFICATE OF BIRTH

247668

1. PLACE OF BIRTH
County of Adams
City of Council
No. ..... St. Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Lee Johnston

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? X
8. Date of birth July 4, 1919 (Month, Day, Year)

FATHER

9. Full name Morris Johnston
10. Residence (usual place of abode) (If non-resident, give place and State) Council
11. Color or race White 12. Age at last birthday 51 (years)
13. Birthplace (city or place) (State or country) Middleton Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Farmer, 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Dorothy Ella Zimmer
19. Residence (usual place of abode) (If non-resident, give place and State) Council
20. Color or race White 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or country) Middleton Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work .....19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Crede's method
28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at H.P. & new m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) no doctor, M. D.
or Gertrude S. Law, trained nurse Midwife
Address Council Idaho.

Give name added from a supplemental report We were 12 miles (Date of) from a doctor, & I on funds + Mrs Shaw did not charge. Registrar.

Filed Nov. 12, 1936 Registrar.

5/5/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

NOV 18 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248001

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. 336 Main St.
(If born in hospital or institution give name.)

Registration District No. 79 State File No.
Prim. Registration District No. 2156 Local Registrar's No.

2. FULL NAME OF CHILD Joseph Rexford Thompson

3. Sex male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 3, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Philip Thompson	18. Full maiden name: Sandra Rexford
10. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry	19. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry
11. Color or race: W. | 12. Age at last birthday: 36 (years)	20. Color or race: W. | 21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Streator Ill.	22. Birthplace (city or place) (State or Country): Red Lodge Mont.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: , 19	25. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work: 20	26. Total time (years) spent in this work: 15 Yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 1 (c) Stillborn: 0

29. If stillborn, period of gestation: months or weeks | 30. Cause of stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Philip Thompson, M. D.
or Father, ~~Midwife~~
Address Bonners Ferry, Ida.
Filed Aug. 16, 1936. Registrar.

JUN 14 19

214 122-035-349

NOV 9 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248426

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nezperces
City of Arrand Junction, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 63 State File No. .....
Prim. Registration District No. 2143 Local Registrar's No. .....

2. FULL NAME OF CHILD James Thompson Baugh

3. Sex: male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? (Yes)
8. Date of birth Dec. 22 1919 (Month, Day, Year)

FATHER

9. Full name: Simon Shelby Baugh
10. Residence (usual place of abode) (If non-resident, give place and State): Arrand Junction
11. Color or race: White 12. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or country): Burkes Garden Virginia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Railroad worker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work: August, 1922
17. Total time (years) spent in this work: four

MOTHER

18. Full maiden name: Nannie Elizabeth Turley
19. Residence (usual place of abode) (If non-resident, give place and State): Arrand Junction
20. Color or race: White 21. Age at last birthday: 31 (years)
22. Birthplace (city or place) (State or country): Jamesville Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work (illegible)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5 ? m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Lorsayn A. Groseclose Midwife
Address Juliaetta Idaho

Give name added from a supplemental report .....
(Date of)

Filed NOV 7, 1936 [illegible]
Registrar.

Registrar.

7-10-41

JAN 23 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

413-202040-281

1. **PLACE OF BIRTH**
County of Shoshone NOV 4 1936
City of Wallace
No. Providence Hospital St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248481

Registration District No. 70 State File No.
Prim. Registration District No. 1011 Local Registrar's No. 3

2. **FULL NAME OF CHILD** Dorothy Wendolyn Dalton.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term ✓	7. Legitimate? ✓	8. Date of birth April 2, (Month, Day, Year)
F				

FATHER	MOTHER
9. Full name: Edward Dalton	18. Full maiden name: Ruth Shanklin
10. Residence (usual place of abode) (If non-resident, give place and State): Wallace Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Wallace Ida
11. Color or race: W | 12. Age at last birthday: 22 (years)	20. Color or race: W | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Burke Ida	22. Birthplace (city or place) (State or Country): ✓
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Co Garage.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at 2 A. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. James C Beaver, M. D.
or ..., Midwife
Address Wallace Ida

Give name added from a supplemental report ...
(Date of)
Registrar.

Filed Oct 3 1936 John Buer
Registrar.

SEP 21 1965

MAY 14 1973

536-22-040-553

248644

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 27 1936 RECEIVED

CERTIFICATE OF BIRTH 248644

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gale Ann Elfers

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth 10-21-19.., 198.. (Month, Day, Year)

FATHER

9. Full name: Elmer F. Elfers

10. Residence (usual place of abode) (If non-resident, give place and State): Mullan

11. Color or race: W. | 12. Age at last birthday: 43 (years)

13. Birthplace (city or place) (State or country): Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Gen. Mdse. store

16. Date (month and year) last engaged in this work: Active, 19..

17. Total time (years) spent in this work: 21

MOTHER

18. Full maiden name: Alma W. Nelson

19. Residence (usual place of abode) (If non-resident, give place and State): Mullan

20. Color or race: W | 21. Age at last birthday: 43 (years)

22. Birthplace (city or place) (State or country): Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Active, 19..

26. Total time (years) spent in this work: 17

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argentum 1% Sol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. W. Rolfs, M. D.

or ....., Midwife

Address Mullan Ida

Filed Nov. 27, 1936

Give name added from a supplemental report ..... (Date of)

..... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville DEC 7 1936 RECEIVED

City of Idaho Falls

No. 154 Shoup St.

154 IRS 010-7154

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 248973

Registration District No. 3 State File No.

Prim. Registration District No. 9 1 5 2 Local Registrar's No. 691

2. **FULL NAME OF CHILD** Donald Lenord Anderson

3. Sex boy | If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth } | 6. Premature ; Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 28, 1909 (Month, Day, Year)

FATHER

9. Full name Arthur Lenord Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Chicago Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Feb 29, 1919

17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Lillian Mae Eley Anderson

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race white 21. Age at last birthday 47 (years)

22. Birthplace (city or place) (State or Country) Shandoah Iowa Page Co

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ; months or weeks

30. Cause of stillbirth ; Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [illegible], M. D.

or , Midwife

Address [illegible]

Give name added from a supplemental report

(Date of)

Filed 12 30, 193 [illegible] D

Registrar.

Registrar.

FEB 5 1942

DELAYED

dup of 1919-666681

251 203003 396

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 245 S. Grant St.
(If born in hospital or institution give name.)

REC'D JAN 4 37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249725

Registration District No. ..... State File No. 249725
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jeane Alice Keane

3. Sex: Female
If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature..... Full term.....
7. Legitimate? Yes
8. Date of birth July 3, 1919 (Month, Day, Year)

FATHER

9. Full name: Fred Keane
10. Residence (usual place of abode) Pocatello, (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Plumber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Greene Plumbing & Heating Co.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name: Phoebe Alice Croxall
19. Residence (usual place of abode) Pocatello, Ida. (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) Pocatello, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 4 (b) Born alive but now dead --- (c) Stillborn ---

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Phoebe A. [redacted] Jameson M.D.
Mother
or .....
Midwife
Address Driggs Hotel Pocatello Ida.

Give name added from a supplemental report .....
(Date of)
Filed JAN 4 '37, 193.....

Registrar. Registrar.

Rena Bayles 1115 E. Barton. Pocatello Idaho.
Ruby Keane. 233. So. Grant. Pocatello Ida.
Mrs Clarence Rainey 736 Bonneville Pocatello Ida.

NOV 14 1958
MAR 8 1968
DELAYED

49-123022-455

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249728

WRITE PLAINLY WITH UNFADING INK—THIS PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony Ida.
No. ..... St.
.....
(If born in hospital or institution give name.)

Registrar's Dist. No. ..... State File No. .....
Prim. Sub-Dist. No. ..... District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Everett [illegible] Maina

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. If illegitimate, term of nature	7. Legitimate?	8. Date of birth
male						June 23, 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Alvie Everett Maina	Full maiden name Virginia Menagh
10. Residence (usual place of abode) (If non-resident, give place and State)		
11. Color or race	white	white
12. Age at last birthday	28 (years)	21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or country)	Franklick Kentucky	Gregory South Dakota
14. Trade, profession, or particular kind of work done, as [illegible]		23. Trade, profession, or particular kind of work done, as [illegible]
OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	OCCUPATION 24. Industry or business in which work was done, as [illegible]
	16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
	17. Total time (years) spent in this work [illegible]	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of birth and including this child)
(a) Born alive [illegible] including this child (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was alive at 11 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
Midwife
Address 940 H. St Idaho Falls, Ida
1/7/37, 193.....

Give name added from a supplemental report .....
(Date of)

Registrar.

Registrar.

JAN 31 1959

765 719006-453

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Shelley, Idaho — JAN 11 1931
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249737

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jesus Gonzalez

3. Sex Male | If plural births: 4. Twin, triplet, or other no | 5. Number, in order of birth no | 6. Premature no | Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 14, 1929 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Jesus B. Gonzalez	18. Full maiden name	Juana Melendez
10. Residence (usual place of abode) (If non-resident, give place and State)	Shelley, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Shelley, Idaho. Mexico
11. Color or race	White	20. Color or race	White
12. Age at last birthday	44 (years)	21. Age at last birthday	42 (years)
13. Birthplace (city or place) (State or country)	Cd. Juarez, Chihuahua Mexico	22. Birthplace (city or place) (State or country)	Chihuahua, Chihuahua Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Yardman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Lumber Yard	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Own home
16. Date (month and year) last engaged in this work	Still working — , 19	25. Date (month and year) last engaged in this work	Still working — , 19
17. Total time (years) spent in this work	15	26. Total time (years) spent in this work	23

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jesus B Gonzalez (Father), M. D.
or Juana Melendez (mother), Midwife
Address Rodolfo Ogarrio No. 501, Cd. Juarez, Chih Mexico.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 1/11/31, 193..... Registrar.

JUL 28 1967

OCT 18 1972

Mr. Bert Oler,
Shelley, Id'aho.

Mr. Miel G. Pierce,
Shelley, Idaho. (now at St. Ignatius Montana.

Mr. Max Railey
Shelley, Idaho.

SEP 28 1971

318-130-035-693

WINS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 15 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250753

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ney Perce
City of Lewiston
No. Main St.
White's Hosp.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Le Claire Taylor

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Oct. 30, 1936 (Month, Day, Year)

FATHER

9. Full name: Franklyn S. Taylor

19. Residence (usual place of abode) (If non-resident, give place and State): [illegible]

11. Color or race: White 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or country): Schenectady N.Y.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Railroad

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Brakeman

16. Date (month and year) last engaged in this work: Feb. 11, 1926

17. Total time (years) spent in this work: 16 yrs

MOTHER

18. Full maiden name: Esther E. Williams

19. Residence (usual place of abode) (If non-resident, give place and State): Clarkston Wash

20. Color or race: White 21. Age at last birthday: 42 (years)

22. Birthplace (city or place) (State or country): Grangeville Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: X

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: X

25. Date (month and year) last engaged in this work: X, 19....

26. Total time (years) spent in this work: X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation: X months or weeks

30. Cause of stillbirth: X Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 2 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) E. L. White M. D., M. D.

or ....., Midwife

Address Lewiston Idaho

Filed FEB 15 1937, 193.....

Registrar.

dup of 1919-73134

DELAYED

669-108-037-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Oreana
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 251404

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Willard Clyde Foreman

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Nov. 8- 1919 (Month, Day, Year)

FATHER

9. Full name: Delos Irwin Foreman
10. Residence (usual place of abode) (If non-resident, give place and State) Oreana
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Stockman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Nellie A. Burkholder
19. Residence (usual place of abode) (If non-resident, give place and State) Oreana
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Nellie B. Foreman, M. D.
or ..... (MOTHER), Midwife
Address .....
Filed 1/28/37, 193..... Registrar.

Miss Lillie Whitson, Grand View, Idaho
Mrs. Jim Henderson 2121 - - 1st Boise, Idaho
(Uncle Jim Auto Camp.)
Mrs. John Munger, Eagle, Idaho

259-16-022-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED FEB 19 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251551

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grisard Benjamin Burner

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth June 1, 1937 (Month, Day, Year)
male				

9. Full name of FATHER	18. Full maiden name of MOTHER
Allen Thurman Burner	Katherine Lucinda Eaton Burner
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
39	32
11. Color or race white 12. Age at last birthday 39 (years)	20. Color or race white 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Flat Rock Ill.	22. Birthplace (city or place) (State or Country) Duncombe Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. local	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Oct., 1936	17. Total time (years) spent in this work 13
	25. Date (month and year) last engaged in this work ....., 19....
	26. Total time (years) spent in this work 28

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3rd (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (~~Born~~ Alive ~~or Stillborn~~) at 2. P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Dr. H. E. Lamb (Date of)

(Signed) H. E. Lamb, M. D.

or ....., Midwife

Address .....

Filed FEB 19 1937, 193...

Registrar.

Registrar.

DELAYED

dup of 1919-70322

914-227-006-959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Firth, Ida
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 22 1937

Registration District No. ..... State File No. 251557
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rosa Maria Zazueta

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		1				Nov. 27 1919

	FATHER	MOTHER
9. Full name	Donaciano Zazueta	18. Full maiden name: Josefa De Zazueta
10. Residence (usual place of abode) (If non-resident, give place and State)	Firth, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Firth, Ida
11. Color or race	Mexican	20. Color or race: Mexican
12. Age at last birthday	27 (years)	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or country)	Fuerte Sinaloa, Mexico	22. Birthplace (city or place) (State or country): Jerez Zacatecas, Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Agricultor [redacted]	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	[redacted]	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work	May, 1930	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work	11	26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Nov. 27 1919 at 5 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Father Donaciano Zazueta, M. D.
or ....., Midwife
Address 621 N 7th Pocatello Ida
Filed 2/22/37, 193..... ..... Registrar.

JAN 13 1965

Mr and Mrs Ortan Andrus
Firth, Ida

Mrs Rosie Whittmill
Route 1
Firth, Ida

Mrs Kate Anderson
Box 244
Blackfoot, Ida

349-104-040-914

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg,
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED MAR 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 251582
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD GEORGE LUZAICH

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth
Male			Full term	Yes	4/4, 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Nick Luzaich	18. Full maiden name: STOYA RADMONOVICH
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg, Idaho
11. Color or race: W. | 12. Age at last birthday: 34 (years)	20. Color or race: W. | 21. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or country): JUGO-SLAVIA	22. Birthplace (city or place) (State or country): JUGO-SLAVIA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: LABORER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: SILVER MINE	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: OWN HOME
16. Date (month and year) last engaged in this work: ✓, 19	25. Date (month and year) last engaged in this work: ✓, 19
17. Total time (years) spent in this work: ✓	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living.....(b) Born alive but now dead.....(c) Stillborn.....
29. If stillborn, period of gestation..... months or weeks
30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nick Luzaich, M. D.
or Father, Midwife
Address .....

Give name added from a supplemental report.....
(Date of)
Filed ....., 193..... MAR 9 1937
Registrar. Registrar.

OCT 7 1946

FEB 13 1945

DELAYED

DUP OF 19-71886

613-223-040-395

NV 252431

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

25243

MAR 18 1937

Registration District No. 123 State File No.

Prim. Registration District No. 2201 Local Registrar's No. 31

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna Wallace

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term X
7. Legitimate? yes
8. Date of birth 10-23-1919 (Month, Day, Year)

FATHER

9. Full name: Emmett Lee Wallace
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg, Ida.
11. Color or race: wh | 12. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: Present, 19
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Clara Amy Linney
19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg, Idaho
20. Color or race: wh | 21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or Country): Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: —, 19
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol - 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10:00 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. R. Mason, M. D.
or , Midwife
Address Kellogg, Idaho
Filed Mar. 15, 1937 Mrs. Helen McBride
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

453 225038-869

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of PAYETTE.

City of PAYETTE.

No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED
APR 19 1937

STATE OF IDAHO 253492
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4. State File No. 253492

Prim. Registration District No. 1008. Local Registrar's No. _____

2. FULL NAME OF CHILD FLORENCE ESTHER MEILI.

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 25, 1919 (MONTH, DAY, YEAR)

FATHER

9. Full name: OTTO LUDWIG MEILI.

10. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, ID.

11. Color or race: W. 12. Age at last birthday: 45. (years)

13. Birthplace (city or place) (State or country): YELLOWSTONE WISCONSIN

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19___

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: SYLVIA LAVINA HORLACHER

19. Residence (usual place of abode) (If non-resident, give place and state): PAYETTE, ID.

20. Color or race: W 21. Age at last birthday: 39 (years)

22. Birthplace (city or place) (State or country): JEFFERSON INDIANA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1. (b) Born alive but now dead 0. (c) Stillborn 0.

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 2.50 am the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) [redacted], M. D.

or Otto Ludwig Meili FATHER, Midwife

Address Sylvia Lavina Meili MOTHER

Filed APRIL 14, 1937

J. C. Woodward Registrar

AUG 20 1947

WITNESSES TO FACT OF BIRTH

SIGNATURES

MRS. GEORGE RHOADS — Mrs George R Rhoads

MRS. LENORE WILKIN — [illegible]

MRS. MILDRED KARST — Mrs Mildred Karst

892-123026642 ED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254514

JUN 7 - 1937

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jeff
City of Rigby
No. 1 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD TOYOHARU HISATOMI

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 23, 1929 (Month, Day, Year)

FATHER

9. Full name Yutaka Hisatomi
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race Japan 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or country) Japan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Haru Fukuda
19. Residence (usual place of abode) (If non-resident, give place and State) Rigby
20. Color or race Japan 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or country) Japan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate Solution
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead NO (c) Stillborn NO

29. If stillborn, period of gestation ____ months or weeks 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ray W. Fisher, M. D.
or ____, Midwife
Address Rigby - Idaho (now Ucon Idaho)

Give name added from a supplemental report ____ (Date of)

Filed JUN 7 - 1937, 19____

Registrar. (Over) Registrar.

1st Cert. Copy issued 6-7-37 PBA 4777

216 102042-216.

255444

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255444

RECEIVED JUN 28 1937

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Twin Falls,
City of Twin Falls
No. 234 4th Ave. west St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Kawaguchi

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? yes | 8. Date of birth Mar. 2, 1919 (Month, Day, Year)

FATHER

9. Full name Seiichi Kawaguchi
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida.
11. Color or race Japanese 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Hiroshima, Japan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundryowner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. laundry
16. Date (month and year) last engaged in this work March, 1919
17. Total time (years) spent in this work two

MOTHER

18. Full maiden name Momoyo Kawaguchi
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida
20. Color or race Japanese 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Hiroshima, Japan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. laundryworker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. laundry
25. Date (month and year) last engaged in this work March, 1919
26. Total time (years) spent in this work two

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) ____, M. D.
or x Hideo Nikiu x, Midwife
Address [redacted] 4th Ave East

Filed JUN 28 1937, 193__ Registrar.

. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

BOTH DELAYED

DUP OF 19-173503

76F-402-043-631

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 256433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fernando Romero		2. Date Of Birth: (month) June (day) 2, (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Valley	b. City or Town of Birth: Cascade
FATHER	6. Full Name of Father: Frank Romero		7. State or Country of Father's Birth: Morelle, Michican, Mexico	
MOTHER	8. Full Maiden Name of Mother: Emma Olander		9. State or Country of Mother's Birth: Plymouth Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 18 1960	12. Signature of Notary: B. A. Singleton	13. Notary Commission expires: Oct. X 1962	

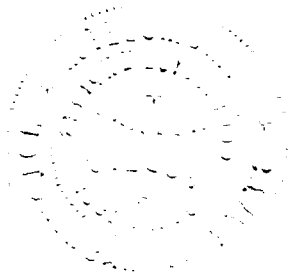
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: New York Life Ins. Co.	Date Issued:	Date Orig. Entry: Aug. 20, 1947
	Date of Birth: June 2, 1919 / Birth Place: Cascade, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army	Date Issued: discharged 2-7-46	Date Orig. Entry: entered serv. Oct. 12, 1942
	Date of Birth: June 2, 1919 / Birth Place: Cascade, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-11-60	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: 7 months / Birth Place: Idaho	Full Name of Mother: Emma Romero	Name of Father: Frank Romero	
QUALIFYING INFORMATION	Veterans Administration Certificate of Eligibility, issued June 7, 1949: born on June 2, 1919.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 18, 1960	

FORM BH 56067

L. 11-3-59 bf

MAR 1 8 1960



STATE OF IDAHO,
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256433

1937

1. PLACE OF BIRTH
County of Valley
City of Cascade
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fernando Romero

3. Sex male | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 2, 1921, 193.... (Month, Day, Year)

FATHER

9. Full name Frank Romero
10. Residence (usual place of abode) (If non-resident, give place and State) R D Cascade,
11. Color or race Mexican 12. Age at last birthday 59 (years)
13. Birthplace (city or place) (State or Country) Morelle, Michican, Mex

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster, Woods.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging Teamster
16. Date (month and year) last engaged in this work 1920, 19.....
17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Emma Olander
19. Residence (usual place of abode) (If non-resident, give place and State) R.D. Cascade
20. Color or race white | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Plymouth, Wisc.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
25. Date (month and year) last engaged in this work 1 year, 19.....
26. Total time (years) spent in this work married 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known
28. Number of children of this mother (At time of this birth and including this child) first child
(a) Born alive and now living none (b) Born alive but now dead none) Stillborn none
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 8 P.M. on the date above stated.

(Signed) Mrs. Fry was mid wife., M. D.
or ....., Midwife
Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.....
Registrar.

Case returns must be made for each, and the number of each, in every instance stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Romero being first duly sworn says that she is the mother (Relationship of child)* of Fernando Romero born June 2, 1921 (Date of birth) at Cascade, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Fernando Romero hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Fry M~~X~~D. was the Midwife medical attendant at the birth of said Fernando Romero and that the said medical attendant ~~xx~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Emma Romero
P. O. Address Cheney, Washington

Subscribed and sworn to before me this 17 th day of July, 19 37

Notary Public.
Residing at Cheney, Washington, Id~~xxx~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 23 1959

259-125-015-234

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Caribou

City of Soda Springs

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG 6 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20-64-6

256456

Registration District No. 82 State File No. .....

Prim. Registration District No. 2159 Local Registrar's No. 30

2. FULL NAME OF CHILD James Anthony Kershaw

3. Sex male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 25th 1919 (Month, Day, Year)

FATHER

9. Full name Horace Edwin Kershaw

10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs

11. Color or race white | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Mass.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ranch

16. Date (month and year) last engaged in this work June, 1919 | 17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Monna Marie Stull

19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs

20. Color or race white | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work June, 1919 | 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nit.

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks | 30. Cause of stillbirth — { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ?? m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Russell Tigert, M. D.

or ....., Midwife

Address Dr Russell Tigert

Filed July 31, 1937 Dr Russell Tigert Registrar.

MAY 3 1943

132-111-201-193

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in **order of birth stated.**

1. PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

256475

County of Ada
City of Boise
No. St. Alpho[redacted] St.
[redacted]H

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Ray Alban

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth May 11, 1919 (Month, Day, Year)
Male				

FATHER

9. Full name Ray William Alban

10. Residence (usual place of abode) (If non-resident, give place and State) Pine, Idaho

11. Color or race White | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Marcus, Wash.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Gen. Store

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General store

16. Date (month and year) last engaged in this work May 11, 19

17. Total time (years) spent in this work 7 yrs

MOTHER

18. Full maiden name Delena Pearl Archibald

19. Residence (usual place of abode) (If non-resident, give place and State) Pine, Idaho.

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) vernon British Columbia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work May 1, 19

26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7:20 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W L Frazier, M. D.

or ....., Midwife

Address 2127 Elliot Boise, Ida

Give name added from a supplemental report .....

(Date of) .....

Filed ....., 193... Pearl Dillingham State Registrar.

Registrar.

AUG 5 1937

JUN 2 1958

755-116-010-892

257554

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls Idaho
No. 348 Cliff St.
at Home
(If born in hospital or institution give name.)

SEP - 3 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 257554

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ludwig Fredrick Greeting

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Oct. 16, 1919, 193.... (Month, Day, Year)
male				

FATHER

9. Full name Ludwig Fredrick Greeting

10. Residence (usual place of abode) (If non-resident, give place and State) Grant, Idaho

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Grant Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ivy Hibbert

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race White | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Darby Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Ivy Hibbert Greeting Buchanan, M. D.

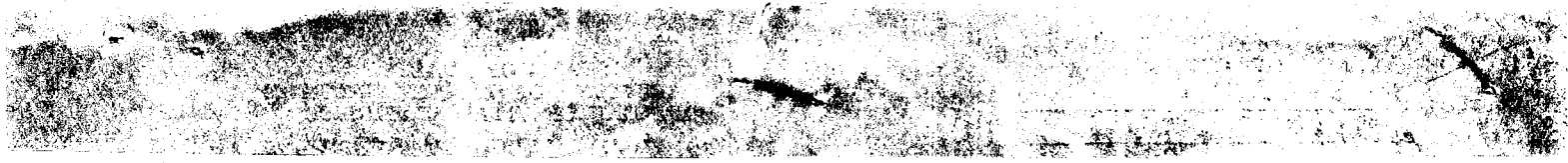
or Lu M Ellen, Midwife

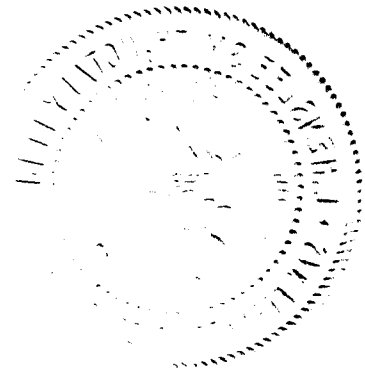
Address .....

Filed SEP - 3 1937, 193.....

Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.





STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Bernardino } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ivy Hibbert Gneiting Buchanan being first duly sworn says that she is the Mother (Relationship of child)* of Ludwig Fredrick Gneiting born October 16, 1919 (Date of birth) at ~~XXXXX~~ Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ludwig Fredrick Gneiting hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Charles E. Rogers M. D. was the Midwife medical attendant at the birth of said Ludwig Fredrick Gneiting and that the said medical attendant is Cannot be located. (Now deceased (or) cannot be located)

Name of Affiant Mrs Ivy Hibbert Gneiting Buchanan

P. O. Address R.F.D. #1, Highland, Calif.

Subscribed and sworn to before me this 30th., day of August, 1937

L Wesley Smith
Notary Public.

Residing at Highland, Calif., ~~XXXXXX~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires April 4, 1940.

FILE

SEP 24 1982

285-118-004-313

257560

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. ____ St. Montpelier Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 257560
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Robert Chester Sherry

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth January 18 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Barney Dominic Sherry	18. Full maiden name Josephine La Chapelle
10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier	19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Oakland, California	22. Birthplace (city or place) (State or Country) West Galls Montana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work January 19 19	17. Total time (years) spent in this work 5
25. Date (month and year) last engaged in this work January, 19 19	26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 45 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____ (Date of)

(Signed) Mrs Josephine Sherry Mother M. D.
or ____ Midwife
Address 1015 A. Avenue, Coronado, California

Filed Sept 7, 193 7 Pearl Dillingham
Registrar. State Registrar.

DELAYED

Mrs. Sherry signed this affidavit before me a City Clerk and Local Registrar of Vital Statistics for the State of California.

A. A. Mathewson
City Clerk, Coronado, Calif.
Local Registrar Dist NO. 3702, Calif.

DOP OF 19-68270

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

City of Coronado

State of California
County of San Diego } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Josephine Sherry being first duly sworn says that she is the mother (Relationship of child)* of Robert Chester Sherry born January 18, 1919 (Date of birth) at Montpelier, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Chester Sherry hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Ashley M. D. was the ~~Midwife~~ medical attendant at the birth of said Robert Chester Sherry and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Josephine Sherry

P. O. Address 1015 A Avenue, Coronado, California

Subscribed and sworn to before me this 4th day of September 1937, 19

City Clerk ~~Notary Public~~

~~Residing at~~ Coronado, California, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 2 6 1973

APR 2 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1239-108-022-154

1. PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

AUG 30 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 257561

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lewis Alfred Strong

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	June 8, 1919

FATHER	MOTHER
9. Full name: Alfred Harvey Strong	18. Full maiden name: Hannah Elizabeth Anderson
10. Residence (usual place of abode) (If non-resident, give place and State): Ashton	19. Residence (usual place of abode) (If non-resident give place and State): Ashton
11. Color or race: White | 12. Age at last birthday: 39 (years)	20. Color or race: White | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Pomery, Iowa	22. Birthplace (city or place) (State or Country): Gunnison San Pete Co. Utah.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Farmer
16. Date (month and year) last engaged in this work: June 8, 1919	17. Total time (years) spent in this work: 5
25. Date (month and year) last engaged in this work: June 8, 1919	26. Total time (years) spent in this work: 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 1 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 193....

Registrar.

AUG 30 1937

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of FREMONT } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alfred H. Strong being first duly sworn says that

is the father (Relationship of child)* of Lewis Alfred Strong

born June 8th, 1919 (Date of birth) at Ashton, Idaho, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lewis Alfred Strong

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. C. Meacham, M. D. M. D. was the Midwife medical attendant at the birth of said Lewis Alfred Strong and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Alfred Harvey Strong

P. O. Address Ashton Idaho

Subscribed and sworn to before me this 27th day of Aug., 19 37.

Thos B Skaggs
Notary Public.

Residing at Ashton, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

415 / 13 / 028 / 389

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1111 Sherman St.
residence
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258579

OCT 6 - 1937

Registration District No. 30 State File No.
Prim. Registration District No. 1050 Local Registrar's No. 211

2. FULL NAME OF CHILD Richard Bruce Danby

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		yes	yes	Jan 31, 1919

FATHER		MOTHER	
9. Full name	Roy Ellsworth Danby	18. Full maiden name	Mary Gladys Cyr
10. Residence (usual place of abode) (If non-resident, give place and State)	1503 Lakeside Coeur d'Alene Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	1505 Lakeside Coeur d'Alene Idaho
11. Color or race	W	20. Color or race	W
12. Age at last birthday	46 (years)	21. Age at last birthday	42 (years)
13. Birthplace (city or place) (State or Country)	Canby Minn.	22. Birthplace (city or place) (State or Country)	Newberry Mich.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Owner-Gen. Ins. & Real Estate offices	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	own home
16. Date (month and year) last engaged in this work	Sept. 19[illegible] to date.	25. Date (month and year) last engaged in this work	June 10, 1915 to date.
17. Total time (years) spent in this work	15yrs	26. Total time (years) spent in this work	22 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Roy Ellsworth Danby Father, or ..... Midwife

Address 1503 Lakeside-Coeur d'Alene, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed Sept 9, 193[illegible] 7 Dec. 7 Kamm

Registrar. Registrar.

Names of 3 people who knew of birth & address

A. L. Gridley, Coeur d'Alene, Idaho.
R. H. Dawson, Coeur d'Alene, Idaho.
Louis A. Hart, Coeur d'Alene, Idaho.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Kootenai } ss.

Roy Ellsworth Danby being first duly sworn says that he is the father (Relationship of child)* of Richard Bruce Danby born January 31, 1919 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Richard Bruce Danby hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. H. Holden M. D. was the medical attendant at the birth of said Richard Bruce Danby and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Roy Ellsworth Danby

P. O. Address 1503 Lakeside Ave., Coeur d'Alene, Idaho

Subscribed and sworn to before me this 11th day of October, 1937

Ina M. Edlund
Notary Public.

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 27 1949

FEB 16 1949

SEP 16 1943

SEP 15 1943

759 229 039 819

Amended 1-14-64 (Be sure the information is complete and accurate)

State File No. 260418
Local Reg. No. 97
Reg. Dist. No. 25

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockland
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockland
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Mae b. (Middle) June c. (Last) Perry

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 29, (Year) 1919

FATHER OF CHILD

7. FULL NAME: a. (First) Lorenzo b. (Middle) Dan c. (Last) Perry

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Perry, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Vera b. (Middle) c. (Last) Harris

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
3	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: V. G. Logan

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rockland, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-25-1937

20. REGISTRAR'S SIGNATURE: Irene Saling

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

CK Record typewriter ribbon in completing this certificate. This certificate MUST be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

260418

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 8 - 1937

Registration District No. 25 State File No. 1

Prim. Registration District No. 2072 Local Registrar's No. 97

1. PLACE OF BIRTH
County of Pocatello
City of Rockland
No. — St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Jessie Perry

3. Sex: Female
If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:
6. Premature: Full term yes
7. Legitimate? yes
8. Date of birth: Oct 29, 1919 (Month, Day, Year)

FATHER

9. Full name: Lorenzo Dan Perry
10. Residence (usual place of abode) (If non-resident, give place and State): Rockland Idaho
11. Color or race: W. | 12. Age at last birthday: 32+ (years)
13. Birthplace (city or place) (State or country): Perry Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm Labor
16. Date (month and year) last engaged in this work: Mar, 1919
17. Total time (years) spent in this work: 1/2

MOTHER

18. Full maiden name: Vera Harris
19. Residence (usual place of abode) (If non-resident, give place and State): Rockland Idaho
20. Color or race: W. | 21. Age at last birthday: 27 (years)
22. Birthplace (city or place) (State or country): Brigham City Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: Mar, 1919
26. Total time (years) spent in this work: 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2 30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ....., Midwife
Address Rockland Idaho

Give name added from a supplemental report ..... (Date of)

Filed 10-25-, 1937 Irene Dahling Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JAN 14 1964

Social Security Card, 10-13-1937, #518-10-6477 gives full name as Mae Perry - viewed by V.S. Marriage Certificate, State of Nevada, County of Washoe, #68765 gives full name of groom as Don Lortz and full name of bride as Mae Perry, married May 30, 1938 - viewed by V.S. State of Idaho, Elementary School Diploma, Power County, given at Rockland, Idaho on April 28, 1933 gives full name as Mae Perry - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BONNEVILLE } ss.

Certificate No. 260118

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for May June Perry (Name on Originaf Certificate) who was born (Was Born or Died) on Oct. 29, 1919 (Date of Event)
in Rockland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Soc. Security Card, Public School Diploma, April 28-1933 (Bible Record, Insurance Policy, Etc.) prepared on 10-13-37 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	May	Mae
Child's Date of Birth	Oct. 29, 1919	October 30, 1919

Subscribed and sworn to before me this 27th day of November, 1961

Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-27-66
(Seal)

Signed Mae June Perry Lortz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

255 East Anderson Street
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1961

Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-27-66
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Rt 4 Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-15-61. two copies pd. receipt #13531.

L.D.S. Church Cert. of Blessing, Mar. 8, 1920 gives full name as Mae Perry, daughter of Lorenzo Dan Perry and Vera Harris, born Oct. 29, 1919 at Rockland, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Oct. 7, 1928 gives full name as Mae Perry, daughter of Lorenzo D. Perry and Vera L. Harris, born Oct. 29, 1919 at Rockland, Idaho - viewed by V.S.

date of birth to be left as it is -

A695-129-028-864

RECEIVED
DEC 23 1937

261536

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 261536

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Kootenai
City of Lake Creek
No. _____ St.
_____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Larry Wallace King

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? yes | 8. Date of birth Nov. 20, 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lafayette King	18. Full maiden name Edna Ruth Hodges
10. Residence (usual place of abode) (If non-resident, give place and State) Hutton Mont	19. Residence (usual place of abode) (If non-resident, give place and State) Hutton Mont
11. Color or race White	12. Age at last birthday 39 (years)	20. Color or race White	21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Rigby Idaho	22. Birthplace (city or place) (State or Country) Calgary Alberta
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Sept 20, 1937	17. Total time (years) spent in this work Nine	25. Date (month and year) last engaged in this work Sept. 20, 1937	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Dec, 1937

Registrar. Registrar.

If more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fayette King, being first duly sworn says that I is the father (Relationship of child)* of Harry Wallace King born Sep. 20 - 1919 (Date of birth) at Lake Creek, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harry Wallace King hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. H. M. Gard M. D. was the ~~Midwife~~ medical attendant at the birth of said Harry Wallace King and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Fayette King
P. O. Address Dishman Wash

Subscribed and sworn to before me this 20th day of September, 1937

L. L. Carr
Notary Public.

Residing at Dishman, ~~Idaho.~~ Wash.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 3 1975

A-418-108-019-95-5

261U-64

RECEIVED JAN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261564

1. PLACE OF BIRTH
County of Custer
City of Goldberg.
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Chas. Henry May.

3. Sex Male. | If plural births: 4. Twin, triplet, or other ---; 5. Number, in order of birth --- | 6. Premature ____ Full term Yes | 7. Legitimate? Yes. | 8. Date of birth 2-8-1919. 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: David Newton May.	18. Full maiden name: Emma Ellen Rennaker,
10. Residence (usual place of abode) (If non-resident, give place and State): Goldberg, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Goldberg, Idaho
11. Color or race: W. | 12. Age at last birthday: 36 (years)	20. Color or race: W. | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Iowa.	22. Birthplace (city or place): Laurenceberg, (State or Country): Missouri.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: "	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: "
16. Date (month and year) last engaged in this work: ?, 19	25. Date (month and year) last engaged in this work: Feb., 19 19
17. Total time (years) spent in this work: Life.	26. Total time (years) spent in this work: Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ---

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive. at 10p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed JAN 13 1938, 193

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Linn } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Ellen Johnson being first duly sworn says that

She is the Mother (Relationship of child)* of Chas. Henry May

born Feb. 8, 1919 (Date of birth) at Goldberg, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Chas. Henry May

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Gilman M. D. was the Midwife medical attendant at the birth of said Chas. Henry May and that the said medical attendant is Cannot locate the doctor (Now deceased (or) cannot be located)

Name of Affiant Emma Ellen Johnson

P. O. Address Route 1, Lacomb, Oregon

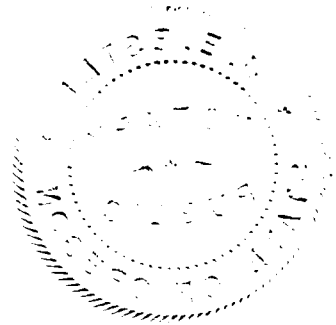
Subscribed and sworn to before me this 8th day of January, 1938.

J. E. Estep
Notary Public.

MY COMMISSION EXPIRES JAN. 5, 1941

Residing at Lebanon, Oregon, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

315-211-031-457

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 234 State File No. 26567

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Colleen Bernice Laverty

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? yes.	8. Date of birth 7/11, 1919 (Month, Day, Year)
F.				

FATHER

9. Full name Daniel Laverty

10. Residence (usual place of abode) (If non-resident, give place and State) Pardee Idaho

11. Color or race W. | 12. Age at last birthday 57 (years)

13. Birthplace (city or place) Dennes (State or Country) Scotland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mabel Genevieve De Pue

19. Residence (usual place of abode) (If non-resident, give place and State) Pardee Idaho

20. Color or race W. | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Clarkington (State or Country) No. Dak.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ..... , M. D.

or Dora B. Franck , Midwife

Address Kamiah, Idaho

Filed 4/23, 1940 Ruth V. Brown

Registrar.

Registrar.

WRITE PLAIN... WITH UNFADING INK—...HIS IS A PERMANEN... ORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lewis
City of Kamiah
No. ____ St.
Kamiah Hotel
(If born in hospital or institution give name.)

JAN 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261 V-67

Registration District No. ____ State File No. 261567
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ellen Bernice Laverty

3. Sex female | If plural births { 4. Twin, triplet, or other one | 5. Number, in order of birth —

6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 11, 1917 (Month, Day, Year)

FATHER

9. Full name Daniel Laverty
10. Residence (usual place of abode) (If non-resident, give place and State) Pardee, Idaho
11. Color or race white | 12. Age at last birthday 57 (years)
13. Birthplace (city or place) (State or Country) Dengner Scotland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. In the mines
16. Date (month and year) last engaged in this work —, 19—
17. Total time (years) spent in this work 35 yrs.

MOTHER

18. Full maiden name Mabel Genevieve De Ane
19. Residence (usual place of abode) (If non-resident, give place and State) Pardee, Idaho
20. Color or race white | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Blankinton South Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work —, 19—
26. Total time (years) spent in this work ?

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother three (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Daniel Laverty Father, ~~M. D.~~
or ____, ~~Midwife~~
Address Pardee Idaho

Give name added from a supplemental report ____
(Date of)

Filed Feb. —, 1938

Registrar.

JAN 14 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Douglas } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Daniel Laverty being first duly sworn says that he is the Father (Relationship of child)* of Ellen Bernice Laverty born February 11th ~~1920~~ 1919 (Date of birth) at Kamiah Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ellen Bernice Laverty hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Smith M. D. was the ~~Midwife~~ medical attendant at the birth of said Ellen Bernice Laverty and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Daniel Laverty

P. O. Address Kamiah Idaho

Subscribed and sworn to before me this 12th day of January, 1938

Ralph Kaufmann
Notary Public.

Residing at East Wenatchee Wash, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

State of Idaho

ss

County of Lewis

RECEIVED
APR 30 1940

Affadavit

Ralph Prescott being first duly sworn deposes and says that at all times herein mentioned he has been the owner and E Editor of the Kamiah Progress. a weekly newspaper edited and published at Kamiah, Lewis County, Idaho.

That in the issue of Feby 13. 1919 of said Kamiah Progress appears the news item as hereunto attached

That the affiant knows of his own knowledge that the baby referred to in the news item was born to Mabel Laverty and Daniel Laverty and that said baby girl was named Ellen Bernice Laverty

Ralph Prescott

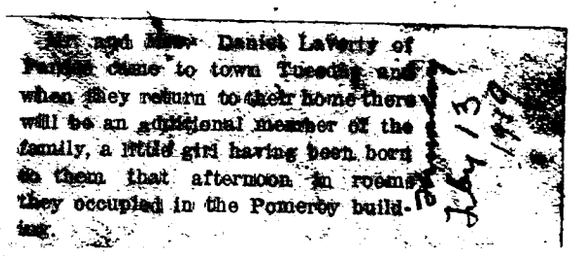
Subscribed and sworn to before me this 2nd day of September. 1939

H H Richberg

Notary Public

Residing at Kamiah, Idaho

My Com expires Aug 26.1940



Mr. and Mrs. Daniel Laverty of Pardee came to town Tuesday and when they return to their home there will be an additional member of the family, a little girl having been born to them that afternoon in rooms they occupied in the Pomeroy building.

Feb 13 1919

JAN 27 1942

452-208 23K-699 Corrected Copy

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 20 1938

Registration District No. 26 State File No. 12569

Prim. Registration District No. 2069 Local Registrar's No. 1

1. PLACE OF BIRTH
City or Country of Oneida
City of Malad R.F.D. 1
No. Home St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Kiyoko Uesugi

3. Sex Girl

If plural births { 4. Twin, triplet, or other
5. Number, in order of birth

6. Premature Full term ✓

7. Legitimate? Yes

8. Date of birth Mar. 8, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Isamu Frank Uesugi	18. Full maiden name Shizue Orikawa
10. Residence (usual place of abode) (If non-resident, give place and State) Malad, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Malad, Ida.
11. Color or race Japanese / 12. Age at last birthday 33 (years)	20. Color or race Japanese / 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Hiroshima, Japan	22. Birthplace (city or place) (State or Country) Hiroshima, Japan
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

✓ (Signed) Edwin Thomas, M. D.
or Housekeeper, Midwife
Address Malad Ida. R.F.D. 1
Filed Jan 19, 1938 M. D. Kerns
Registrar.

Corrected June 16th 1938 M. D. Kerns Registrar

dup of 1919-71373

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Oneida } ss.

Rhoda Thomas being first duly sworn says that

She is the House holder of Mary Doesugi
(Relationship of child)*

born (Date of birth) at Malad RFD #1, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mary Doesugi hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. F. Alton M. D. was the ~~Midwife~~ medical attendant at the birth of said Mary Doesugi and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Rhoda Thomas.

P. O. Address Malad Idaho R.F.D #1

Subscribed and sworn to before me this 19th day of January, 1938.

Edward Woozley.
Notary Public.

Residing at Malad, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

6113

First Certified Copy issued
March 28, 1938

Second certified copy issued 6/20/38
#6535 - PBA.

Third certified copy issued 9-7-38 PBA (6918)

MAY 8 1978

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Malad RFD # 1 JAN 1

No. ____ St. ____

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262569

Registration District No. 26 State File No. ____

Prim. Registration District No. 2069 Local Registrar's No. 1

2. FULL NAME OF CHILD Mary Daesuge

3. Sex Girl | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth March 8, 1918 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Isamu Frank Daesuge	18. Full maiden name: Shizue Daesuge
10. Residence (usual place of abode) (If non-resident, give place and State): Hiroshima Japan	19. Residence (usual place of abode) (If non-resident, give place and State): Hiroshima Kamegoon
11. Color or race: Yellow | 12. Age at last birthday: 38 (years)	20. Color or race: Yellow | 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Kamegoon Hiroshima	22. Birthplace (city or place) (State or Country): Kamegoon Hiroshima
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: 25 November 1917	17. Total time (years) spent in this work: 10 Yr.
25. Date (month and year) last engaged in this work: ____, 19____	26. Total time (years) spent in this work: 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother: One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) Rhoda Thomas, M. D.

or House keeper ~~Midwife~~

Address Malad Idaho RFD # 1

Filed Jan 19, 1918 M. J. Kerns

Registrar.

DELAYED

DUP OF 1919-71373

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
COUNTY OF Oneida) SS

AFFIDAVITS FOR CORRECTION OF A RECORD

Rhoda Thomas, of Malad Idaho,

being first duly sworn, deposes and says that she is not related to
(If related, specify degree, if friend or otherwise, so state)
of Mary Ooesugi******* who was born in the
(was born or died)
city of Oneida, County of Malad, Idaho, on the 8th day of March
, 1918, as stated in a certificate of birth, filed by
(birth or death)
Rhoda Thomas, Householder with the Local Registrar for the city
(name of physician or midwife, or undertaker for death)
of Malad, County of Oneida, Idaho, on the 19 day of January, 19 38

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mary Ooesugi, born in Malad Mar. 8, 1918- Parents Isamu Frank Ooesugi and Shizue Ooesugi, residence Hiroshima, Kamogoon, ~~ages of parents, 38 and 39 respectively~~

That affiant upon her own knowledge states the true facts to be, and the
(his or her)
changes necessary to make the record correct are, as follows: Mary Kiyoko Uesugi born in Malad, Oneida County, March 8, 1919 to ~~Isamu Frank~~ Uesugi and Shizue Orikawa, both residing in Malad, Idaho. Parents ages 33 and 21 respectively.

(Seal)

Affiant Rhoda Thomas.
Address Malad Idaho

Subscribed and sworn to before me this 16 day of June, 1938.

J E Ray
Notary Public

STATE OF IDAHO)
COUNTY OF Oneida) SS

U Sato of Garland Utah

being first duly sworn deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant U Sato
Address Garland Utah

Subscribed and sworn to before me this 16 day of June, 1938

(Seal)

J E Ray
Notary Public

215-104-038-623

RECEIVED

JAN 31 1938

262534

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

262584

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of PAYETTE.
City of PAYETTE.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 4 State File No. 11.
Prim. Registration District No. 1008 Local Registrar's No. .....

2. FULL NAME OF CHILD LEONARD GUSTAV BAER

3. Sex: Male.

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes.

7. Legitimate? Yes.

8. Date of birth Apr. 4/1919 (Month, Day, Year)

FATHER

9. Full name: FERDINAND BAER

10. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, IDAHO

11. Color or race: W. | 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): CRIMEA RUSSIA.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: LEONDINA OSTER.

19. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, IDAHO.

20. Color or race: W. | 21. Age at last birthday: 26. (years)

22. Birthplace (city or place) (State or Country): CRIMEA RUSSIA.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3-1%

28. Number of children of this mother (At time of this birth and including this child) 5.
(a) Born alive and now living 5. (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5.30 am m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) O.H.AVEY, M.D. DISEASED., M. D.

or ....., Midwife

Address PAYETTE, IDAHO

Filed Jan. 28/38, 193

J.C. Woodward M.D.
Registrar.

.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO,
County of PAYETTE, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

FERDINAND BAER being first duly sworn says that

HE is the FATHER (Relationship of child)* of LEONARD CUST V BAER

born APRIL 4, 1919 (Date of birth) at PAYETTE, IDAHO, Idaho,

whose certificate of birth is hereto attached, and that HE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said LEONARD GUSTAV BAER hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that O.H.AVEY,M.D. M. D. was the Midwife medical attendant at the birth of said LEONARD GUSTAV BAER and that the said medical attendant is NOW DISEASED (Now deceased (or) cannot be located)

Name of Affiant Ferdinand Baer

P. O. Address PAYETTE, IDAHO

Subscribed and sworn to before me this 24th day of January, 1938

E.W. Brumett
Notary Public.

Residing at Payette, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

193-104-010-267

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. unknown St.
(If born in hospital or institution give name.)

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 262595

Registration District No. 73 State File No.
Prim. Registration District No. 250 Local Registrar's No. 25

2. FULL NAME OF CHILD Max Soper Mitchell

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		X	X	Dec. 4, 1937

FATHER	MOTHER
9. Full name: Arthur John Mitchell	18. Full maiden name: Julia Arnold Soper
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Ida.
11. Color or race: White / 12. Age at last birthday: 27 (years)	20. Color or race: White / 21. Age at last birthday: 25 (years)
13. Birthplace (city or place): Argyle (State or Country): Wisconsin	22. Birthplace (city or place): Jordan (State or Country): Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Public Schools	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: , 19	17. Total time (years) spent in this work: 4
25. Date (month and year) last engaged in this work: , 19	26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: 2 (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 3 A. m. on the date above stated.

(Signed) Arthur John Mitchell father / M. D.
or ~~Midwife~~
Address

Filed Feb. 7, 1938 [illegible] Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

RECEIVED

FEB 8 1938

STATE OF ARIZONA)
COUNTY OF SANTA CRUZ) ss.

Arthur John Mitchell and Julia Arnold Soper Mitchell, being first duly sworn upon their oaths, each for himself and not one for the other, depose and say: that they are now and were at all times hereinafter mentioned husband and wife; that said Julia Arnold Soper Mitchell on the 4th day of December, 1919, in the Town of Idaho Falls, County of Bonneville, State of Idaho, gave birth to a male child, of whom said Arthur John Mitchell was the father; that said male child was named by affiant, his parents as aforesaid, Max Soper Mitchell; that at the time of the birth of said male child affiants were and ever since have been citizens of the United States of America; that said male child is now a student in the schools of the City of Los Angeles, California, but that his home is with affiants; that affiants are now residents of the City of Nogales, Santa Cruz County, State of Arizona, and have been residents of such City of Nogales for several years last immediately past; that affiant Arthur John Mitchell has this day executed a certain certificate of birth issued by the Bureau of Vital Statistics of the Department of Public Welfare of the State of Idaho and that the facts therein set forth are stated as of the date of the birth of said male child, that is, December 4, 1919, and that the facts therein stated are true and correct.

Arthur John Mitchell

Julia Arnold Soper Mitchell

Subscribed and sworn to before me on this the 12th day of January, 1938.

Thomas L. Hall
Notary Public

My commission expires
December 5, 1940.

A469-128 6022-195

262601

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 9 1938

CERTIFICATE OF BIRTH 262601

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arnold Frank Moreton

3. Sex: Male

If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 28, 1937 (Month, Day, Year)

FATHER

9. Full name Walter Cureton Moreton

10. Residence (usual place of abode) (If non-resident, give place and State) St Anthony Ida

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm.

16. Date (month and year) last engaged in this work At present Time, 19..

17. Total time (years) spent in this work 9 Yrs

MOTHER

18. Full maiden name Lilian Arnold

19. Residence (usual place of abode) (If non-resident, give place and State) St Anthony Ida

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Preston Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work At present time

26. Total time (years) spent in this work 9 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) Three

(a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report.....

(Date of)

Filed Feb, 1938

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Madison } ss.

Walter Emerson Morton being first duly sworn says that he is the father (Relationship of child)* of Arnold Frank Morton born April 28 1917 (Date of birth) at St. Anthony, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Arnold Frank Morton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. B. West M. D. was the Midwife medical attendant at the birth of said Arnold Frank Morton and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

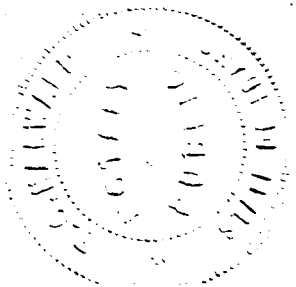
Name of Affiant Walter Emerson Morton
P. O. Address Rexburg, Ida.

Subscribed and sworn to before me this 8th day of February, 1938

N. O. Harwood
Notary Public.

Residing at Rexburg, Idaho, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



415 215 015 553

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Caribou

City of Wayan

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 3 1938

CERTIFICATE OF BIRTH

263939

Registration District No. 82 State File No. .....

Prim. Registration District No. 2159 Local Registrar's No. 13

2. FULL NAME OF CHILD Dorothy Ermine Daniels

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
F.	4. Twin, triplet, or other One 5. Number, in order of birth	No Full term	Yes	10/15/19 ✓, 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name Albert S. Daniels	18. Full maiden name Daphne Nelson
10. Residence (usual place of abode) (If non-resident, give place and State) Wayan, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Wayan, Idaho
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Ut	22. Birthplace (city or place) (State or Country) Ut
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother 6th (At time of this birth and including this child) (a) Born alive and now living 6th (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation No ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) Ellis Hauck Dr, M. D.

or ....., Midwife

Address Lenda, Shoup, Idaho

Filed March 1, 1938 Dr Russell Tignt
Registrar.

MAR 6 1943

395720040699

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264588

APR 14 1938

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Allen Orville Lien

3. Sex: Male

If plural births: 4. Twin, ~~triplet, or other~~ ..... 5. Number, in order of birth 1

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth 3-20-19, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name: Martin Olsen Lien	18. Full maiden name: Kathryn Margaret Wright
10. Residence (usual place of abode) (If non-resident, give place and State): Mullan	19. Residence (usual place of abode) (If non-resident, give place and State): Mullan
11. Color or race: W	12. Age at last birthday: 38 (years)
20. Color or race: W	21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Norway	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: March, 19	17. Total time (years) spent in this work: about 14 yrs
25. Date (month and year) last engaged in this work: March, 1919	26. Total time (years) spent in this work: about 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5%

28. Number of children of this mother: 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4:50 P. at ..... m. on the date above stated.
(Born Alive)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F. W. Rolf, M. D.
or Mullan, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed 4-4-1938, 193.... State Registrar.

..... Registrar.

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

NOV 24 1965

395-220040-699

26-15 09

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St. .....

(If born in hospital or institution give name.)

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 264589

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Allene Olive Lien

3. Sex: Female

If plural births: 4. Twin, ~~triplet, or other~~ ..... 5. Number, in order of birth 2

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth March 20, 1919 (Month, Day, Year)

FATHER

9. Full name: Martin Olsen Lien

10. Residence (usual place of abode) (If non-resident, give place and State): Mullan

11. Color or race: W | 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: March, 19 19

17. Total time (years) spent in this work: about 14 yrs

MOTHER

18. Full maiden name: Kathryn Margaret Wright

19. Residence (usual place of abode) (If non-resident, give place and State): Mullan

20. Color or race: W | 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: March, 19 19

26. Total time (years) spent in this work: about 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5%

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was B. A. (Born Alive or Stillborn) at 5:12 PM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) F. W. Rolfe F W Rolfe, M. D.

or ..... Midwife.

Address Mullan Mullan Idaho

Filed 4-4-38, 193.... .....

Registrar.

396-224-014943

2-5-26

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 12 1938

Registration District No. ____ State File No. 265575

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Canyon
City of Greenleaf
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD: Susan Barbara Croghan

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? yes
8. Date of birth: Dec. 24, 1919 (Month, Day, Year)

FATHER

9. Full name: Nathaniel C. Croghan
10. Residence (usual place of abode) (If non-resident, give place and State): Greenleaf, Ida.
11. Color or race: W | 12. Age at last birthday: 50 (years)
13. Birthplace (city or place) (State or Country): Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Susan Barbara Zullig
19. Residence (usual place of abode) (If non-resident, give place and State): Greenleaf, Ida.
20. Color or race: W | 21. Age at last birthday: 40 (years)
22. Birthplace (city or place) (State or Country): Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) Susan B Croghan (Mother), M. D.
or ____
Address Caldwell, Idaho, R. 3
Subscribed and sworn to before me this 12 day of May 1938
Filed May 12, 1938
Earl Dillingham
State Registrar.

WRITE PLAINLY WITH UNFADING INK—All cases of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth **stated.**

DEC 16 1957

855-120-034-458

265578

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 12 1938

265578

1. PLACE OF BIRTH
County of Minidoka
City of Paul Ida
No. .... St.

(If born in hospital or institution give name.)

Registration District No. .... State File No. ....

Prim. Registration District No. .... Local Registrar's No. ....

2. FULL NAME OF CHILD Arthur Emmanuel Heer

3. Sex Male | If plural births: 4. Twin, triplet, or other.......... 5. Number, in order of birth.......... | 6. Premature.......... Full term yes | 7. Legitimate? yes | 8. Date of birth Mar 20, 1919 (Month, Day, Year)

FATHER

9. Full name Jacob Heer.

10. Residence (usual place of abode) (If non-resident, give place and State) Paul Ida

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or country) Russia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc..........

16. Date (month and year) last engaged in this work ...., 19.......... | 17. Total time (years) spent in this work..........

MOTHER

18. Full maiden name Martha Mehlhaf.

19. Residence (usual place of abode) (If non-resident, give place and State) Paul Ida

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) So Dak.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..........

25. Date (month and year) last engaged in this work ...., 19.......... | 26. Total time (years) spent in this work..........

27. What prophylactic was used to prevent Ophthalmia Neonatorum? $AgNO_3$

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation.......... months or weeks | 30. Cause of stillbirth.......... | Before labor.......... During labor..........

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ...., Midwife

Address Rupert Ida.

Give name added from a supplemental report..........
(Date of)

....
Registrar.

Filed ...., 193....
MAY 12 1938
Registrar.

DECEASED

A918-215022-493

RECEIVED
MAY 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265586

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 265586
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Virginia Merilyn Ray

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Full term X	X	Sept. 15, 1919

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Earl Ray	Rena Mitchell
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Montana	Montana
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	29	32
13. Birthplace (city or place) (State or Country) / 22.	Wyoming -Ranch	Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Farmer	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work / 25.	Was farmer at time child was born. 19__	____, 19__
17. Total time (years) spent in this work / 26.	8 years	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argoral

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation -- months or weeks --

30. Cause of Stillbirth -- During labor -- Before labor --

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3.30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [redacted], M. D.
or ____, Midwife
Address St. Anthony, Idaho.

Give name added from a supplemental report ____ (Date of) ____

Filed May 18, 1938

Registrar. Registrar.

DELAYED

possible dup 1919-74045

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rena A. Ray being first duly sworn says that she is the mother (Relationship of child)* of Virginia Merilyn Ray born Sept. 15th 1919 (Date of birth) at St. Anthony, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Virginia Merilyn Ray is hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John R. Gray M.D. was the Midwife medical attendant at the birth of said Virginia Merilyn Ray and that the said medical attendant is I believe to be deceased (Now deceased (or) cannot be located)

Name of Affiant Rena A. Ray

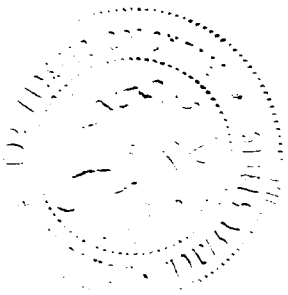
P. O. Address 20 Avenue 39, Venice, California.

Subscribed and sworn to before me this 12th day of May, 19 38

W. B. Kemp
Notary Public.

~~Residing at~~, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



613-116-005-219

266590

S. F. No. 817—1922. Approved as to Form by Dept. of Efficiency. 5148.

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

JUN 6 1938

266590

PLACE OF BIRTH [redacted] Idaho

State Board of Health

Record No. 218

Bureau of Vital Statistics

Registered No.

CERTIFICATE OF BIRTH

County of Bannock

City or Town of De Smet, Idaho

Registration Dist. No. Place of Birth X Hospital Mary Immaculate

FULL NAME OF CHILD Raymond Walker Nash

If child is not yet named **do not delay filing this certificate.** Name will be secured through supplemental report.

Sex of Child	Twin Triplet or other?	and	Number in order of birth?	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	Feb. 16, 1919

FATHER	MOTHER
Full Name: Adolph Richard Nash	Full Maiden Name: Beatrice Catherine Barnes
Residence: Farmington Wash	Residence: Farmington Wash
Color or Race: White	Color or Race: White
Age at last Birthday: 31 (Years)	Age at last Birthday: 23 (Years)
Birthplace (State or Country): Mich	Birthplace (State or Country): Montana
Occupation: Merchant	Occupation: House wife

Number of child of this mother: 2

Number of children, this mother, now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / ~~stillborn~~} † and that it occurred on Feb. 16, 1919, at 10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) Sister Pachomius

[redacted] or Midwife) Supt.

Address Hospital St. Immaculate De Smet, Idaho.

Give name added from a supplemental report .....

Registrar.

Filed JUN 6 1938

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Kootenai

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. 863-112-028 854 St.
(If born in hospital or institution give name.)

REC'D JUN 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266613

266613

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Lincoln Holen

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	Yes	Feb 12th, 1919

	FATHER	MOTHER
9. Full name	Sam Holen	
18. Full maiden name		Johanna Hed
10. Residence (usual place of abode) (If non-resident, give place and State)	Harrison Idaho	
19. Residence (usual place of abode) (If non-resident, give place and State)		Harrison Ida
11. Color or race	White	
12. Age at last birthday	40 (years)	
20. Color or race		White
21. Age at last birthday		38 (years)
13. Birthplace (city or place) (State or Country)	Sweden	
22. Birthplace (city or place) (State or Country)		Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farming and Sawmill	
16. Date (month and year) last engaged in this work	Feb 12, 1919	
17. Total time (years) spent in this work	16	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work		Feb 12, 1919
26. Total time (years) spent in this work		18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive Feb 12-1919 at 3 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar

(Signed) J M Rimmey, M. D.
or ....., ~~Midwife~~
Address Harrison Ida at that time.
Filed ....., 193...
Registrar.

This is filled out as of Feb 12-1919.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

[redacted] PUBLIC WELFARE
BU[redacted]AL STATISTICS

CERTIFICATE OF BIRTH

266913

JUN 8 [redacted]

1. PLACE OF BIRTH 265-119 010-285
County of Bonneville
City of Idaho Falls
No. .... St.
Idaho Falls General Hospital
(If born in hospital or institution give name.)

Registration District No. 73 State File No. ....
Prim. Registration District No. 210-b Local Registrar's No. 349

2. FULL NAME OF CHILD James Oliver Bonney

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		yes	yes	December 19, 1937

FATHER	MOTHER
9. Full name: Valerian A. Bonney	18. Full maiden name: Rose Oliver Bonney
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls Ida
11. Color or race: white | 12. Age at last birthday: 35 (years)	20. Color or race: white | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Chicago, Ill	22. Birthplace (city or place) (State or Country): Norris City, Ill
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Executive	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Retail lumber	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: to date, 19.... | 17. Total time (years) spent in this work: 2 years	25. Date (month and year) last engaged in this work: ...., 19.... | 26. Total time (years) spent in this work: ....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argyrol

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation .... months or weeks
30. Cause of Stillbirth .... During labor .... Before labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 8:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) H. L. Wilson, M. D.
or ...., Midwife
Address Idaho Falls Idaho

Give name added from a supplemental report ....
(Date of) .... Registrar.

Filed June 7, 1938 [signature] Registrar.

dup of 1919-301521

BOT/+ DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If born in a hospital or institution, give its NAME instead of street and number. one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

713-212-040-211

267730

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 16 1938

1. PLACE OF BIRTH
County of Shoshone Co.
City of Enaville
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 267738
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Julia Esther Palonen

3. Sex female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? yes
8. Date of birth Jan 12, 1919 (Month, Day, Year)

FATHER
9. Full name Ephraim Palonen
10. Residence (usual place of abode) (If non-resident, give place and State) Enaville
11. Color or race w | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Finland
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work ____

MOTHER
18. Full maiden name Elizabeth Saarikoski
19. Residence (usual place of abode) (If non-resident, give place and State) Enaville
20. Color or race w | 21. Age at last birthday 45 (years)
22. Birthplace (city or place) (State or Country) Finland
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. hswf
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____ M. D.
X or Amalia Mäkelä ~~Midwife~~
Address Enaville Idaho

Give name added from a supplemental report ____
(Date of)
____ **Registrar.**

Filed JUN 27 1938, 193__
Registrar.

APR 18 1967

466-10-010-131

26 7 1 v 0

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St. .....

(If born in hospital or institution give name.) ...

JUN 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 267750

Registration District No. 13 State File No. .....

Prim. Registration District No. 21-70 Local Registrar's No. .....

2. FULL NAME OF CHILD George Howard Dowd

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	Nov. 1 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: David Goldwin Dowd	18. Full maiden name: Mary Blakely
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): IdahoFalls, Idaho
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Canada	22. Birthplace (city or place) (State or Country): Utah Sevier Co.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn), at 10:45 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) C. H. Dowd, M. D.

or ....., Midwife

Address Idaho Falls Idaho

Filed Nov. 1919 C. H. Dowd Registrar.

313-101.003-313

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No.
(If born in hospital or institution give name.)

JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267777

Registration District No. State File No. 267777
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Amelio Cattoni

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ... 5. Number, in order of birth ...	...	yes	Sept. 1st, 1919 (Month, Day, Year)

FATHER

9. Full name: Samuel Cattoni
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Idaho
11. Color or race: White | 12. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Carrara, Italy

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Business
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Fur Company
16. Date (month and year) last engaged in this work: May, 1924
17. Total time (years) spent in this work: 5 years

MOTHER

18. Full maiden name: Escolina(Cattoni) Cattoni
19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Idaho
20. Color or race: White | 21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or Country): Carrara, Italy

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: --
25. Date (month and year) last engaged in this work: --, 19
26. Total time (years) spent in this work: --

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child): Seven
(a) Born alive and now living: 7 (b) Born alive but now dead: - (c) Stillborn: -
29. If stillborn, period of gestation: --- (months or weeks)
30. Cause of Stillbirth: --- (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sept. 1st, 1919 at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Merich R. Cattoni (Older Brother), M.D. / Midwife
or
Address New Buffalo, Michigan % Old Heidelberg

Give name added from a supplemental report
(Date of)

Filed JUL 13 1938, 193...

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC... one child at birth a Separate Return must be made for each, and the number of ... than stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Michigan
County of Berrien } ss.

Merick Cattoni being first duly sworn says that he is the brother (Relationship of child)* of Amelio Cattoni born September 1st, 1919 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Amelio Cattoni hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Merick R. Cattoni
P. O. Address New Buffalo, Michigan % Ord Heidelberg

Subscribed and sworn to before me this 11th day of July, 1938

Walter M. Rohde
Notary Public.
Residing at New Buffalo, Berrien Co. Michigan., Idaho.

My Commission Expires January 12, 1940

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 28 1972

168 104 042 944

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168844

JUL 29 1938

Registration District No. 37 State File No. 268844

Prim. Registration District No. 2085 Local Registrar's No. 379

1. PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. R.F.D. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank George Johnson

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth Oct 4th, 1919 (Month, Day, Year)

FATHER

9. Full name: Ralph Clifford Johnson

10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida R.F.D.

11. Color or race: W | 12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or Country): ~~Monmouth~~ Illinois MONMOUTH

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Laura Rudolph

19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls,

20. Color or race: W | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): Carmi Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HsWife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Ralph Clifford Johnson Father, M.D.
or Laura Rudolph Johnson Mother, Midwife

Address

Filed July 28, 1938

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

DUP OF 19-73202

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

They ~~are~~ the Father & Mother of Frank Georeg Johnson
(Relationship of child)*

born Oct. 4th 191⁹ at Twin Falls, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frank George Johnson

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C.D.Weaver M. D. was the Midwife medical attendant at the birth of said Frank George Johnson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

X Name of Affiant Ralph Clifford Johnson

P. O. Address 20086 Wheeltonne-Hayward Cal

Subscribed and sworn to before me this 26 day of July, 19 39

NOTARY PUBLIC IN AND FOR THE COUNTY
ALAMEDA, STATE OF CALIFORNIA

.....Notary Public.

Residing at Hayward California Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

212-230006849

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. R.D.3 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 268856

AUG 3 1938

Registration District No. 121 State File No.
Prim. Registration District No. 2194 Local Registrar's No.

2. FULL NAME OF CHILD Chisato Kasugabe

3. Sex Fe | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 30, 1919 (Month, Day, Year)

FATHER

9. Full name Juhei Kasugabe
Residence (usual place of abode) R.3, Whittin Ranch
If non-resident, give place and State) Blackfoot, Idaho
11. Color or race Japanese | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Japan (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm labor
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work Unknown

MOTHER

18. Full maiden name Masao Hiraka
Residence (usual place of abode) R.3, Whittin Ranch
(If non-resident, give place and State) Blackfoot, Idah
20. Color or race Japanese | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Japan (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House-wife
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work Unknown

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) 1 photostatic copy 2/19/42
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Mary Ito sister, M.D.
or ____, Midwife
Address Rte I Bx 212, Gardena, Calif.,

Give name added from a supplemental report ____ (Date of)

Filed AUG 3 - 1938, 193__

Registrar.

Registrar.

First certified copy issued 8-16-38 PBA 6747

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary Ito (whose maiden name being Mary Kasugabe) being first duly sworn says that

is the Older sister (Relationship of child)* of Chisato Kasugabe

born March 30th. 1919 (Date of birth) at Blackfoot, Bingham County., Idaho,

whose certificate of birth is hereto attached, and that her (Chisato Kasugabe) desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said child (Chisato Kasugabe)

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a physician who attended at the birth of the child cannot to be found, nor ~~attended at the birth of said~~ M. D. was the Midwife mid-wife. Although it is informed that a and that ~~the attended at the birth of said~~ physician was Dr. Hoover. ~~xixixxxMxxxMaryxxixxx~~ (Now deceased (or) cannot be located)

Name of Affiant Mrs Mary Ito Mrs. Mary Ito, sister.

P. O. Address Rte I Bx 212, Gardena, Calif.,

Subscribed and sworn to before me this 1st day of August, 1938

C. A. Cregan

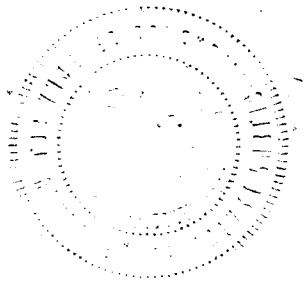
My Commission Expires April 12, 1938. Notary Public.

Residing at , Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 2 3 1971

NOV 7 1949



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. State of Idaho
County of Bannock
City of Mound Valley
No. 459-102003-759 St.
(If born in hospital or institution give name.)

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 268899
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Austin Keith Merrill

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? yes
8. Date of birth Nov 2, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Austin T Merrill	18. Full maiden name: Alice Perry
10. Residence (usual place of abode) (If non-resident, give place and State): Mound Valley	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: W | 12. Age at last birthday: 21 (years)	20. Color or race: W | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Glendale Idaho	22. Birthplace (city or place) (State or Country): Mound Valley
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:17 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

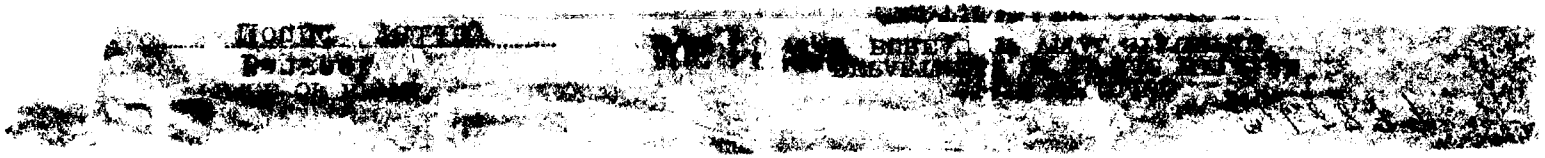
(Signed) John H Hubbard, M. D.
or ....., Midwife
Address Grace Idaho

Filed ....., 193.....

Registrar.

AUG 15 1938.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Franklin } ss.

Austin T. Merrill being first duly sworn says that he is the father (Relationship of child)* of Austin Keith Merrill born Nov. 2, 1919 (Date of birth) at Mound Valley, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Austin Keith Merrill hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that John H. Hubbard M. D. was the ~~Midwife~~ medical attendant at the birth of said Austin Keith Merrill and that the said medical attendant is now deceased (Now deceased (or) ~~cannot be located~~)

Name of Affiant Austin T. Merrill

P. O. Address Preston, Idaho

Subscribed and sworn to before me this 16th day of August, 1938

O. L. Weaver
Notary Public.

Residing at Preston, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

045-522-02X-713

RECEIVED
SEP 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

271086
271086

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of GOODING
City of WENDELL - IDA.
No. RR St.
(If born in hospital or institution give name.)

Registration District No. 22 State File No.
Prim. Registration District No. 2018 Local Registrar's No.

2. FULL NAME OF CHILD EUGENE GEORGE MUNN

3. Sex MALE | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? X | 8. Date of birth MAY 22, 1919 (Month, Day, Year)

FATHER

9. Full name ELWOOD GEORGE MUNN
10. Residence (usual place of abode) (If non-resident, give place and State) WENDELL IDAHO
11. Color or race WHITE 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) SILVER CREEK, MICHIGAN

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name EVA LELA PALMER
19. Residence (usual place of abode) (If non-resident, give place and State) WENDELL, IDAHO
20. Color or race WHITE | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) HIAWATHA, KANSAS

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother THREE (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) E. L. Simmons M.D.
or ____, Midwife
Address Wendell Idaho
Filed 9-26, 1938 E. L. Simmons
Registrar.

Registrar.

519-111-003-291

RECEIVED
NOV -3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272287

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 636 N. 4th St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 272287
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jose Vargas [redacted]

3. Sex: male
If plural births: 4. Twin, triplet, or other: ____ 5. Number, in order of birth: 4
6. Premature: X Full term: 8
7. Legitimate? yes
8. Date of birth: January 11, 1919 (Month, Day, Year)

FATHER

9. Full name: Jesus Vargas
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello Ida.
11. Color or race: Mex. | 12. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Pocatello Idaho / Zacatecas Mexico

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: [redacted]
16. Date (month and year) last engaged in this work: January 5, 1917
17. Total time (years) spent in this work: 30

MOTHER

18. Full maiden name: Maria Bratado
19. Residence (usual place of abode) (If non-resident, give place and State): [redacted]
20. Color or race: Mex. | 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or Country): La Salada Mexico

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: work at home
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: [redacted]
25. Date (month and year) last engaged in this work: June 24, 1907
26. Total time (years) spent in this work: 31

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother [redacted] (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn X

29. If stillborn, period of gestation: X months or weeks
30. Cause of stillbirth: X Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [redacted] born at 12 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
Registrar.

(Signed) ____, M. D.
or Manuela Canteras, Midwife
Address 636 N. 4th
Filed NOV 3 1938, 193
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Aulojea Martinez being first duly sworn says that

She is the cousin of Jose Vargas
(Relationship of child)*

born January 11, 1919 at Pocatello, Bannock County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Jose Vargas

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Manuela Contreraz ~~XXX~~ was the Midwife medical attendant at the birth of said Jose Vargas and that the said medical attendant is living in Pocatello, Idaho.
(Now deceased (or) cannot be located)

Name of Affiant Eulogia Martinez

P. O. Address 636 North 4th, Pocatello, Idaho.

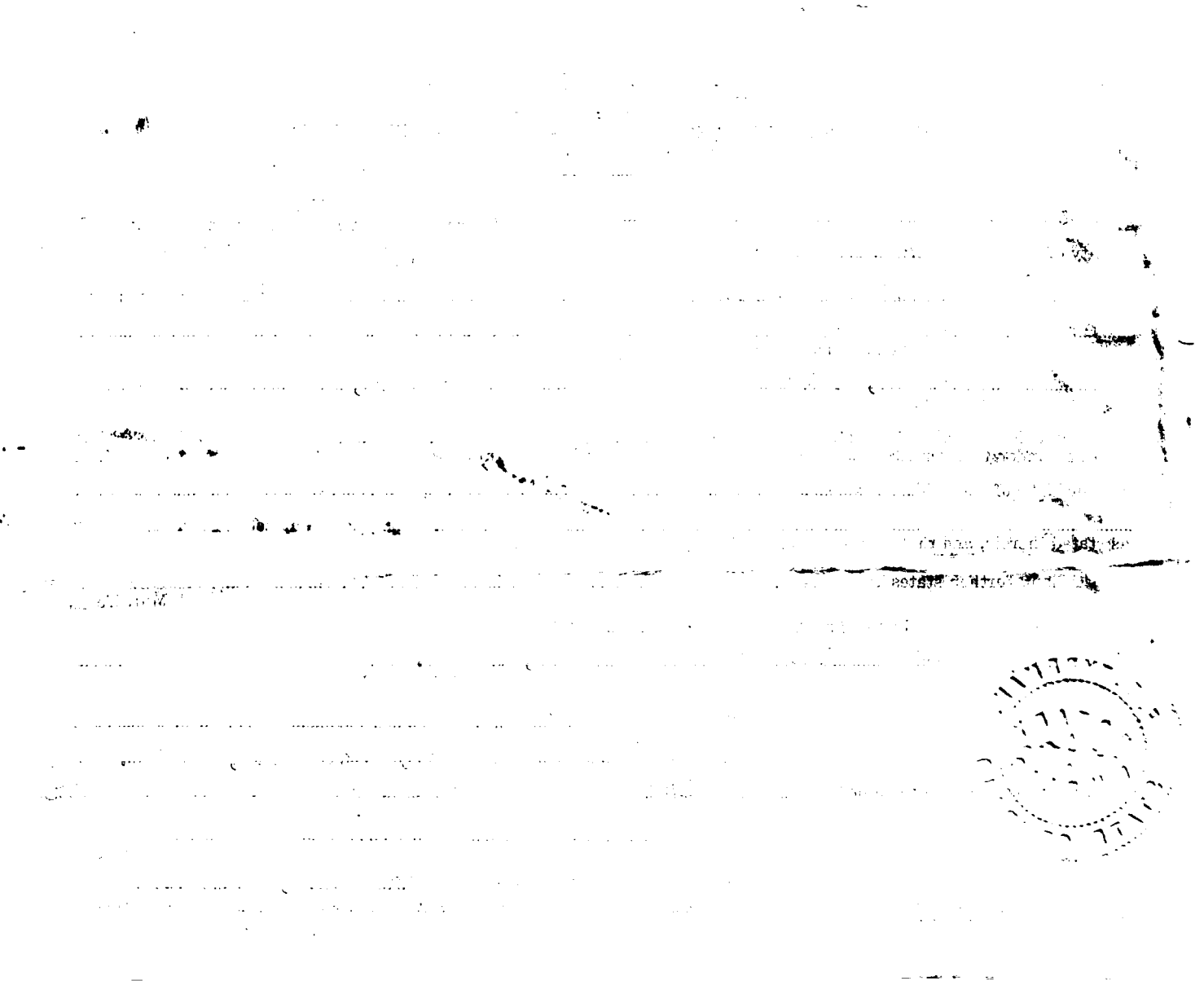
Subscribed and sworn to before me this 1st day of November, 1938.

R. E. Tydeman

Notary Public.

Residing at Pocatello, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



D.53-13-V-68883

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272293

NOV 7 1938

Registration District No. 6 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Boise
City of Sweet
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Harvey Beckman

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? X | 8. Date of birth June 24, 1938 (Month, Day, Year)

FATHER

9. Full name Albert Clarence Beckman
10. Residence (usual place of abode) (If non-resident, give place and State) Sweet Idaho
11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Lilian Inez Hilbert
19. Residence (usual place of abode) (If non-resident, give place and State) Sweet Idaho
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or country) Salt Lake City Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argyrol
28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation months or weeks
30. Cause of stillbirth | Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Reynolds, M. D.
or , Midwife
Address Emmett Idaho
Filed 9-27-, 1938 J. L. Reynolds Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JAN 3 1942

A664 215 028 - 766

1. PLACE OF BIRTH

County of Kootenai

City of Garwood

No. ____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
NOV 30 1938

Registration District No. ____ State File No. 273283

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Helen Mays Fountain

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term yes	7. Legitimate? yes	8. Date of birth May 15, 1919 (Month, Day, Year)
Female				

FATHER

9. Full name: Albert Emery Fountain

10. Residence (usual place of abode) (If non-resident, give place and State): Garwood Idaho

11. Color or race: White | 12. Age at last birthday: 49 (years)

13. Birthplace (city or place) (State or Country): Lone Tree, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm

16. Date (month and year) last engaged in this work: ____, 1938

17. Total time (years) spent in this work: 26

MOTHER

18. Full maiden name: Alice Jennie Goodrich

19. Residence (usual place of abode) (If non-resident, give place and State): Garwood, Idaho

20. Color or race: white | 21. Age at last birthday: 41 (years)

22. Birthplace (city or place) (State or Country): Becker, Minn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: ____, 1938

26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed ____, 193__

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Kootenai } ss.

Alice J. Fountain, being first duly sworn says that

is the Mother of Helen Mary Fountain
(Relationship of child)*

born May 15th 1919 at Garwood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Mary Fountain hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Freestone ~~M. D.~~ Midwife was the medical attendant at the birth of said Helen Mary Fountain and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Alice J Fountain

P. O. Address Rte 1 Hayden Lake Idaho

Subscribed and sworn to before me this 27th day of October, 1938

[illegible]
Notary Public.

Residing at Post Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

343 227003- 219

RECEIVED NOV 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

273287

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Inkom
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Blanche Vivian Cutshalts

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth March 27, 1919 (Month, Day, Year)

FATHER

9. Full name: Arthur D. Cutshalts
10. Residence (usual place of abode) (If non-resident, give place and State): Inkom, Idaho
11. Color or race: Caucasian
12. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or Country): Chilicothe, Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm
16. Date (month and year) last engaged in this work: 3/27/, 1919
17. Total time (years) spent in this work: 2

MOTHER

18. Full maiden name: Emily Leona Karcher
19. Residence (usual place of abode) (If non-resident, give place and State): Inkom, Idaho
20. Color or race: Caucasian
21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or Country): Burlington, Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: 3/26/, 1919
26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver
28. Number of children of this mother: 2 (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7:25 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. S. Miller, M. D.
or ....., Midwife
Address Pocatello, Idaho

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed NOV 30 1938, 193....
Registrar.

814 101 010 799

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273316

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... Street .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 273316
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack Lionel Haderlie

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1st | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct 1, 1938 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	David Arnold Haderlie	18. Full maiden name Mary Florence Rice
10. Residence (usual place of abode) (If non-resident give place and State)	Idaho Falls	19. Residence (usual place of abode) (If non-resident give place and State) Idaho Falls Ida
11. Color or race	White	20. Color or race White
12. Age at last birthday	34 (years)	21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country)	Pocatello Idaho	22. Birthplace (city or place) (State or Country) Idaho Falls Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 1938	26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother Six (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Wm Clews, M. D.
or ....., Midwife
Address Idaho Falls, Idaho

Filed DEC 9 1938, 193..

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls

City of Filer

No. A314 126 042 234 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 274355

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Earl Melvin Cammack

3. Sex Male

If plural births: 4. Twin, triplet, or other .....; 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth December 26, 1919 (Month, Day, Year)

FATHER

9. Full name Earl Cammack

10. Residence (usual place of abode) (If non-resident, give place and State) Filer, Idaho

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) Salem (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work all his life

MOTHER

18. Full maiden name Greta Myrtle Sturgeon

19. Residence (usual place of abode) (If non-resident, give place and State) Filer Idaho

20. Color or race White | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) Roslyn (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work all her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
fine
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

RECEIVED

Filed JAN 5 1939, 193...

Registrar. Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Twin Falls } ss.

J R Sturgeon being first duly sworn says that

he is the Uncle (Relationship of child)* of Earl Melvin Cammack

born December 26 1919 (Date of birth) at Filer, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earl Melvin Cammack

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John R Morgan M. D. was the medical attendant at the birth of said Earl Melvin Cammack and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant J R Sturgeon

P. O. Address Murtaugh Ida

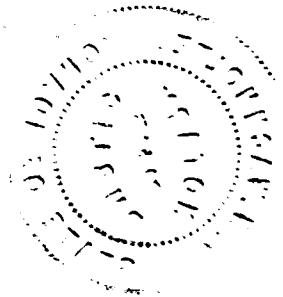
Subscribed and sworn to before me this 4 day of January, 1938

[illegible] Notary Public.

Residing at Murtaugh, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 2 1943



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH 391-229 018-789

JAN 5 1939

County of Clearwater
City of Elk River
No. ____ St.
Elk River Hospital
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 274356
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Margaret Lucile Craven

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	X	Aug. 29, 1919 (Month, Day, Year)

FATHER

9. Full name Glenn Trahern Craven
10. Residence (usual place of abode) (If non-resident, give place and State) Elk River
11. Color or race white 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Oshkosh, Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lumberman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Lucile O'Phillips
19. Residence (usual place of abode) (If non-resident, give place and State) Elk River
20. Color or race white 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Duluth, Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Dr Robert Walton, M. D.
or ____, Midwife
Address Elk River, Idaho
Filed Jan, 1939

Registrar. Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Flathead } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lucile Craven being first duly sworn says that

is the Mother (Relationship of child)* of Margaret Lucile Craven

born Aug. 29, 1919 (Date of birth) at Elk River, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Margaret Lucile Craven

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Robert Walton M. D. was the ~~Midwife~~ medical attendant at the birth of said Margaret Lucile Craven and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Lucile Craven

P. O. Address Somers Montana

Subscribed and sworn to before me this 4th day of January, 1939

Allen Thelne
Notary Public.

Residing at Somers, Montana ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

293 210040-466

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275396

JAN 25 1939

1. PLACE OF BIRTH
County of Shoshone
City of Mullan (Burgdle)
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fay Regene Killian

3. Sex G | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb 10, 1939 (Month, Day, Year)

FATHER

9. Full name Luther Alexander Killian
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Hickory N.C.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lokoman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mill man
16. Date (month and year) last engaged in this work Feb, 1939
17. Total time (years) spent in this work 8 mo

MOTHER

18. Full maiden name Mildred Dowling
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Feb, 1939
26. Total time (years) spent in this work 10 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5% Sol
28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. W. Rolfs, M. D.
or ....., Midwife
Address Mullan Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 25 1939 193.... Registrar.

MAR 24 1944

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275397

JAN 16 1939

Registration District No. 37 State File No. 275397

Prim. Registration District No. 1085 Local Registrar's No. 805

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 4th West St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mildred Jeanita Stevens

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Aug 6, 1938 (Month, Day, Year)

FATHER

9. Full name Charlie Joe Stevens

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Idaho

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Contractor

16. Date (month and year) last engaged in this work Aug, 1934

17. Total time (years) spent in this work 25 yrs.

MOTHER

18. Full maiden name Thea Adell Derrick

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Ida

20. Color or race white | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. General housework

25. Date (month and year) last engaged in this work Still Housekeeper

26. Total time (years) spent in this work Since Childhood

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living Six (b) Born alive but now dead none Stillborn none

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) G. A. Evans, M. D.

or ____ Midwife

Address Twin Falls Idaho.

Filed 1-24, 1939

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DUP OF
1919-74350

DELAYED

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275434

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 6 1939

1. PLACE OF BIRTH
County of Power
City of American Falls
No. ____ St.
At Home
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Gayle Levine Anderson

3. Sex: Male
If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —
6. Premature: — Full term: yes
7. Legitimate? yes
8. Date of birth August 14, 1938 (Month, Day, Year)

FATHER

9. Full name: Reuben Stanley Anderson
10. Residence (usual place of abode) (If non-resident, give place and State): ____
11. Color or race: White
12. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or Country): Webb Lake, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own office
16. Date (month and year) last engaged in this work: To date, 19__
17. Total time (years) spent in this work: Since 1908

MOTHER

18. Full maiden name: Viola Victoria Kirkpatrick
19. Residence (usual place of abode) (If non-resident, give place and State): ____
20. Color or race: White
21. Age at last birthday: 33 (years)
22. Birthplace (city or place) (State or Country): Douglass, Butler Co, Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Librarian + teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home after 12-22-'11
25. Date (month and year) last engaged in this work: 12-22, 19 11
26. Total time (years) spent in this work: 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes
28. Number of children of this mother: 3 (At time of this birth and including this child)
(a) Born alive and now living: yes (b) Born alive but now dead: — (c) Stillborn: —
29. If stillborn, period of gestation: — months or weeks
30. Cause of Stillbirth: — During labor: — Before labor: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed FEB 6 1939, 193__

Registrar. ____ Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Josephine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Reuben Stanley Anderson and Viola Victoria Anderson being first duly sworn says that they are the parents (Relationship of child)* of Gayle-Levine-Anderson

born August 17, 1919 (Date of birth) at American Falls, Idaho,

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Gayle Levine Anderson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that deceased - C. F. Schultz - M. D. was the medical attendant at the birth of said Mrs Charles Johnson Midwife Gayle Levine Anderson and that the said medical attendant is born deceased. (Now deceased (or) cannot be located)

Name of Affiant Reuben Stanley Anderson
Viola Victoria Anderson

P. O. Address Grants Pass Oregon

Subscribed and sworn to before me this 1st day of February, 19 39

Leo H Jackson
Notary Public.

My Commission Expires 5/28/39

Residing at Grants Pass, Oregon, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

389/13002865

275471

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 9 1939

1. PLACE OF BIRTH
County of Fremont
City of Ashton
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 102 State File No. .....
Prim. Registration District No. 6 Local Registrar's No. .....

2. FULL NAME OF CHILD Clinton Edward, Chittock.

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes.	Yes.	Sept. 30th 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Chittock.	18. Full maiden name: Etta. Honess.
10. Residence (usual place of abode) (If non-resident, give place and State): Ashton Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State): Ashton Idaho.
11. Color or race: White 12. Age at last birthday: 52 (years)	20. Color or race: White 21. Age at last birthday: 43 (years)
13. Birthplace (city or place): Cleveland. (State or Country): Ohio.	22. Birthplace (city or place): ..... (State or Country): Nebraska.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive. (Born Alive or Stillborn) at 5. P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) O. L. Bangs, M. D.

or ....., Midwife

Address Ashton Idaho

Filed 2-1-, 1939 Lenna Keen

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MAY 2 9 1991

617 204 023 493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275473

Registration District No. 6 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Viola Fager

3. Sex Female

If plural births 4. ~~Twin, triplet,~~ or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 4, 1939 (Month, Day, Year)

FATHER

9. Full name William Thomas Fager

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida.

11. Color or race White | **12. Age at last birthday** 40 (years)

13. Birthplace (city or place) Dorchester (State or Country) Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rose Etta Miller

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida.

20. Color or race White | **21. Age at last birthday** 36 (years)

22. Birthplace (city or place) Ceresco (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 15% argyrol

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living Four (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 1:00 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J L Reynolds, M. D.

or ....., Midwife

Address Emmett Ida

Filed 1-7-, 1939 J L Reynolds Registrar.

AUG 29 1985

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276426

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. [illegible] St. Idaho
964-210-006-964

FEB [illegible]

Registration District No. ..... State File No. 276426

(If born in hospital or institution give name.) No Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Amelia Rodriguez

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth One

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth June 10th, 1919 (Month, Day, Year)

FATHER

9. Full name Eladio Rodriguez

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Ida

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Old Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work all, 19.....

17. Total time (years) spent in this work all

MOTHER

18. Full maiden name Sabina Ybarra Rodriguez

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Ida

20. Color or race White 21. Age at last birthday 44 (years)

22. Birthplace (city or place) (State or Country) Zacatecas Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work all, 19.....

26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not Known. None

28. Number of children of this mother 10 (At time of this birth and including this child) (4)
(a) Born alive and now living 3 (b) Born alive but now dead 7 (c) Stillborn 1

29. If stillborn, period of gestation Full time. { months or weeks 9m.

30. Cause of Stillbirth Not Known { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Eladio Rodriguez Father, M. D.

or ....., Midwife

Address Clint, Texas

Filed ....., 193.....

Registrar.

OCT 15 1969

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Bingham

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eladio Rodriguez being first duly sworn says that he is the Father (Relationship of child)* of Amelia Rodriguez born June 10 - 1919 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Amelia Rodriguez hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no M. D. was the Midwife medical attendant at the birth of said Amelia Rodriguez and that the said medical attendant is non (Now deceased (or) cannot be located)

Name of Affiant Eladio Rodriguez

P. O. Address Blind Spring

Subscribed and sworn to before me this 15th day of February, 1939

G. B. Palmer Notary Public

Residing at Ector El Paso County, Texas, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY & THIS

OCT 1 5 1969

249-124 003-154

RE[illegible]

FEB 27 1939

276433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276433

1. PLACE OF BIRTH

County of Bannock

City of Cleveland

No. .... St.

(If born in hospital or institution give name.)

Registration District No. .... State File No. ....

Prim. Registration District No. .... Local Registrar's No. ....

2. FULL NAME OF CHILD Lorin Lyman Smith

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Yes	yes	Sept 24, 1919

FATHER		MOTHER	
9. Full name	George L. Smith	18. Full maiden name	Annie I Andersen
10. Residence (usual place of abode) (If non-resident, give place and State)	Cleveland	19. Residence (usual place of abode) (If non-resident, give place and State)	Same
11. Color or race	W	20. Color or race	W
12. Age at last birthday (years)	22	21. Age at last birthday (years)	20
13. Birthplace (city or place) (State or Country)	Cleveland Idaho	22. Birthplace (city or place) (State or Country)	Tremonton Ut
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ...., 19....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ...., 19....	26. Total time (years) spent in this work ....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn ....

29. If stillborn, period of gestation .... months or weeks

30. Cause of stillbirth .... Before labor .... During labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 6:30 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [redacted], M. D.

or ...., Midwife

Address Preston Idaho

Give name added from a supplemental report .... (Date of) .... Registrar.

Filed Feb 25, 1939 Mae G. Atwood Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate return must be made for each, and the number of each in order of birth stated.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Preston
County of Franklin } ss.

Annie L. Anderson Smith being first duly sworn says that she is the mother (Relationship of child)* of Lorin Lyman Smith born Sept 24th 1919 (Date of birth) at Cleveland, Idaho,

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that A. R. Cutler M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said Lorin Lyman Smith and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Annie L. Anderson Smith

P. O. Address Preston, Idaho

Subscribed and sworn to before me this 25 day of February, 1939

Jen T. Johnson
Notary Public.

Residing at Preston, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-18-41

JUL 17 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 8 1939

276471

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276471

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 242-126014-659 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Douglas Joe Bussell

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other: 0 5. Number, in order of birth: 0	Full term: X	Yes	Aug 26, 19 (Month, Day, Year)

FATHER

9. Full name: William Oscar Bussell

10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida

11. Color or race: W | 12. Age at last birthday: 26 (years)

13. Birthplace (city or place) (State or Country): Little Rock Ark.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: Aug. 26/19, 19

17. Total time (years) spent in this work: Life

MOTHER

18. Full maiden name: Edith Ferrell

19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida.

20. Color or race: W | 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or Country): Boise, Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: Aug. 26/19, 19

26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 1 (c) Stillborn: 0

29. If stillborn, period of gestation: _____ months or weeks

30. Cause of Stillbirth: During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:10 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Dr. Young (deceased), M. D.

or Mrs. William Pappas, Mother, Midwife

Address Caldwell, Ida

Filed 3/3/39, 193

Registrar.

DELAYED

DUP OF 1919-71803

STATE OF IDAHO
[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Washington } ss.

Mrs. William Pappas being first duly sworn says that she is the mother (Relationship of child)* of Douglas Joe Bussell born August 26, 1919 (Date of birth) at Caldwell, Idaho., Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Douglas Joe Bussell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Young M. D. was the Midwife medical attendant at the birth of said Douglas Joe Bussell and that the said medical attendant is Deceased (Now deceased (or cannot be located)

Name of Affiant Mrs. William Pappas.

P. O. Address Cambridge, Idaho.

Subscribed and sworn to before me this 3rd day of March, 1930.

[signature]
Notary Public.

Residing at Cambridge, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

993 127 028-814

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276538

Registration District No. 30 State File No. ____

Prim. Registration District No. 1050 Local Registrar's No. 59

MAR 10 1939

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. [redacted] St. 1026 Third Street

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William H. Ritzheimer

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M	—	—	*	Yes	June 27, 1919

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Peter Lawrence Ritzheimer	Jessie Dewright Hamlin
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	Coeur d'Alene	Coeur d'Alene
11. Color or race / 20. Color or race	W	W
12. Age at last birthday (years) / 21. Age at last birthday (years)	40	32
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	Mount Idaho, Idaho	Minnesota
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Clerk and Driver	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Hardware Store	Own home
16. Date (month and year) last engaged in this work / 25. Date (month and year) last engaged in this work	June, 1918	June, 1919
17. Total time (years) spent in this work / 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. Jessie D. Ritzheimer, M. D.

or mother, Midwife

Address 1026 Third Street

Give name added from a supplemental report ____ (Date of) ____

Filed Feb 23, 1939 H. L. Newcombe, M.D.

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Jessie D. Ritzheimer being first duly sworn says that she is the mother (Relationship of child)* of William H. Ritzheimer born June 27, 1919 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William H. Ritzheimer hereto attached are true and correct as stated therein, and that this birth ~~has not been previously recorded.~~ is not on record at Coeur d'Alene, Idaho.

Affiant further states that W. H. Holden M. D. was the ~~Midwife~~ medical attendant at the birth of said William H. Ritzheimer and that the said medical attendant is now deceased (Now deceased (or) ~~cannot be located~~)

Name of Affiant Mrs. Jessie D. Ritzheimer.
P. O. Address 1026 Third St. Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 23 day of Feb., 1939

Jas. A. Foster
CLERK, AUDITOR AND RECORDER
By Jos. C. White, Deputy
Notary Public.

Residing at ....., Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

SEP 2 1 1954

APR 30 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

386 — 277440

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 25 1939

Registration District No. 86 State File No. 277440

Prim. Registration District No. 1212 Local Registrar's No.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Damon Thomas

3. Sex: male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term
7. Legitimate?
8. Date of birth 8/8/19, 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William H. Thomas	18. Full maiden name: Ida Smith
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race: white 12. Age at last birthday: 43 (years)	20. Color or race: White 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or country): Knowville, Tenn.	22. Birthplace (city or place) (State or country): Knowville, Tenn.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: To Present time 19	25. Date (month and year) last engaged in this work: Present date, 19
17. Total time (years) spent in this work: 41	26. Total time (years) spent in this work: 41

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no information

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. A. Young deceased, M. D.

or , Midwife

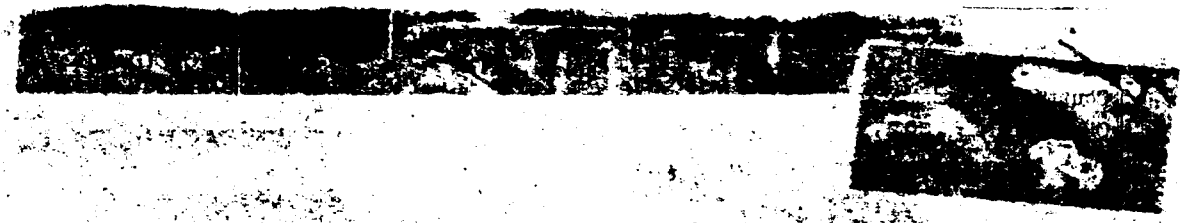
Address Weiser, Idaho

Give name added from a supplemental report (Date of)

Filed MAR 27 1939 193

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William H. Thomas being first duly sworn says that he is the father (Relationship of child)* of Damon Thomas born August 8, 1919 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Damon Thomas hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. A. Young M. D. was the ~~Midwife~~ medical attendant at the birth of said Damon Thomas and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant W. H. Thomas

P. O. Address Smith's Ferry, Idaho

Subscribed and sworn to before me this 18th day of March, 19 39

Robert E Leitch
Notary Public.

Residing at Payette, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 10 1939

27746 L

Registration District No. 7 State File No. 277462

Prim. Registration District No. 2006 Local Registrar's No. 132

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Route 4 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mildred Louise Keiming

3. Sex F | If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ... | 6. Premature ... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Oct 3, 1919 (Month, Day, Year)

FATHER

9. Full name John Albert Keiming
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa
11. Color or race W | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Atchinson Kans.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Emma Thiele
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa
20. Color or race German | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Sept, 1925
26. Total time (years) spent in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ... months or weeks
30. Cause of Stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11:50 (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...

(Date of) ... Registrar.

(Signed) Chas E Magnum, M. D.
or ..., ~~Midwife~~
Address Nampa Idaho
Filed April 7, 1939 Lyda Rodgers Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

NOV 23 1973

A36-45-035-335

RECEIVED
APR 11 1939

277468

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277468

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Nez. Perce
City of Sweetwater
No. ____ St.
Home delivery
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Aldan Clyde Coons

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth June 15, 1939 (Month, Day, Year)

FATHER

9. Full name Clyde Rowland Coons
10. Residence (usual place of abode) (If non-resident, give place and State) Sweetwater Ida
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Ohio.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 1922
17. Total time (years) spent in this work 3 yrs.

MOTHER

18. Full maiden name C. Evelena Clemenson
19. Residence (usual place of abode) (If non-resident, give place and State) Sweetwater Ida
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 1926
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed Apr 1 1939, 193 ____

Registrar. | Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California } ss.
County of Inyo }

Mrs. C. Evelene Patterson being first duly sworn says that she is the mother (Relationship of child)* of Aldan Clyde Coons born June 15, 1919 (Date of birth) at Sweetwater, Nez Perce Co., Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Aldan Clyde Coons hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Petree, C. S. Practitioner, ~~M.D.~~ Midwife was the medical attendant at the birth of said Aldan Clyde Coons and that the said medical attendant ~~xx~~ cannot now be located. (Now deceased (or) cannot be located)

Name of Affiant Mrs. C. Evelene Patterson

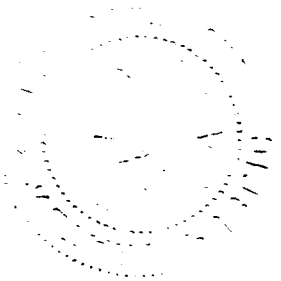
P. O. Address Box 441, Bishop, California

Subscribed and sworn to before me this 30th day of March, 1939

Mary F. Tinder
Notary Public.

Residing at Bishop, Inyo County, Calif. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

753-209

1. **PLACE OF BIRTH** Bingham 06-168
County of
City of Basalt Ida
No. St.
(If born in hospital or institution give name.)

RECEIVED
MAY 1 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

278523

CERTIFICATE OF BIRTH

Registration District No. State File No. 278523
Prim. Registration District No. Local Registrar's No.

2. **FULL NAME OF CHILD** Goldeen Leona Peterson

3. Sex Female | **If plural births** 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 5-9-, 1939 (Month, Day, Year)

FATHER

9. Full name James S Peterson
10. Residence (usual place of abode) (If non-resident, give place and State) Basalt
11. Color or race White | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Mink Creek Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work —, 19
17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Edna Johnson
19. Residence (usual place of abode) (If non-resident, give place and State) Basalt Ida
20. Color or race White | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or Country) Jamestown S. Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work —, 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2 % Mercurochrome
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Edwin Ritter M D, M. D.
or , Midwife
Address Box 86 Shelley Idaho
Filed MAY 1 1939, 193
Registrar.

278538

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278538

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. 293-122020-694 St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Bilbao

3. Sex: M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Nov. 22, 1939 (Month, Day, Year)

FATHER

9. Full name: Bonifacio Bilbao

10. Residence (usual place of abode) (If non-resident, give place and State): Hot Spring

11. Color or race: W | 12. Age at last birthday: 29 (years)

13. Birthplace (city or place) (State or Country): Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: & Sheepman

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Marcellina Ordiosola

19. Residence (usual place of abode) (If non-resident, give place and State): Hot Spring

20. Color or race: W | 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or Country): .....

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) ....., M. D.

or X Inez Manuel Ybarra, Midwife

Address Mountain Home, Idaho

Filed MAY 3 1939, 193.....

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Custer
City of Stanley
No. .... St.
A437730-019-319
(If born in hospital or institution give name.)

Registration District No. .... State File No. 278620
Prim. Registration District No. .... Local Registrar's No. ....

2. FULL NAME OF CHILD Vern Ambrose McGowan

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other .... 5. Number, in order of birth		Yes	Apr. 30, 193 1919

FATHER	MOTHER
9. Full name Wells McGowan	18. Full maiden name Lina Cearley
10. Residence (usual place of abode) (If non-resident, give place and State) Stanley	19. Residence (usual place of abode) (If non-resident, give place and State) Stanley
11. Color or race .... 12. Age at last birthday .... (years)	20. Color or race .... 21. Age at last birthday .... (years)
13. Birthplace (city or place) (State or Country) Montana	22. Birthplace (city or place) .... (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Mkt.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ...., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ...., 19.... 26. Total time (years) spent in this work ....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ....

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead .... (c) Stillborn ....

29. If stillborn, period of gestation .... months or weeks
30. Cause of stillbirth .... Before labor .... During labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... at 11-15 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ...., M. D.
or ...., Midwife
Address ....

Give name added from a supplemental report ....
(Date of)
.... Registrar.

Filed 4/22/39, 193....
.... Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Custer } ss.

Lena McGowan being first duly sworn says that

She is the Mother of Vern Ambrose McGowan.
(Relationship of child)*

born Apr. 30 1919 at Stanley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Vern Ambrose McGowan

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Charles Kurtley M. D. was the Midwife medical attendant at the birth of said Vern Ambrose McGowan and that the said medical attendant is dead
(Now deceased (or) cannot be located)

Name of Affiant Lena McGowan

P. O. Address 420 S 5th Boise, Ida

Subscribed and sworn to before me this 22nd day of April, 1939

Clara L. McFarlane
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A493170-016-295

279639

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 279639

RECEIVED JUN 6 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Cassia
City of Malta
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Delaney Bradford Milstead

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth Feb. 20, 1919 (Month, Day, Year)

FATHER

9. Full name John Thomas Milstead

10. Residence (usual place of abode) (If non-resident, give place and State) Malta, Idaho

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Sterling, Virginia

OCCUPATION

14. ~~Trade, profession~~, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer for self

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work Feb. 20, 1919

17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Margaret King

19. Residence (usual place of abode) (If non-resident, give place and State) Malta, Idaho

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed JUN 6 1939, 193____

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Solano } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Thomas Milstead being first duly sworn says that he is the father (Relationship of child)* of Delaney Bradford Milstead born February 20, 1919 (Date of birth) at Malta, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Delaney Bradford Milstead hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. I. Sater M. D. was the ~~Midwife~~ medical attendant at the birth of said Delaney Bradford Milstead and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant John Thomas Milstead

P. O. Address P. O. Box 576 - Rio Vista, California.

Subscribed and sworn to before me this 1st. day of June, 19 39

J. R. Hamilton
Notary Public.

Residing at Rio Vista, California ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Fish

No. 315 105 036 269 St.

(If born in hospital or institution give name.)

RECEIVED MAY 1 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 27970

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Floyd Arthur Brandon

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	June 5, 1939

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Elijah Landon

Residence (Usual place of abode) .....

If non-resident, give place and State .....

Color or race White Age at last birthday 23* (Years)

Birthplace Montpelier Idaho (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Clara Mae Seibman

Residence (Usual place of abode) Fish Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 18* (Years)

Birthplace Paris Idaho (City and State or County)

Occupation Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2-30 a.m. on the date above stated.

(Signature) Dr Crawshaw

(Physician or midwife)

Address I can not get the Dr here

Filed ..... 19 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 14 1969

755-203 015 291

RECEIVED JUN 19 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 2 State File No. 280665

Prim. Registration District No. 2159 Local Registrar's No. 35

1. PLACE OF BIRTH

County of Caribou County

City of Soda Springs Idaho

No. ..... St. Idaho Hotel

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD La Von Genovich

3. Sex girl | If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth First | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 3 Dec, 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	George Genovich Sr. Soda Springs Ida.	18. Full maiden name Sarah Ellen Bradshaw Soda Springs, Ida
10. Residence (usual place of abode) (If non-resident, give place and State)	~~1038 E 3rd St~~ Los Angeles Cal	19. Residence (usual place of abode) (If non-resident, give place and State) ~~1020 E 3rd St~~ Los Angeles Cal
11. Color or race White	12. Age at last birthday 53 (years)	20. Color or race White	21. Age at last birthday 53 (years)
13. Birthplace (city or place) (State or Country)	Andriviva Montenegro	22. Birthplace (city or place) (State or Country)	Somersetshire England
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm & coal now - Brass mfg	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	none
16. Date (month and year) last engaged in this work	may 26, 1939	25. Date (month and year) last engaged in this work	all my life, 19
17. Total time (years) spent in this work	10 yrs.	26. Total time (years) spent in this work	since I married

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes, Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn none

29. If stillborn, period of gestation none months or weeks | 30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dec. 3, 1919 at 10.15 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) Ellis Kaufman, M. D.

or ....., Midwife

Address Soda Springs Idaho

Filed June 1, 1939 Dr Russell Tigert
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 28 1983

A753104031-312

280671

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280671

JUN 21 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lewis county

City of Kamiah

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Rombough Pelton

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth July 4 1919 193 (Month, Day, Year)

FATHER

9. Full name: Eugene William Pelton

10. Residence (usual place of abode) (If non-resident, give place and State) Kamiah

11. Color or race: white | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country): Wadina, Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: self

16. Date (month and year) last engaged in this work: 1919, 19

17. Total time (years) spent in this work: 3 years

MOTHER

18. Full maiden name: Nettie ~~Pelton~~ Bakers

19. Residence (usual place of abode) (If non-resident, give place and State) Kamiah

20. Color or race: white | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country): Springfield Ill. 47

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Beauty operator

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: self

25. Date (month and year) last engaged in this work: now employed, 19

26. Total time (years) spent in this work: 15 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic acid

28. Number of children of this mother (At time of this birth and including this child): four

(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of)

Filed JUN 21 1939, 193

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Asotin }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Nettie Pelton being first duly sworn says that she is the Mother (Relationship of child)* of Robert Rombough Pelton born July 4th, 1919 (Date of birth) at Kamiah, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Rombough Pelton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Taylor of Nez Perce, Idaho M. D. was the Midwife medical attendant at the birth of said Robert Rombough Pelton and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Nettie Pelton

P. O. Address Clarkston, Washington

Subscribed and sworn to before me this 19th, day of June, 19 39

A M Boquist
Notary Public.

Residing at Clarkston, Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695 2/4
006-664

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

..... (If born in hospital or institution give name.)

JUN 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280697

Registration District No. ..... State File No. 280697

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dora Lavern Winchell
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				yes	Oct 14 1914

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME Bert Winchell	FULL MAIDEN NAME Ida May Winnack
Residence (Usual place of abode) Firth Idaho	Residence (Usual place of abode) Firth Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race W Age at last Birthday 37 (Years)	Color or race W Age at last Birthday 36 (Years)
Birthplace Fort Benton Mont (City and State or County)	Birthplace Soda Springs Idaho (City and State or County)
Occupation School teacher	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6:30 P. M. on the date above stated.

(Signature) Mrs Dora Winchell
mid Wife
(Physician or midwife)

Address Soda Springs Ida

Filed JUN 23 1939 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 20 1971

"WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 26 1939

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 280703

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Bannock
City of Grace
No. 963 130 003963 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Theodore Joseph Roche

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth Nov. 30, 1939 (Month, Day, Year)

FATHER

9. Full name: Philip Lawrence Roche

10. Residence (usual place of abode) (If non-resident, give place and State): Grade, Ida.

11. Color or race: white | 12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or Country): Harmony, Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: Still engaged, 19__

17. Total time (years) spent in this work: 8

MOTHER

18. Full maiden name: Isabel Ellen Roche

19. Residence (usual place of abode) (If non-resident, give place and State): Grace, Ida.

20. Color or race: white | 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or Country): Bozeman, Montana.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: Still engaged, 19__

26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: two
(At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 P m. on the date above stated.

(Signed) [signature] Father, M. D.

or ____, Midwife

Address Grace, Idaho Falls, Idaho

Filed 6-26-39, 193__

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report June 23-1939 (Date of)

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Philip L. Roche being first duly sworn says that he is the Father (Relationship of child)* of Theodore Joseph Roche born Nov. 30-1919 (Date of birth) at Grace, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Theodore Joseph Roche hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John H. Hubbard M. D. was the Midwife medical attendant at the birth of said Theodore Joseph Roche and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Philip L. Roche

P. O. Address Idaho Falls, Idaho

Subscribed and sworn to before me this 23rd day of June, 19 39

W. L. Brennan

CLERK OF THE DISTRICT COURT ~~Notary Public~~.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695701-042-367

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 280708

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Twin Falls

City of 5 mi south and

No. 2½ mi west of St.

Twin Falls (on a farm)

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lester Raymond Wineteer

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		yes	yes	May 1, 1919

FATHER	MOTHER
9. Full name: Clarence R. Wineteer	18. Full maiden name: Grace Logan
10. Residence (usual place of abode) (If non-resident, give place and State): on farm 5 mi south and 2½ mi west of Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State): on farm 5 mi south and 2½ mi west of Twin Falls
11. Color or race: white | 12. Age at last birthday: 27 (years)	20. Color or race: white | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Illinois	22. Birthplace (city or place) (State or Country): Denver, Colorado
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: irrigated farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Sept, 1922	17. Total time (years) spent in this work: always farmed
25. Date (month and year) last engaged in this work: still housekeeper, 19	26. Total time (years) spent in this work: always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Grace L Wineteer, ~~M. D.~~ mother

or _____, ~~Midwife~~

Address 1514 E. Sanderson St.

Give name added from a supplemental report _____

(Date of) June 26, 1939.

Filed JUN 27 1939, 193_ Wilmington, Calif.

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Grace L. Wineteer being first duly sworn says that she is the mother (Relationship of child)* of Lester Raymond Wineteer born May 1, 1919 (Date of birth) at a farm 5 miles south and 2½ miles west of Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lester Raymond Wineteer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Van Cott M. D. was the ~~Midwife~~ medical attendant at the birth of said Lester Raymond Wineteer and that the said medical attendant is do not know anything about his whereabouts now. (Now deceased (or) cannot be located)

Name of Affiant Grace L Wineteer

P. O. Address 1514 E Sandison St Wilmington, California

Subscribed and sworn to before me this 26th day of June, 1939.

Grace B Mattocks
Notary Public.

Residing at 736 Avalon Blvd Wilmington Calif., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 16 1952

MAY 19 1949

351-212006-493

280752

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 13 1939

Registration District No. ____ State File No. 280752

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of on ranch near Shelley, Idaho

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marilyn Miller Clark

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	3-12, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Irby Hurt Clark	18. Full maiden name: Velma Velam Leah Miller
10. Residence (usual place of abode) (If non-resident, give place and State): Ranch near Selley, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Ranch near Shelley, Ida.
11. Color or race: White | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Abingdon, Va.	22. Birthplace (city or place) (State or Country): Near Taylorville, Ill.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Irby Hurt Clark Father, M. D.

or ____, Midwife

Address 806 Main St. Huntington Beach, Calif

Give name added from a supplemental report ____

(Date of) ____

Filed July, 1939

Registrar. ____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Orange }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Irby Hurt Clark being first duly sworn says that he is the Father of Marilyn Miller Clark
(Relationship of child)*

born March 12th, 1919 at Near Shelley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marilyn Miller Clark hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Roberts M. D. was the Midwife medical attendant at the birth of said Marilyn Miller Clark and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Irby Hurt Clark

P. O. Address 806 Main St. Huntington Beach, Calif.

Subscribed and sworn to before me this 8th day of July, 19 39

Zula V. Cramer
Notary Public.

Residing at Huntington Beach, Calif., ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

4165 — PLACE OF BIRTH 107-007-469

County of Blaine

City of Bellevue

No. ____ St. Idaho

(If born in hospital or institution give name.)

JUL 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281902

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Robert Archibald Jones

3. Sex: Male

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 4

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth March 7, 1939 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Oscar Allen Jones	
18. Full maiden name		Gertrude Leora Moreland
10. Residence (usual place of abode) (If non-resident, give place and State)	Bellevue	
19. Residence (usual place of abode) (If non-resident, give place and State)		Bellevue
11. Color or race	white	
12. Age at last birthday	34 (years)	
20. Color or race	white	
21. Age at last birthday	29 (years)	
13. Birthplace (city or place) (State or Country)	St James Minnesota	
22. Birthplace (city or place) (State or Country)		Hansford Co Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		Own Account
OCCUPATION 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work	To date 7/20 1939	
17. Total time (years) spent in this work		
OCCUPATION 25. Date (month and year) last engaged in this work	____, 19____	
OCCUPATION 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (5) five (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed JUL 24 1939 193 9

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Phelps } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Oscar Allen Jones being first duly sworn says that

he is the Father (Relationship of child)* of Robert Archibald Jones

born March 7 1919 (Date of birth) at Bellevue Blaine County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Archibald Jones

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that I do not know his name M. D. was the Midwife medical attendant at the birth of said Robert Archibald Jones and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Oscar Allen Jones

P. O. Address St. James, Mo

Subscribed and sworn to before me this 20th day of July, 1939

J F Bruce
Notary Public.

Residing at St James Mo, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Com exp's Jan 14 — 1940

MAR 5 1974

A694-109-037-652 ~ 28195

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 3 1939

1. PLACE OF BIRTH
County of Owyhee
City of Grandview
No. .... St.
(If born in hospital or institution give name.)

Registration District No. .... State File No. 281952
Prim. Registration District No. .... Local Registrar's No. ....

2. FULL NAME OF CHILD Samuel Dale Ormsby

3. Sex ....
If plural births: 4. Twin, triplet, or other .... 5. Number, in order of birth ....
6. Premature .... Full term yes
7. Legitimate? ....
8. Date of birth May 9, 1919 (Month, Day, Year)

FATHER

9. Full name William Ormsby
10. Residence (usual place of abode) (If non-resident, give place and State) ....
11. Color or race White | 12. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or Country) ....
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....
16. Date (month and year) last engaged in this work ...., 19......
17. Total time (years) spent in this work ....

MOTHER

18. Full maiden name Margret Hesy
19. Residence (usual place of abode) (If non-resident, give place and State) ....
20. Color or race white 21. Age at last birthday 39 (years)
22. Birthplace (city or place) Grandview (State or Country) Owhyee Co Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....
25. Date (month and year) last engaged in this work ...., 19......
26. Total time (years) spent in this work ....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn ....
29. If stillborn, period of gestation .... months or weeks
30. Cause of stillbirth .... Before labor .... During labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... at .... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~Deceased~~, M. D.
or ~~Mary Ertz Deceased~~ Midwife
Address ~~was Mountain Home~~ Ida.

Give name added from a supplemental report ....
(Date of)
.... **Registrar.**

Filed Aug, 1939
.... **Registrar.**

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted] OR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margarete Ormsby being first duly sworn says that She is the ather (Relationship of child)* of Samuel Dale Ormsby born May the 9th 1919 (Date of birth) at Grandview, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Samuel Dale Ormsby hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr L. Neus Yenger (Deceased) M. D. was the Midwife medical attendant at the birth of said Samuel Dale Ormsby and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Margrite Ormsby

P. O. Address 215 13th Ave. S. Nampa, Idaho

Subscribed and sworn to before me this 3d day of April, 19 39

J. B. Sinclair
Notary Public.

Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 30 1942

APR 10 1973
FEB 3 1981

795-129-029-755

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 State File No. 282009

Prim. Registration District No. 2145 Local Registrar's No.

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. Pine St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Paul Wilson Giesa

3. Sex: Male

If plural births: 4. Twin, triplet, or other. 5. Number, in order of birth.

6. Premature No. Full term.

7. Legitimate? yes

8. Date of birth January 29, 1919 (Month, Day, Year)

FATHER

9. Full name William Frederick Giesa

10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Windburne, Pennsylvania

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. conductor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work March 10, 1921

17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Marie Aurelia Pevan

19. Residence (usual place of abode) (If non-resident, give place and State) Potlatch

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Chippewa Falls, Wis.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work Jan., 1919

26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 46 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) J.W. Thompson, M. D.

or ..., Midwife

Address Moscow · Idaho

Filed Aug 14th, 1939 J.W. Thompson Registrar.

Registrar.

Certified copy issued 2-14-1941. dp

JUL 5 1973

DELAYED

dup of 1919-68057

693-215-006-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Firth
No. ..... St. .....
(If born in hospital or institution give name.)

AUG 30 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282995

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rock Blanche Wilkie

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 11-15-, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Richard F. Wilkie	18. Full maiden name Bernice J. Burrell
10. Residence (usual place of abode) (If non-resident give place and State) Firth Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Firth Idaho
11. Color or race White 12. Age at last birthday 36 (years)	20. Color or race W 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Kansas	22. Birthplace (city or place) (State or country) Preston Ida.
OCCUPATION 14. Trade, profession, or particular kind of work done, as ~~spinner~~ sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work 11-15-, 1939	17. Total time (years) spent in this work 12
25. Date (month and year) last engaged in this work 11-15-, 1939	26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother (At time of this birth and including this child) 6.
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:15 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Carter MD, M. D.
or ....., Midwife
Address Shelley - Ida

Give name added from a supplemental report .....
(Date of)

Filed AUG 30 1939, 193.....

..... Registrar.

..... Registrar.

FEB 2 9 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

649-146-86-713

1. **PLACE OF BIRTH**
County of Cassia
City of Burley
No. 262 No. Conant St.
(If born in hospital or institution give name.)

SEP 1 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 283009
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Homer Thomas Wright

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term Yes	Yes	August 10, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lee Addison Wright	18. Full maiden name: Ethel Simmons Rathbone
10. Residence (usual place of abode) (If non-resident, give place and State): Burley	19. Residence (usual place of abode) (If non-resident, give place and State): Burley
11. Color or race: White | 12. Age at last birthday: 37 (years)	20. Color or race: White | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Soldier City, Kansas	22. Birthplace (city or place) (State or Country): Dwight, Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oil Salesman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Continental Oil Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: August 10, 1919	17. Total time (years) spent in this work: 1½ yrs.
25. Date (month and year) last engaged in this work: August 10, 1919	26. Total time (years) spent in this work: 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) ~~xxx~~ 8
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 2

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Dan Schuck, M. D.
or ____, Midwife
Address Burley Idaho

Filed ____, 193__

Registrar.

SEP 1 1939

Registrar.

013-13-018-349

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Ahsahka, Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 1 1939

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 283015
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Erle Harpster Fackenthall

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	Single	3		Yes	March 31, 1939

	FATHER	MOTHER
9. Full name / 18. Full maiden name	James Harpster Fackenthall	Icyminda Turnbull
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Ahsahka, Idaho	Ahsahka, Idaho
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	35	29
13. Birthplace (city or place) (State or Country) / 22.	Trenton, New Jersey	Cheney, Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Farmer	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work / 25.	March, 1939	March, 1939
17. Total time (years) spent in this work / 26.	9	9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report ____ (Date of) ____
Registrar.

(Signed) ____ M. D.
or Icyminda Fackenthall Mother ~~Midwife~~
Address Ahsahka, Idaho
Filed SEP 1 1939, 193 ____
Registrar.

DELAYED DUP OF 1919 - 67543

dup of 1919-67543

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO, } ss.
County of Bonner }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Icyminda Fackenthall being first duly sworn says that she is the mother (Relationship of child)* of Erle Harpster Fackenthall born March 31, 1919 (Date of birth) at Ahsahka, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Erle Harpster Fackenthall hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Earl Horswill M. D. was the ~~Midwife~~ medical attendant at the birth of said Erle Harpster Fackenthall and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Icyminda Fackenthall

P. O. Address Ahsahka, Idaho

Subscribed and sworn to before me this 29th. day of August, 1939

Notary Public,

Residing at Sandpoint, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

84-8-23-20b-386

RECEIVED
SEP 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78577
26307

Registration District No. _____ State File No. 283027

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bingham
City of Woodville
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leona Hurst

3. Sex F

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature ✓ Full term _____

7. Legitimate? Yes

8. Date of birth Dec 23, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Winfield Hurst	18. Full maiden name Arvella Thorne
10. Residence (usual place of abode) (If non-resident, give place and State) Woodville	19. Residence (usual place of abode) (If non-resident, give place and State) Woodville
11. Color or race White 12. Age at last birthday 27 (years)	20. Color or race White 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Logan, Utah Utah	22. Birthplace (city or place) (State or Country) Pleasant Grove Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work _____, 19__	17. Total time (years) spent in this work _____
25. Date (month and year) last engaged in this work _____, 19__	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mercurochrome 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Arctic, M. D.

or _____ Midwife

Address Shelley Idaho

Give name added from a supplemental report _____
(Date of)

Filed _____, 193__ _____ Registrar.

Registrar.

SEP 2 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

A 296-22 0-029-296

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 9 1939

283062

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Near Genesee
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Mae Broenneke

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 } | 6. Premature ✓ Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sept. 20, 1939 (Month, Day, Year)

FATHER

9. Full name Chris Broenneke
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday ~~[illegible]~~ (years)
13. Birthplace (city or place) Uniontown (State or Country) Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 24

MOTHER

18. Full maiden name Lena Broemmeling Broenneke
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday ~~[illegible]~~ (years)
22. Birthplace (city or place) Near Genesee (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 24

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Mr. Tourney (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed SEP 9 1939, 193.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Latah } ss.

Chris Broemmeke being first duly sworn says that

he is the father of Anna Mae Broemmeke
(Relationship of child)*

born Sept 20 1919 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Anna Mae Broemmeke hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Tolmey M. D. was the Midwife medical attendant at the birth of said Anna Mae Broemmeke and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Chas Broemmeke

P. O. Address

Subscribed and sworn to before me this 5th day of September, 1939

Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 19 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. Rt. II St.
Buhl, Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 9 1939

Registration District No. ..... State File No. 283067

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Tikker

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? Yes	8. Date of birth 9-30-1939 (Month, Day, Year)
Male				

FATHER		MOTHER	
9. Full name	John Tikker	18. Full maiden name	Anna Bot
10. Residence (usual place of abode) (If non-resident, give place and State)	Buhl	19. Residence (usual place of abode) (If non-resident, give place and State)	Buhl
11. Color or race White	12. Age at last birthday 32 (years)	20. Color or race White	21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country)	Holland	22. Birthplace (city or place) (State or Country)	Holland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	own home
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work 10 yrs.	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother Seventh Child (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Aaltje Visser (Date of)

Filed 9/9/39 193 Mae G. Atwood Registrar.

..... Registrar.

795-125-816-369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Cassia
City of Burley
No. R F D 2 St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283143

SEP 11 1939

Registration District No. 117 State File No.
Prim. Registration District No. 2196 Local Registrar's No. 192

2. **FULL NAME OF CHILD** McKay J Greco

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term ✓	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			yes	Dec 25, 1939

FATHER

9. Full name: John A Greco
10. Residence (usual place of abode) (If non-resident, give place and State): Burley R 2 Ida
11. Color or race: W | 12. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Richfield Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Laura Ann Sorensen
19. Residence (usual place of abode) (If non-resident, give place and State): Burley Idaho
20. Color or race: W | 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or Country): Rooshaven Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: , 19
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 7P m. on the date above stated.

(Signed) L. A. Cutler, M. D.
or , Midwife
Address Burley Idaho

Filed Sep 6, 1939 Laura D Spencer
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

DELAYED

dw 98 1919-7681604

A693 228022-294

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of St Anthony

No. 348 No. Bridge St.

(If born in hospital or institution give name.)

SEP 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284157

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna Mae Fitzpatrick

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth July 28, ~~193~~ 1919 (Month, Day, Year)
female				

FATHER

9. Full name George Alex Fitzpatrick

10. Residence (usual place of abode) (If non-resident, give place and State) St Anthony, Ida

11. Color or race white | 12. Age at last birthday 47 (years)

13. Birthplace (city or place) Golden, Colorado (State or Country) Jefferson county

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. flour mills

16. Date (month and year) last engaged in this work July, 19 19 | 17. Total time (years) spent in this work 27

MOTHER

18. Full maiden name Nellie Mabel Simons

19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony Ida.

20. Color or race White | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Alamosa, Colorado (State or Country) Conejos county

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

25. Date (month and year) last engaged in this work July, 19 19 | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 (months or weeks) | 30. Cause of stillbirth — (Before labor —, During labor —)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed SEP 21 1939 193.... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California
County of ~~Fremont~~ Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Alex Fitzpatrick being first duly sworn says that he is the father (Relationship of child)* of Edna mae Fitzpatrick

born July 28, 1919 (Date of birth) at St. Anthony, Idaho,

whose certificate of birth is hereto attached, and that George A. Fitzpatrick desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edna mae Fitzpatrick

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John R. Gray M. D. was the Midwife medical attendant at the birth of said Edna mae Fitzpatrick and that the said medical attendant is cannot be located. (Now deceased (or) cannot be located)

Name of Affiant George Alex Fitzpatrick

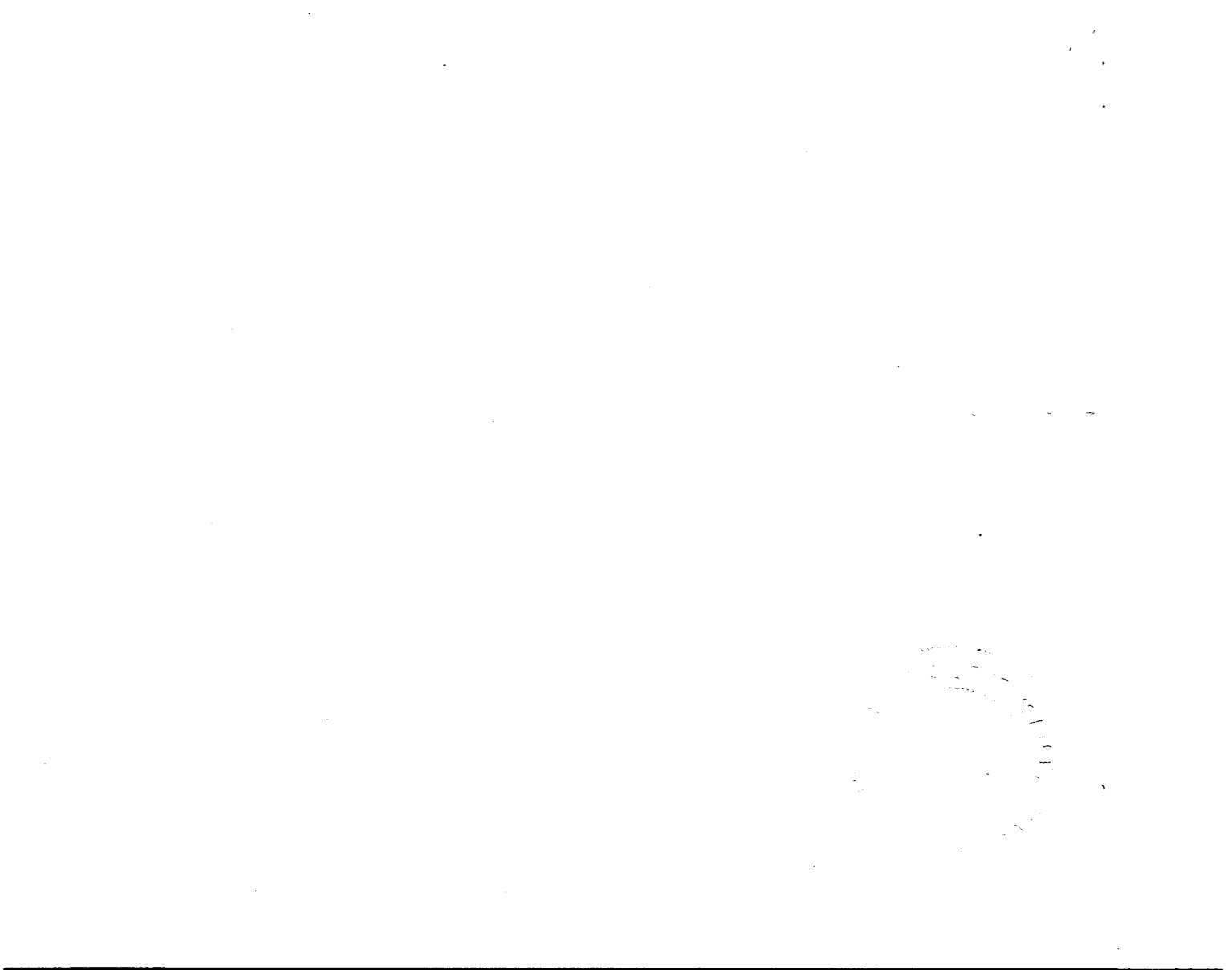
P. O. Address 331 So. Oakland, Pasadena, Calif.

Subscribed and sworn to before me this 19th day of September, 1939

Doris A Coble
Notary Public.

Residing at ....., Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



449 118 001-414

284213

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 284213

OCT 5 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. St. Alphonsus Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Edward Murphy

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes.

8. Date of birth 11/18/1919 193 (Month, Day, Year)

9. Full name of FATHER Edward H. Murphy

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Payette~~, Idaho

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Mt. Pleasant Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Cashier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. First Nat. Bank Boise, Ida

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

18. Full maiden name of MOTHER Ruth E. Maule

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Montezuma Ia. Harrison Co. Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) Randolph L. McCalla, M. D.

or Boise, Idaho

Address .....

Filed Nov. 1919, 193...

Registrar.

A131-201632-114

284214

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284214

WRITE PLAINLY WITH FOUNTAIN PEN OR INDELIBLE PENCIL—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Idaho
No. ..... St.
(If born in hospital or institution give name.)

OCT 5 1939

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Guadalupe Alamillo

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Jan. 1, 1919 (Month, Day, Year)

FATHER

9. Full name Apolinar Alamillo

10. Residence (usual place of abode) (If non-resident, give place and State) Factory house

11. Color or race Mex | 12. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar Factory

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Beet harvester

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 1 yr

MOTHER

18. Full maiden name Ramona Ramirez

19. Residence (usual place of abode) (If non-resident, give place and State) Factory House

20. Color or race Mex | 21. Age at last birthday 16 (years)

22. Birthplace (city or place) (State or Country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living None (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed OCT 5 1939, 193.....

Registrar.

Doctor Doiller
left in 1922
Feb 24
1918 Marvin lived there
He a Colony of the Company

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Imperial } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ramona Alamillo being first duly sworn says that she is the mother of Guadalupe Alamillo
(Relationship of child)*

born Jan. 1st, 1919, at Lincoln, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Guadalupe Alamillo hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Miller M. D. was the ~~Midwife~~ medical attendant at the birth of said Guadalupe Alamillo and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Ramona Alamillo
P. O. Address Gen. Del., Calipatria, Calif.

Subscribed and sworn to before me this 30th day of Sept., 19 39.

M. L. McKendry
Notary Public.

Residing at Calipatria, Calif., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires August 12, 1940.

DEC 23 1970

JUN 18 2012

SEP 26 1976

469.207 006-174

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of .....

City of Shelley

No. on a ranch St.

(If born in hospital or institution give name.)

RECEIVED

OCT 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284258

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cruz Moreno

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term x

7. Legitimate? yes

8. Date of birth May 1, 1939 (Month, Day, Year)

FATHER

9. Full name: Felix Moreno

10. Residence (usual place of abode) Sugar beet ranch (If non-resident, give place and State) Shelley, Idaho

11. Color or race Mexican 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Sacotecas (State or Country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sugar beet ranch

16. Date (month and year) last engaged in this work May, 1939

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name: Ramona Aguilar

19. Residence (usual place of abode) (If non-resident, give place and State) same

20. Color or race Mexican | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) AguasCaliente (State or Country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Felix moreno M. D.

or Father

Address 137 Berkley Ave - Claremont Caley

Filed Oct, 1939

Registrar.

RECEIVED
OCT 16 1939

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Felix Moreno being first duly sworn says that

is the Father (Relationship of child)* of Cruz Moreno

born May 1, 1919 (Date of birth) at Sheeley, Idaho, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Cruz Moreno

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is a Doctor but do not remember his name (Now deceased (or) cannot be located)

Name of Affiant Felix moreno

P. O. Address

Subscribed and sworn to before me this 14th day of October, 19 39

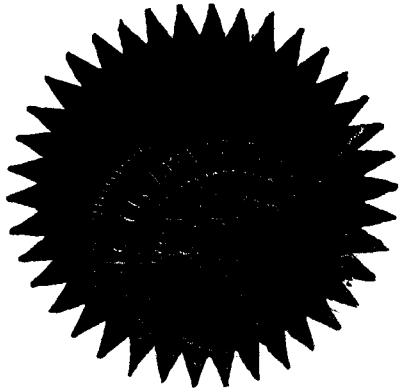
Notary Public.

Residing at Pomona Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 2 9 1974

STATE OF CALIFORNIA, }
County of Los Angeles } ss.



ON THIS 14th day of October, A.D., 19 39, before me,
E. Elizabeth Dillin
a Notary Public in and for said County and State personally appeared
Felix Moreno
, known to me,
(or proved to me on the oath of),
to be the person whose name subscribed to the within
Instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

E. Elizabeth Dillin
Notary Public in and for said County and State.

ACKNOWLEDGMENT—GENERAL—WOLCOTTS FORM 232

A351-105014-243

2 84259

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284259

OCT 17 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Canyon

City of Nampa, Idaho

No. 417 - 15th Ave. South St.

Residence of H. W. Sutton (grandfather)

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Billy Ray Teater

3. Sex male

If plural births 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term.....

7. Legitimate? yes

8. Date of birth January 3 1919 (Month, Day, Year)

FATHER

9. Full name Howard Lester Teater

10. Residence (usual place of abode) Kimberly (If non-resident, give place and State) Idaho

11. Color or race White **12. Age at last birthday** 32 (years)

13. Birthplace (city or place) Iowa (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Now active, 19 19

17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Margaret May Sutton

19. Residence (usual place of abode) Kimberly (If non-resident, give place and State) Idaho

20. Color or race White **21. Age at last birthday** 24 (years)

22. Birthplace (city or place) John Day Valley (State or Country) Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report.....
(Date of)

Filed OCT 17 1939, 193....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

FEB 14 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret May Teater being first duly sworn says that she is the mother (Relationship of child)* of Billy Ray Teater born January 3, 1919 (Date of birth) at Nampa, Idaho,

whose certificate of birth is hereto attached, and that Margaret May Teater desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Billy Ray Teater hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Robinson, Nampa, Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Billy Ray Teater and that the said medical attendant is (Whereabouts unknown) (Now deceased (or) cannot be located)

Name of Affiant Margaret May Teater

P. O. Address 803 Hallwood Drive, El Monte, Calif.

Subscribed and sworn to before me this 25th day of July, 1939

E. J. Shirpser
Notary Public.

Residing at El Monte California, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires April 25, 1943
E. J. SHIRPSER, NOTARY PUBLIC

FEB

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285-403

285403

RECEIVED NOV 4 1939

1. PLACE OF BIRTH
County of Adams
City of Cambell
No. 693-130002-133 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eugene Phillips Miller

3. Sex Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Aug. 30 1939 (Month, Day, Year)

FATHER

9. Full name Peter Henry Miller
10. Residence (usual place of abode) (If non-resident, give place and State) Indiana
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Steubenville (State or Country) Jefferson Co. Ohio.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining
16. Date (month and year) last engaged in this work April 1, 1939
17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Mary Alice Acton
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 44 (years)
22. Birthplace (city or place) Steubenville (State or Country) Jefferson Co. Ohio.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 31

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was X at 6:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) W. M. Brown, M. D.
or ..... Midwife
Address Rt 6 - Box 94 & 9, Phoenix, Ariz
Filed Dec 8 1939 W. M. Brown Registrar.

DELAYED

231 123 014 415

285450

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285450

NOV 15 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of ____

City of Nampa Idaho.

No. Five miles S. of Nampa St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Willard Raymond Stanton.

3. Sex: Male.

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes.

7. Legitimate? Yes.

8. Date of birth May 23. 1939. (Month, Day, Year)

FATHER

9. Full name: William Mary Stanton.

10. Residence (usual place of abode) (If non-resident, give place and State): Nampa Ida.

11. Color or race: White. 12. Age at last birthday: 43. (years)

13. Birthplace (city or place) (State or Country): Liberty Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 1939.

17. Total time (years) spent in this work: 12.

MOTHER

18. Full maiden name: Leona Mae Davis

19. Residence (usual place of abode) (If non-resident, give place and State): Nampa Ida.

20. Color or race: White. 21. Age at last birthday: 31. (years)

22. Birthplace (city or place) (State or Country): Mt. Ommen. Mon.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Home Keeping.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) One.
(a) Born alive and now living One (b) Born alive but now dead none (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Registrar.

(Signed) ____, M. D.
or Mrs Albert Lee (Friend), ~~Midwife~~
Address Nampa Idaho R. 1.

Filed Nov 5, 1939

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

141 216024815

285478

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 17 1939

CERTIFICATE OF BIRTH 285478

Registration District No. 22 State File No. .....
Prim. Registration District No. 2018 Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Bernadetta Adams

3. Sex Female. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth May 16, 1919 (Month, Day, Year)

FATHER

9. Full name Robert Lee Adams
10. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Ida.
11. Color or race W | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Gertrude Alice Handy
19. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Ida.
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) E. L. Bennett, M.D.
or ....., Midwife
Address Wendell, Ida.

Give name added from a supplemental report .....
(Date of)

Filed Nov 12, 1939 E L Bennett
Registrar.

Registrar.

DELAYED

266-123 028-165

286562

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 13 1939

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 286562

Prim. Registration District No. 105 / Local Registrar's No. 365

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d' Alene
No. ____ St.
Ferguson Maternity Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Emmett Booher

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature No / Full term Yes
7. Legitimate? Yes
8. Date of birth Jan. 23, 1919 (Month, Day, Year)

FATHER

9. Full name: E. Emmett Booher
10. Residence (usual place of abode) Coeur d' Alene, Ida (If non-resident, give place and State)
11. Color or race: White
12. Age at last birthday: 25 (years)
13. Birthplace (city or place) Waverly (State or Country) Spokane County, Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail Carrier
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Post Office
16. Date (month and year) last engaged in this work: Still Employed, 19____
17. Total time (years) spent in this work: 1 year

MOTHER

18. Full maiden name: Annah Edna Jones
19. Residence (usual place of abode) Coeur d' Alene, Idaho (If non-resident, give place and State)
20. Color or race: White
21. Age at last birthday: 27 (years)
22. Birthplace (city or place) Wilbur (State or Country) Lincoln County, Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Public Schools
25. Date (month and year) last engaged in this work: May 1917., 19____
26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: One (At time of this birth and including this child)
(a) Born alive and now living: One (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks
30. Cause of Stillbirth: During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) E. Emmett Booher, ~~M. D.~~
or ____ ~~Midwife~~
Address 912 - 6th Coeur d'Alene, Idaho

Filed 12. 9. 1939 H. K. Newcomb, M. D.
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 13 1939

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

E. Emmett Booher being first duly sworn says that He is the Father of Robert Emmett Booher
(Relationship of child)*

born January 23, 1919 at Coeur d' Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Emmett Booher hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. John Busby, Coeur d' Alene, Idaho M. D. was the Midwife medical attendant at the birth of said Robert Emmett Booher and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant E. Emmett Booher

P. O. Address 912 Sixth St., Coeur d' Alene, Idaho.

Subscribed and sworn to before me this 11th day of Dec, 1939

Jas A. Foster, Clerk Dist Court
By Glen B. Teil, Deputy
Notary Public.

Residing at ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

295-101 026-231

RECEIVED
DEC 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 286580

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Hamer
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Michael Krentzer

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth March 1, 1919 (Month, Day, Year)

FATHER

9. Full name Frank Krentzer

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race W | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Austria

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Trissa Staley

19. Residence (usual place of abode) (If non-resident, give place and State) Hamer Idaho

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2 A.M at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) Mrs. anna Krentzer, M. D.
or mother of father, Midwife
Address Hamer Idaho

Filed Dec, 1939

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of COLORADO
County of WELD } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bertha C. Ramsey being first duly sworn says that she is the aunt (Relationship of child)* of Michael Kreutzer born March 1, 1919, (Date of birth) at Hamer, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Michael Kreutzer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Anna Kreutzer ~~M.D.~~ was the Midwife medical attendant at the birth of said Michael Kreutzer and that the said medical attendant is no doctor in attendance (Now deceased (or) cannot be located)

Name of Affiant Bertha C. Ramsay

P. O. Address Greeley, Colorado

Subscribed and sworn to before me this 4th day of December, 19 39

R. L. Kelley
Clerk of the County Court,
Notary Public.
Weld County, Colorado.

Residing at Greeley, Colorado

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 286610

NOV 24 1939

Registration District No. 682 State File No.

Prim. Registration District No. 683 Local Registrar's No. 583

1. PLACE OF BIRTH

County of Custer

City of Darlington Idaho

No. 453-225019-259 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ida Lucile Mecham

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
girl	4. Twin, triplet, or other 1 5. Number, in order of birth 4	Full term yes	yes	25 Nov, 1939 (Month, Day, Year)

FATHER

9. Full name Elmer Irvin Mecham

10. Residence (usual place of abode) (If non-resident, give place and State) Darlington Ida

11. Color or race white | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Wallsburg Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Pearl Berryman

19. Residence (usual place of abode) (If non-resident, give place and State) Darlington Ida

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Eureka Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was November 25 at 2 P.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) ....., M. D.

or Stella Evans, Midwife

Address Darlington Idaho

Filed Dec. 31, 1939 Rose Nowack
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DECEASED

249 121 027 252

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED DEC 7 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 286615

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Jerome
City of Eden
No. _____ St. Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD DALE F. BURKHALTER

3. Sex: male
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes
7. Legitimate? yes
8. Date of birth Oct. 21, 1939 (Month, Day, Year)

FATHER

9. Full name: Frank Burkhalter
10. Residence (usual place of abode) (If non-resident, give place and State): Eden, Idaho
11. Color or race: white
12. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____
16. Date (month and year) last engaged in this work: _____, 19____
17. Total time (years) spent in this work: _____

MOTHER

18. Full maiden name: Ethel Grace Sebering
19. Residence (usual place of abode) (If non-resident, give place and State): Eden, Idaho
20. Color or race: white
21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or Country): South Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____
25. Date (month and year) last engaged in this work: _____, 19____
26. Total time (years) spent in this work: _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:15 ~~A. M.~~ P. M. the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

Registrar.

(Signed) Joseph N. Davis, M. D.
or Physician, Midwife
Address Kimberly, Idaho
Filed Dec. 7, 1939

Registrar.

JAN 23 1942

DELAYED

DUP OF 19-73158

319-204.006-257

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 20 1939

Registration District No. ____ State File No. 287482

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leonora Larsen

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth June 4, 1939 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	John Emanuel Larsen	18. Full maiden name	Annie Elizabeth Kearney
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race	White	20. Color or race	White
12. Age at last birthday	31 (years)	21. Age at last birthday	29 (years)
13. Birthplace (city or place) (State or Country)	Denmark	22. Birthplace (city or place) (State or Country)	Salt Lake City Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Blacksmith	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	own shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	own home
16. Date (month and year) last engaged in this work ____, 19____		25. Date (month and year) last engaged in this work ____, 19____	
17. Total time (years) spent in this work	11	26. Total time (years) spent in this work	9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) Five (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4.0 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Edwin Cutler, M. D.
or ____, Midwife
Address Shelley, Ida

Filed Dec. 20, 1939

Registrar. ____ Registrar.

JAN 23 1943

FEB 25 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

A855-111-005-655

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287487

DEC 22 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Bonner

City of St. Maries

No. — St. —

(If born in hospital or institution give name.) —

2. FULL NAME OF CHILD Beverley Albert Henke

3. Sex Male

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 11 1919 (Month, Day, Year)

FATHER

9. Full name Frederick Elbridge Henke

10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries

11. Color or race White **12. Age at last birthday** 24 (years)

13. Birthplace (city or place) (State or Country) East Eclaire Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work — 19—

17. Total time (years) spent in this work 24

MOTHER

18. Full maiden name Lydia Catherine Wenker

19. Residence (usual place of abode) (If non-resident, give place and State) St Maries

20. Color or race White **21. Age at last birthday** 20 (years)

22. Birthplace (city or place) (State or Country) Cazenovia Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Feb. 19 19

26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother One (At time of this birth and including this child) One

(a) Born alive and now living Yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks —

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed 22 1939

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wisconsin
County of Milwaukee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lydia Catherine Henke being first duly sworn says that she is the mother (Relationship of child)* of Beverly Albert Henke born Feb 11th 1919 (Date of birth) at St Maries, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Beverly Albert Henke hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said Beverly Albert Henke and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Lydia Henke

P. O. Address 620 N 13th St Milwaukee

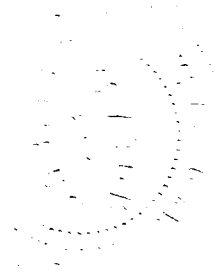
Subscribed and sworn to before me this 18th day of December, 1939

My commission expires Sept. 22, 1940

Wm J. Daly
Notary Public.

Residing at Milwaukee Wis., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



312-235-610-613

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls RFD 5

No. ____ St. ____

(If born in hospital or institution give name.)

JAN 2 - 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 287511

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mabel E. Casper — Mabel Emma Casper

3. Sex Girl

If plural births: 4. ~~Twin, triplet~~, or other Single; 5. Number, in order of birth 6

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth August 25, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Cassius Newton Casper	18. Full maiden name Emma Mary Waters
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls RFD 5	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls RFD 5
11. Color or race White | 12. Age at last birthday 42 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Holiday Utah	22. Birthplace (city or place) (State or Country) Provo Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Aug 25, 1919	17. Total time (years) spent in this work 20 years
25. Date (month and year) last engaged in this work Aug, 1919	26. Total time (years) spent in this work 9 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Argyrol

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks —

30. Cause of Stillbirth — { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at AM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

(Signed) Thomas C. Wilson, M. D.

or ____, ~~Midwife~~

Address 124 N Eastern Ave Idaho Falls

Registrar.

Filed JAN 2 - 1940 (103)

Registrar.

3-14-125-610-863

287540

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 287540

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bannock
City of Dana
No. ____ St. ____
(If born in hospital or institution give name) ____

2. FULL NAME OF CHILD Hollis Ralph Fadd

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Oct 25, 1919. (Month, Day, Year)

FATHER

9. Full name: Ralph H. Fadd
10. Residence (usual place of abode) (If non-resident, give place and State): Dana, Ida
11. Color or race: White
12. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Iowa
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ✓
16. Date (month and year) last engaged in this work: Always, 19____
17. Total time (years) spent in this work: Life

MOTHER

18. Full maiden name: Leone Holcomb
19. Residence (usual place of abode) (If non-resident, give place and State): Dana, Ida.
20. Color or race: White
21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ✓
25. Date (month and year) last engaged in this work: Married in 10
26. Total time (years) spent in this work: ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks
30. Cause of Stillbirth ✓ During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of) ____
Registrar.

(Signed) John A. Mellar, M. D.
or ____, Midwife
Address Idaho Falls, Idaho.

Filed Jan 12, 1920 Mae L. Atwood
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

915-126-027-351

287549

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ..... St. .....
(If born in hospital or institution give name.)

JAN 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 287549

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wolmer Howard Raver

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 11 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 11/26, 1939 (Month, Day, Year)

FATHER

9. Full name William Henry Raver
10. Residence (usual place of abode) (If non-resident, give place and State) Jerome
11. Color or race W | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Penn

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 20 yr

MOTHER

18. Full maiden name Jessie Gertrude Chaffelear
19. Residence (usual place of abode) (If non-resident, give place and State) Jerome
20. Color or race W | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or Country) Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work life, 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol
28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 3 (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7¼ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Chas. F. Zeller, M. D.
or ....., Midwife
Address Jerome, Idaho
Filed JAN 13 1940 193... C. F. Zeller Registrar.

JAN 3 1962

37-205-002-962

287567

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287567

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Adams
City of Bear, Idaho
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marguerite Carolyn Clabby

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct 5, 1939 (Month, Day, Year)

FATHER

9. Full name: Robert Emmett Clabby

10. Residence (usual place of abode) (If non-resident, give place and State): Bear, Ida.

11. Color or race: White | 12. Age at last birthday: 34 (years)

13. Birthplace (city or place) (State or Country): York, Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Forest Ranger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work: 12 yrs

MOTHER

18. Full maiden name: Genevieve Pearl Robertson

19. Residence (usual place of abode) (If non-resident, give place and State): Bear, Idaho

20. Color or race: White | 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or Country): Lake Park, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 3 (b) Born alive but now dead: ✓ (c) Stillborn: ✓

29. If stillborn, period of gestation: ✓ months or weeks

30. Cause of Stillbirth: ✓ During labor ..... Before labor: ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Prat Tate, M. D.
or Millie R. Taylor, Public Nurse Midwife
Address 1004 E. Franklin St. Boise Ida.

Give name added from a supplemental report .....
(Date of)

Filed ....., 193..... Mae G. Atwood, Registrar.
Registrar.

JAN 18 1940

APR 5 1971
NOV 18 1970

A253-103001-291

WRITE PLAINLY WITH UNFADING INK—THIS IS ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH, IN CASE OF MORE THAN ONE, IN ORDER OF BIRTH STATED. DO NOT RECORD. N. B.—

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 288807

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1412 N. 8 St.
(If born in hospital or institution give name.)

JAN 26 1940

2. FULL NAME OF CHILD Jack Alvin Kelly

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth January 3, 1919 (Month, Day, Year)

FATHER

9. Full name: Alvin Emerson Kelly
10. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: Wh | 12. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Mt. Grove, Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telephone man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Francis Madge Brassfield
19. Residence (usual place of abode) (If non-resident, give place and State): Boise
20. Color or race: Wh | 21. Age at last birthday: 22 (years)
22. Birthplace (city or place) (State or Country): Boise, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 2 (At time of this birth and including this child)
(a) Born alive and now living: 2 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed ____, 193____

____ Registrar.

JAN 26 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of State of Idaho }
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alvin Emerson Kelly being first duly sworn says that he is the Father of Jack Alvin Kelly
(Relationship of child)*

born January 3, 1919 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jack Alvin Kelly hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Jay Carl Hill M. D. was the Midwife medical attendant at the birth of said Jack Alvin Kelly and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Alvin E. Kelly

P. O. Address

Subscribed and sworn to before me this 26th day of January, 1940.

Roi M Lyon.
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah (Lemeri)
City of Moscow Idaho
No. 919 1/2 E 3rd St.
Home
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288855

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Merlyn James Rainville

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5	6. Premature ..... Full term Full	7. Legitimate?	8. Date of birth Nov 25, 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Fred Rainville	18. Full maiden name: Mary Theresa Fuchs
10. Residence (usual place of abode) (If non-resident, give place and State)	Moscow Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race	French	20. Color or race: White
12. Age at last birthday	43 (years)	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country)	St. John State of California	22. Birthplace (city or place) (State or Country): Uniontown Wash.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	"	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work	Now, 19	25. Date (month and year) last engaged in this work: still at it, 1919
17. Total time (years) spent in this work	19 yrs.	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mer's Crystals 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 2 30 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) John J. Smith, M. D.
or ....., Midwife
Address Lewiston Idaho
Filed Feb. 5, 1920 Mae G. Atwood, Registrar
Bureau of Vital Statistics

NOT DUPLICATES BUT MOTHERS HAVE SAME NAME

DUP OF 19-75429

DELAYED

295-124 001-763

218882

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288883

JAN 24 1940

Registration District No. 321 State File No.

Prim. Registration District No. 2203 Local Registrar's No. 23

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Meridian
No. Route 1 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Carl Franklin Kindred

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth July 24, 1919 (Month, Day, Year)

FATHER

9. Full name Charles H. Kindred
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary O. Pollard
19. Residence (usual place of abode) (If non-resident, give place and State) Meridian, Idaho
20. Color or race W | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) Four (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation (months or weeks)
30. Cause of stillbirth (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Jan 24th 1940 (Date of)

(Signed) H. E. Deal, M. D.
or ....., Midwife
Address Deseret
Filed ....., 193...

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary O. Kindred. being first duly sworn says that

is the Mother (Relationship of child)* of Carl Franklin Kindred.

born July 24th; 1919. (Date of birth) at Meridian., Idaho,

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Carl Franklin Kindred.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr; H. E. Neal. M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Now Deceased. (Now deceased (or) cannot be located)

Name of Affiant Mrs. Mary O. Kindred.

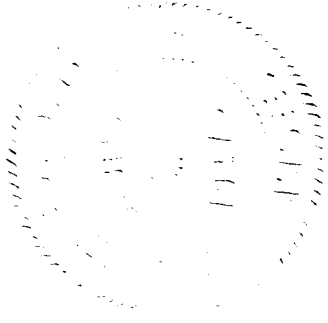
P. O. Address Meridian. R. D. 1.

Subscribed and sworn to before me this 24th; day of January, 1940

W. H. Ber.
Notary Public.

Residing at Meridian., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



599 104 010 966

288892

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Iona, Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 14 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 288892
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Farrell R. Erickson

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	yes	10 – 4, 1939

FATHER	MOTHER
9. Full name: Oscar William Erickson	18. Full maiden name: Harriet Elizabeth Rowberry
10. Residence (usual place of abode) (If non-resident, give place and State): Iona, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Iona Idaho
11. Color or race: white | 12. Age at last birthday: 38 (years)	20. Color or race: White | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Altamont Orange Co. Florida	22. Birthplace (city or place) (State or Country): Tooele, Tooele Co. Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner and Clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Confectionary	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work: Started this year	26. Total time (years) spent in this work: 16 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed Feb, 1940

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Cache } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Oscar W Erickson being first duly sworn says that

he is the Father of Farrell R Erickson
(Relationship of child)*

born October 4th 1919 at Logan, Bonneville Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Farrell R Erickson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Sarah J. Rowberry ~~M. D.~~ Midwife was the medical attendant at the birth of said Farrell R Erickson and that the said medical attendant is

(Now deceased (~~or) cannot be located~~)

Name of Affiant Oscar W Erickson

P. O. Address 276 So 1 west Logan Utah

Subscribed and sworn to before me this 13th day of February, 19 40.

My Com Expires Mar 14th 1943 Ust Blevins
Notary Public.

Residing at Logan, Utah, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A381 116 007-436

2 7 9 2 _ _

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 289932

FEB 7 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Blaine

City of Gannett, Idaho.

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Glenn Philip Chaney

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth Nov. 16, 1919 (Month, Day, Year)

FATHER

9. Full name Ira R. Chaney

10. Residence (usual place of abode) Gannett Idaho
(If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Savannah Missouri
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stock raiser

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 12 yrs

MOTHER

18. Full maiden name Nellie Annabel McFall

19. Residence (usual place of abode) Gannett Idaho
(If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Bremer Co. Iowa.
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193__ _____
Registrar.

_____
Registrar.

WRITE PLAINLY WITH ...ING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

289932

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

FEB 7 1940

State of Idaho } ss.
County of Blaine }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie A. Chaney being first duly sworn says that she is the Mother (Relationship of child)* of Glenn Philip Chaney born November 16, 1919 (Date of birth) at near Gannett, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Glenn Philip Chaney hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mary M. D. was the ~~Midwife~~ medical attendant at the birth of said Glenn Philip Chaney and that the said medical attendant is now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Nellie A Chaney

P. O. Address Gannett, Idaho.

Subscribed and sworn to before me this 3rd day of February, 19 40

Notary Public.

Residing at Hailey, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-962107-027819

289972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH — MAR 7 1940

County of Jerome

City of Jerome

No. ____ St. ____

(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289992

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Earl Sidney Robinson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Dec. 9, 1919 (Month, Day, Year)

FATHER

9. Full name Maulden Edward Robinson

10. Residence (usual place of abode) (If non-resident, give place and State) Jerome

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Clyde, N. C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Ruby Esther Harris

19. Residence (usual place of abode) (If non-resident, give place and State) Jerome

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) San Saba Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Mar. 7, 1940 Mae G. Attwood Registrar.
Bureau of Vital Statistics

289992

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Canyon }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruby E. Robinson being first duly sworn says that she is the Mother (Relationship of child)* of Earl Sidney Robinson

born December 9, 1919 (Date of birth) at Jerome, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earl Sidney Robinson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. E. D. Piper, M. D., was the Midwife medical attendant at the birth of said Earl Sidney Robinson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Ruby E. Robinson

P. O. Address 411- 6th So. Nampa Ida

Subscribed and sworn to before me this 7th day of March, 1940

Bernice Lawson
Notary Public.

Residing at Nampa, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A95 116 C42 - 7-9

289996

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of TWIN FALLS.
City of TWIN FALLS.
No. DR. Boyd's Hospital St.
Present address of Doctor unknown
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 289996
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD RICHARD JOHN Reid

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth JUNE 16, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN. Reid.	18. Full maiden name AGNES MARIE GEISLER.
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls.	19. Residence (usual place of abode) (If non-resident, give place and State) Los Angeles Cal.
11. Color or race WHITE | 12. Age at last birthday [illegible] (years)	20. Color or race WHITE | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Providence R.I. 24	22. Birthplace (city or place) (State or Country) QUINCY ILL. 22
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MECHANIC	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. WAITRESS
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. GARAGE.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. RESTAURANT
16. Date (month and year) last engaged in this work Do not know, 19..... | 17. Total time (years) spent in this work 6 YRS.	25. Date (month and year) last engaged in this work PRESENT TIME, 1940 | 26. Total time (years) spent in this work 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ONE. (At time of this birth and including this child) (a) Born alive and now living YES. (b) Born alive but now dead ~ (c) Stillborn ~

29. If stillborn, period of gestation ~ months or weeks | 30. Cause of Stillbirth ~ During labor ~ Before labor ~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed MAR 1940, 193.....

Registrar. Registrar.

STATE OF IDAHO

289996

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Agnes Marie Geisler Reid, being first duly sworn says that she is the mother (Relationship of child)* of Richard John Reid

born June 16 - 1919 (Date of birth) at Twin Falls, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Richard John Reid hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Clarence Boyd. M. D. ~~was the Midwife~~ medical attendant at the birth of said Richard John Reid and that the said medical attendant ~~is~~ Cannot Be Located (Now deceased (or) cannot be located)

Name of Affiant Agnes Marie Geisler Reid.
P. O. Address 111 E. Gage Avenue

Subscribed and sworn to before me this 7th day of March, 1944.

Louis A. Latterner
Notary Public.

Residing at Los Angeles Calif., ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Father and Mother Divorced - Residence of Father unknown.

APR 1947

OCT 25 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

#290020

MAR 14 1940

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. 602-231-028 433 St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 290020

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Rosalie Amber Fishburn.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Jan. 31 19[illegible]19

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living yes.

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Fred Fishburn	FULL MAIDEN NAME	Grace Marion McCalmon
Residence (Usual place of abode)	Lewistown	Residence (Usual place of abode)	Lewistown
If nonresident, give place and State	Montana	If nonresident, give place and State	
Color or race	white	Color or race	White
Age at last Birthday (Years)	37	Age at last Birthday (Years)	26
Birthplace (City and State or Country)	Chatauqua Co, Kansas	Birthplace (City and State or Country)	Lacapair Co, Minn.
Occupation	farmer	Occupation	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** her mother's **M. on the date above stated.**

(Signature) Dr. Drennen

signed by Mrs. Fred Fishburn

(Physician or midwife)

Address Lewistown, ~~Montana~~

Filed Mar. 1940

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Asotin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Grace McCollum Fishburn being first duly sworn says that she is the mother (Relationship of child)* of Rosalie Amber Fishburn born January 31, 1919 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Rosalie Amber Fishburn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Drennen, M. D., was the ~~XXXXX~~ medical attendant at the birth of said Rosalie Amber Fishburn and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant ~~Mrs.~~ Grace McCollum Fishburn

P. O. Address Route 2, Box 304 A, Clarkston, Wash.

Subscribed and sworn to before me this 27th day of March, 19 40

Burt C Halsey
Notary Public.

Residing at Clarkston, Wash., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 4 1972

1964 116 (119-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 6 1940

Registration District No. 680 State File No. 290077

Prim. Registration District No. 2186 Local Registrar's No. 931

1. PLACE OF BIRTH

County of Custer

City of Challis Idaho.

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raymond Burnett Rodgers

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth April 16, 1939 (Month, Day, Year)
male				

FATHER

9. Full name Joseph N. Rodgers

10. Residence (usual place of abode) (If non-resident, give place and State) Challis

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Challis Custer Co Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranchert Stock grower.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work April, 1939

17. Total time (years) spent in this work 3 yrs.

MOTHER

18. Full maiden name Hannah Mae Burnett.

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Darlington Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work April, 1939

26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Protargol Solution

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks 0

30. Cause of Stillbirth 0 Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:30 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Feb 29, 1940 Elma Zimmerman Registrar.

39007?

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Custer } ss.

Hannah Mae Rodgers being first duly sworn says that

she is the Mother of Raymond Burnett Rodgers
(Relationship of child)*

born April 16th 1919 at Challis, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Raymond Burnett Rodgers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. C. L. Hurley M. D. was the Midwife medical attendant at the birth of said Raymond Burnett Rodgers and that the said medical attendant is deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Hannah Mae Rodgers

P. O. Address

Subscribed and sworn to before me this 15 day of March, 1940

Merle L. Drake
Notary Public.

Residing at Challis, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT

APR 19

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rigby
No. 517-107-026-291 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 12 1940

CERTIFICATE OF BIRTH 290100

Registration District No. 6e40 State File No.
Prim. Registration District No. 2476 Local Registrar's No. 36

2. FULL NAME OF CHILD Robert Alma Nash

3. Sex Male

If plural births { 4. Twin, triplet, or other ✓ / 5. Number, in order of birth 1

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth Feb. 2, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Robert Alma Nash	18. Full maiden name: Mary Etta Bradley
10. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Rigby, Idaho
11. Color or race: White 12. Age at last birthday: 29 (years)	20. Color or race: White 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Cannonville, Utah	22. Birthplace (city or place) (State or Country): Buchanan, Georgia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Place	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: now, 19	25. Date (month and year) last engaged in this work: now, 19
17. Total time (years) spent in this work: 1 yr.	26. Total time (years) spent in this work: 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2 (Twins) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 - 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

(Signed) Mrs Mary E. Nash (mother) M. D.

or ..... Midwife

Address Rigby, Ida.

Filed MAR 7 1940, 193... Mrs A B Eckersall Registrar.

..... Registrar.

MAY 12 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby

No. 512-102 026-291 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290101

RECEIVED
MAR 12 1940

Registration District No. 640 State File No.

Prim. Registration District No. 2176 Local Registrar's No. 37

2. FULL NAME OF CHILD James Andrew Nash

3. Sex Male

If plural births { 4. Twin, triplet, or other Twin
5. Number, in order of birth 2

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Feb. 2, 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Robert Alma Nash	18. Full maiden name Mary Etta Bradley
10. Residence (usual place of abode) (If non-resident, give place and State)	Rigby, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Rigby, Idaho
11. Color or race	White	20. Color or race White
12. Age at last birthday	29 (years)	21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country)	Cannonville, Utah	22. Birthplace (city or place) (State or Country) Buchanan, Georgia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Own Place	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work	now, 19	25. Date (month and year) last engaged in this work now, 19
17. Total time (years) spent in this work	1 yr.	26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2 (Twins)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 - 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Mary E. Nash (mother), M. D.

or ..., Midwife

Address Rigby, Ida.

Give name added from a supplemental report ...

(Date of) ...

Registrar.

Filed ..., 193... Mrs A B Eckersell

Registrar.

MAY 12 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4-8-18-E36-285

STATE OF IDAHO 291047
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 16 1940

1. PLACE OF BIRTH
County of Minidoka
City of Rupert, Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 291047
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Werner Eugene Meyer Jr.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Full term	Yes	Nov. 8, 1939

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Werner Eugene Meyer	Ida May Shepard
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Rupert, Idaho	Rupert, Idaho
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	28	27
13. Birthplace (city or place) (State or Country) / 22.	Kilbourn Wisconsin	Mineral Point Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Banker	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	Federal Intermediate Credit Bank	Home
16. Date (month and year) last engaged in this work / 25.	NOVEMBER, 1939	NOVEMBER, 1939
17. Total time (years) spent in this work / 26.	4	3-

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) E P Groom, M. D.
or ____, Midwife
Address Pocatello Idaho

Filed April 16, 1940 Mae D. Atwood
Registrar.
Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

196-216-001-353

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 706½ Idaho St.

(If born in hospital or institution give name.)

RECEIVED
APR 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291113

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Conchita Arostegui

3. Sex Fe | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Oct 6, 1939 (Month, Day, Year)

FATHER

9. Full name Joseph Arostegui

10. Residence (usual place of abode) (If non-resident, give place and State) 706½ Idaho

11. Color or race Wh. | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Spain Basco

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep-man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Present time, 19

17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Crysa Elicria

19. Residence (usual place of abode) (If non-resident, give place and State) 607½ Idaho

20. Color or race Wh. | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Spain Basco

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% argyrol.

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth — Before labor — During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Fred A. Tillman Jr., M. D.

or , Midwife

Address Boise Idaho

Filed 4-17, 1940 R. Clark

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada 414,220
City of Boise 001,621
No. St. Alphonsus Hospital St. 420 State Street
(If born in hospital or institution give name.)

RECEIVED
APR 26 1940

STATE OF IDAHO 27 2 20 2
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 292203

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marguerite Juanita Madariaga

3. Sex: Female
If plural births: 4. Twin, triplet, or other ~ 5. Number, in order of birth 1st
6. Premature no Full term yes
7. Legitimate? yes
8. Date of birth Jan 20, 1940 (Month, Day, Year)

FATHER
9. Full name Pedro Madariaga
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race Basque 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Boise, Idaho, Spain

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep-raiser
16. Date (month and year) last engaged in this work Still engaged, 1940
17. Total time (years) spent in this work 40 yrs.

MOTHER
18. Full maiden name Pidora Osa
19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
20. Color or race Basque 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Spain

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Still engaged, 1940
26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ~ (c) Stillborn ~

29. If stillborn, period of gestation ~ months or weeks
30. Cause of Stillbirth ~ Before labor ~ During labor ~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at noon m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Isidora Madariaga, M. D.
or mother of Marguerite Juanita Madariaga, Midwife
Address 104 Bannock St., Boise, Idaho.

(Date of) .....
Registrar.

Filed RECEIVED APR 26 1940, 193...
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho, } ss.
County of Ada. }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Isidora Madarieta being first duly sworn says that she is the mother (Relationship of child)* of Marguerite Juanita Madarieta born January 20, 1919 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marguerite Juanita Madarieta hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George Collister, M. D., was the ~~Midwife~~ medical attendant at the birth of said Marguerite Juanita Madarieta and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Isidora Madarieta

P. O. Address 104 Lannock Street, Boise, Idaho

Subscribed and sworn to before me this 25th day of April, 19 40

Thomas Rudd Barnes
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOV 10 1943

SEP 15 1943

JUN 21 1976

235-116 005469

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. Parkers Add St.

(If born in hospital or institution give name.)

RECEIVED

MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292296

CERTIFICATE OF BIRTH

292296

Registration District No. ..... State File No. .....

Prim. Registration District No. 130 Local Registrar's No. 52

2. FULL NAME OF CHILD Grant Steele

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 3-16, 1919 (Month, Day, Year)

FATHER

9. Full name William Perry Steele

10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries

11. Color or race W | 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work — , 19.....

17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Mary Morgach

19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Russia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo. Morasch, Grandfather, M.D.

or ....., Midwife

Address St. Maries, Ida

Give name added from a supplemental report .....

(Date of) .....

Filed May 8, 1940 Walter Roberg

Registrar.

Registrar.

292296

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Geo. Morasch being first duly sworn says that he is the Grandfather (Relationship of child)* of Grant Steele born March 16, 1919 (Date of birth) at St. Maries, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Grant Steele hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Kinsalving M. D. was the Midwife medical attendant at the birth of said Grant Steele and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Geo Morasch

P. O. Address

Subscribed and sworn to before me this 9th day of May, 1940

Walter Bobeng, U.S. Commr
Notary Public.

Residing at St. Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

712-116-C26-813

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 11 1940 **CERTIFICATE OF BIRTH** 292332

Registration District No. 641 State File No.

Prim. Registration District No. 2176 Local Registrar's No. 39

1. PLACE OF BIRTH

County of Lemhi R D Jefferson

City of

No. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Roland Odell Pabst

3. Sex: Boy	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature No. Full term Yes	7. Legitimate? Yes

8. Date of birth June 16th 1919 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Edmond Chart Pabst	
18. Full maiden name		Nora Hall
10. Residence (usual place of abode) (If non-resident, give place and State)	Lemhi RD Id	
19. Residence (usual place of abode) (If non-resident, give place and State)		Lemhi RD-1
11. Color or race	White	
12. Age at last birthday	27 (years)	
20. Color or race		White
21. Age at last birthday		20 (years)
13. Birthplace (city or place) (State or Country)	Cokneyville Ill	
22. Birthplace (city or place) (State or Country)		Bingville Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	R R Section hand	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	R R	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Home
16. Date (month and year) last engaged in this work	Now, 1919	
17. Total time (years) spent in this work	3 Yrs	
25. Date (month and year) last engaged in this work		Now 1919
26. Total time (years) spent in this work		2 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks

30. Cause of Stillbirth — During labor — Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8:45 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) L. A. Anderson, M. D.

or , Midwife

Address Ridgby Idaho

Filed MAY 7 - 1940, 193 Mrs A B Eckersall Registrar.

A249-225027-579

293223

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 20 1940

CERTIFICATE OF BIRTH

293333

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of JEROME

City of JEROME

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD LUCILE VARNUM SMITH

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
FEMALE	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term YES	YES	SEPT. 25, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM CONRAD SMITH	18. Full maiden name GRACE LUCILE VARNUM
10. Residence (usual place of abode) (If non-resident, give place and State) JEROME, IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) JEROME, IDAHO
11. Color or race WHITE | 12. Age at last birthday 28 (years)	20. Color or race WHITE | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) PORTLAND (State or Country) OREGON	22. Birthplace (city or place) LESLIE (State or Country) MICHIGAN
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM 16. Date (month and year) last engaged in this work DECEMBER, 1917 17. Total time (years) spent in this work FIVE	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPING 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME 25. Date (month and year) last engaged in this work JANUARY, 1939 26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) TWO
(a) Born alive and now living TWO (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed May, 1940

Registrar.

dup of 1919-72408

DELAYED

STATE OF IDAHO

293333

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 20 19[illegible]

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

State of Idaho }
County of Jerome } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Sadie T. Varnum being first duly sworn says that she is the Grandmother (Relationship of child)* of Lucile Varnum Smith born Sept. 25 – 1919 (Date of birth) at Jerome, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lucile Varnum Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Piper, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lucile Varnum Smith and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Sadie T. Varnum

P. O. Address 409 W. 13th St. Hawthorne, Calif.

Subscribed and sworn to before me this 17th day of May, 19 42

C. Gilbert Turner
Notary Public.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires March 21, 1945

Residing at [redacted]

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A753109 027-231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 293348
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 293348

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. 800 - E. Avenue B. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Wright Peterson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth October 9, 1919 (Month, Day, Year)

FATHER

9. Full name Oscar Rudolph Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) Jerome

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Department Manager + owner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Piciton Stores Inc

16. Date (month and year) last engaged in this work At present, 19 .....

17. Total time (years) spent in this work 3 1/2 yrs

MOTHER

18. Full maiden name Sarah Eleanor Stacy

19. Residence (usual place of abode) (If non-resident, give place and State) Jerome

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) San Juan County (State or Country) New Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Idaho Public Schools

25. Date (month and year) last engaged in this work May, 1940

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed May 25, 1940

Registrar.

Registrar.

APR 3 1942

STATE OF IDAHO

293348

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Jerome } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that

He is the Father of John Wright Peterson
(Relationship of child)*

born October 9- 1919 at Jerome, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Wright Peterson

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. E. M. Piper, M. D., was the Midwife medical attendant at the birth of said John Wright Peterson and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Oscar R Peterson

P. O. Address Jerome Idaho

Subscribed and sworn to before me this 23 day of May, 1940

Hurley
Notary Public.

Residing at Jerome, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 23 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293435

RECEIVED
JUN 7 1940

1. **PLACE OF BIRTH**
County of Butte
City of Moore, Idaho
No. A993119012-759 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 293435
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Lynn Leroy Richards

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 19, 1939 (Month, Day, Year)

FATHER

9. Full name Arthur H. Richards
10. Residence (usual place of abode) (If non-resident, give place and State) Moore, Ida
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Soda Springs, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad
16. Date (month and year) last engaged in this work Aug. 27, 1927
17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Alice Pearl Terrenoire
19. Residence (usual place of abode) (If non-resident, give place and State) Moore, Ida
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Ref Lowry Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work June 6, 1940
26. Total time (years) spent in this work 24

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation X months or weeks
30. Cause of Stillbirth X During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed June, 1940

Registrar. Registrar.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

293435

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice Pearl Richards being first duly sworn says that

She is the Mother (Relationship of child)* of Lynn Leroy Richards

born July 19 - 1919 (Date of birth) at Moore, Idaho,

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lynn Leroy Richards

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Charles Baker, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lynn Leroy Richards and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Alice Pearl Richards

P. O. Address 71 South Center St Rexburg

Subscribed and sworn to before me this 6 day of June, 1940

O. W. Howell
Notary Public.

Residing at Rexburg, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. USE—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

886-114 003-795 — 99442

1. **PLACE OF BIRTH**
County of Bannock
City of Soda Springs
No. ____ Street ____ St.
at home
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 293443
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Donald Eugene Thorpe

3. Sex: Male
If plural births: 4. Twin, triplet, or other: ans; 5. Number, in order of birth: ✓
6. Premature: ans; Full term: yes
7. Legitimate? yes
8. Date of birth: Oct-14-, 1939 (Month, Day, Year)

FATHER

9. Full name: John Alma Thorpe
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs
11. Color or race: White | 12. Age at last birthday: 46 (years)
13. Birthplace (city or place) (State or Country): Samaria, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saw Mill
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw Mill
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: most of his life

MOTHER

18. Full maiden name: Elizabeth Green
19. Residence (usual place of abode) (If non-resident, give place and State): Montpelier
20. Color or race: White | 21. Age at last birthday: 39 (years)
22. Birthplace (city or place) (State or Country): Montpelier, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: all my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Nine
(a) Born alive and now living: 8 (b) Born alive but now dead: 1 (c) Stillborn: none

29. If stillborn, period of gestation: none (months or weeks)
30. Cause of Stillbirth: none — During labor: ✓ Before labor: ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed June 10, 1940 — Mae G. Adoow
Registrar.

Registrar.

STATE OF IDAHO

293443

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Thorpe being first duly sworn says that

he is the Son (Relationship of child)* of Elizabeth Thorpe

born Oct. 14 - 1919 (Date of birth) at Soda Springs, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Donald Eugene Thorpe

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Taggart, M. D., ~~Midwife~~ was the medical attendant at the birth of said Donald Eugene Thorpe and that the said medical attendant is (I do not know)
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth Thorpe

P. O. Address 1829 Emerson St. Pasadena, Calif.

Subscribed and sworn to before me this 7 day of June, 1940

M. O. McClanahan
Notary Public.

Residing at Pasadena, California, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOV 26 1971

293479

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. X453-108 001993 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 293479

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Marvin E. Dettwiler

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth July 8, 1919 (Month, Day, Year)

FATHER

9. Full name: Emil Dettwiler

10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.

11. Color or race: W | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Switzerland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Dona Pearl Riley

19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.

20. Color or race: W | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work: 16 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 6 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) ____

Filed JUNE 10, 1940

Registrar. Registrar.

DELAYED

STATE OF IDAHO

29347

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 10 1940

State of Idaho }
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruth D. McQuade being first duly sworn says that she is the sister (Relationship of child)* of Marvin E. Dettweiler born July 8, 1919 (Date of birth) at Sandpoint, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marvin E. Dettweiler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. McKinnon, M. D., was the Midwife medical attendant at the birth of said Marvin E. Dettweiler and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ruth D. McQuade

P. O. Address Clarkfork, Idaho

Subscribed and sworn to before me this 7 day of June, 19 40

Charles A. Wood
Notary Public.

Residing at Clarks Fork, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 26 1966

549-22-6067-386

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Hailey Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293515

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frances Dona Turner

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct 22, 1919 (Month, Day, Year)

FATHER

9. Full name Frank Calvah Turner

10. Residence (usual place of abode) (If non-resident, give place and State) Hailey Idaho

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Bellevue Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Grace Beatrice Thompson

19. Residence (usual place of abode) (If non-resident, give place and State) Hailey

20. Color or race ..... | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Missouri Forest City

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive ~~or Stillborn~~) at 2 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Nora L Thompson, Midwife

Address Hailey Idaho

Filed Oct, 1936

Registrar.

JUNE 1940

APR 19 1976

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Pingree Precinct.
No. 799705 006-464 St.
(If born in hospital or institution give name.)

Delayed
RECEIVED
JUN 19 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294580

294580

Registration District No. 681 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Albert Agean Primaud

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate?

8. Date of birth Jan 5, 1919 (Month, Day, Year)

FATHER

9. Full name Adrian Primaud Sr.

10. Residence (usual place of abode) (If non-resident, give place and State) Pingree Ida

11. Color or race White 12. Age at last birthday 62 (years)

13. Birthplace (city or place) (State or Country) France

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Present time

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Evelina Doutzie

19. Residence (usual place of abode) (If non-resident, give place and State) Pingree Ida

20. Color or race White 21. Age at last birthday 43 (years)

22. Birthplace (city or place) (State or Country) Province Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work Never 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing

28. Number of children of this mother 15 (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead 4 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5:35 a m. on the date above stated.

(Signed) W. E. Davis, M. D.

or Midwife

Address Blackfoot Idaho R.D.

Filed May 13 1940 Wm Claude Davis Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 569/124

County of Bonneville 6/10/19

City of Lincoln

No. Route 1, Idaho Falls, St. Idaho

(If born in hospital or institution give name.)

RECEIVED JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 294595
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294595

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Wayne Norton

3. Sex Male | If plural births: 4. Twin, triplet, or other XX; 5. Number, in order of birth XX | 6. Premature No; Full term Yes | 7. Legitimate? Yes | 8. Date of birth October 24, 1919 (Month, Day, Year)

FATHER

9. Full name Charles Leander Norton

10. Residence (usual place of abode) (If non-resident, give place and State) Lincoln, Ida.

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Lincoln, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Oct. 24, 1919 | 17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Ruth Jardine

19. Residence (usual place of abode) (If non-resident, give place and State) Lincoln, Ida.

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) .....

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Oct. 24, 1919 | 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead XX (c) Stillborn XXX

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ruth Jardine Norton, M.D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed June, 1940

..... Registrar.

..... Registrar.

STATE OF IDAHO

294595

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruth Jardine Norton, being first duly sworn says that

she is the Mother (Relationship of child)* of Richard Wayne Norton

born October 24th., 1919 (Date of birth) at Lincoln, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Richard Wayne Norton

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that T. C. Hollister, M. D., was the ~~MXXXXX~~ medical attendant at the birth of said Richard Wayne Norton and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ruth Jardine Norton

P. O. Address Route 1, Idaho Falls, Idaho.

Subscribed and sworn to before me this 21st day of June, 19 40

Myrtle N. Chamberlain
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires
[illegible] 26th '43

799 225 036 165

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294615

CERTIFICATE OF BIRTH

294615

JUN 24 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Oneida
City of Cedarhill Idaho
No. ..... St.
Born at home on ranch
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elsa Erona Griffith

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 25th, 1919 (Month, Day, Year)

FATHER

9. Full name Albert Darrell Griffith

10. Residence (usual place of abode) (If non-resident, give place and State) Cedar Hill Ida

11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Ogden Weber Co Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work now, 1938 | 17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Amelia Jones

19. Residence (usual place of abode) (If non-resident, give place and State) Cedar Hill Ida.

20. Color or race White | 21. Age at last birthday 43 (years)

22. Birthplace (city or place) (State or Country) Wales G. Britain

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work Always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Nine (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation nine { months or weeks

30. Cause of Stillbirth fall { During labor ..... Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 20 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. D. Griffith Father, M. D.

or ....., Midwife

Address Tiston Wash. R.t. 1

Give name added from a supplemental report Elsa Erona (Date of) Jan 25th 1919

Filed ....., 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

294615

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 24

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Yakima } ss.

I Albert Darnell Griffith being first duly sworn says that

He is the Father of Elsa Fanna Griffith
(Relationship of child)*

born January 25th at Cedarhill Oneida Co, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Albert Darnell Griffith desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elsa Fanna Griffith

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no midwife or doctor was M. D. was the Midwife medical attendant at the birth of said in attendance and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Albert Darnell Griffith

P. O. Address / Tieton Route 1

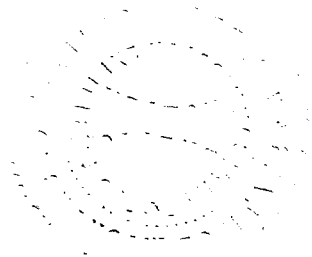
Subscribed and sworn to before me this 10th day of July, 1940

W. F. Faeborius
Notary Public.

Residing at Tieton Wash. ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 20 1970



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Kootenai
City of Coeur d' Alene
No. 944 Fifth St.
(If born in hospital or institution give name.)

RECEIVED JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294621

Registration District No. 120 State File No.
Prim. Registration District No. Local Registrar's No. 169

2. **FULL NAME OF CHILD** John Campbell Pointner

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other / 5. Number, in order of birth	Full term yes	yes	Mar. 9, 1919 (Month, Day, Year)

FATHER

9. Full name: John Held Pointner
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d' Alene, Idaho
11. Color or race: white
12. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Harrisburg, Pennsylvania

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machinist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Owner of Coeur d'Alene Machine & Repair Works
16. Date (month and year) last engaged in this work: ~~June 1940~~ March 9, 1919
17. Total time (years) spent in this work: Owner of above 8 yrs. June, 1940

MOTHER

18. Full maiden name: Maude Campbell
19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d' Alene Idaho
20. Color or race: white
21. Age at last birthday: 32 (years)
22. Birthplace (city or place) (State or Country): Rock County Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: teacher, typist housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ~~Lawyer's Office~~ own home
25. Date (month and year) last engaged in this work: ~~June, 1940~~ March 9, 1919
26. Total time (years) spent in this work: 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: one (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed 6-21-40. 193 H. Lewcombe, M.D.
Registrar.

..... Registrar.

DECEASED

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294621

RECEIVED
JUN 24 1940

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maude Campbell Pointner being first duly sworn says that she is the mother (Relationship of child)* of John Campbell Pointner born March 9, 1919 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Campbell Pointner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. Holden, M. D., was the ~~Midwife~~ medical attendant at the birth of said John Campbell Pointner and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Maude Campbell Pointner

P. O. Address 421 Reid Ave., Coeur d' Alene, Idaho

Subscribed and sworn to before me this 20th day of June 1940

Notary Public.

Residing at NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT COEUR D'ALENE, IDAHO MY COMMISSION EXPIRES SEPT. 20, 1941, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Arco

No. 852-211-012 315 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294627

CERTIFICATE OF BIRTH

Registration District No. State File No. 294627

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Sara Hess

3. Sex female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? yes

8. Date of birth Aug. 11, 1939 (Month, Day, Year)

FATHER

9. Full name Frank Thomas Hess

10. Residence (usual place of abode) (If non-resident, give place and State) Arco Idaho

11. Color or race W | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Morgan County Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Sarah C. Compston

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Meyersville Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 12 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) C. W. Hess, M. D.

or formerly Arco, Idaho, Midwife

Address Hailey, Idaho

Filed June 25, 1940

Registrar.

DELAYED

294677

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294677

RECEIVED JUN 28 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. St. Alphonsus Hospital

A-365-120 001-240

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Howard Wayne Cone

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 20, 1919 (Month, Day, Year)

FATHER

9. Full name Olin Lucian Cone

10. Residence (usual place of abode) (If non-resident, give place and State) Star Idaho

11. Color or race White | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Sheldon-Vernon Co. Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman Now

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer & Barber

16. Date (month and year) last engaged in this work Nov. 1, 1924

17. Total time (years) spent in this work Policeman 10 yrs

MOTHER

18. Full maiden name Bertha Rosebud Smith

19. Residence (usual place of abode) (If non-resident, give place and State) Star Idaho

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) St. Louis Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work ~~22 yrs~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living Yes (b) Born alive but now dead No (c) Stillborn No

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____

(Date of) _____

Filed June, 1940

Registrar.

Registrar.

DELAYED

294677

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 28 1940

State of Washington }
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Olin Lucian Cone being first duly sworn says that

He is the Father (Relationship of child)* of Howard Wayne Cone

born Aug. 20 - 1919 (Date of birth) at Boise, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Howard Wayne Cone

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. R. J. Cluen, M. D., ~~was the Midwife~~ medical attendant at the birth of said Howard Wayne Cone and that the said medical attendant is CANNot be Located (Now deceased (or) cannot be located)

Name of Affiant Olin L. Cone

P. O. Address 2514 - Belvedere, Seattle, Wn

Subscribed and sworn to before me this 27th day of June, 19~~40~~

Harold McIntulin
Notary Public.

Residing at Seattle, Wash., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 2 2 1971

25 315 026-238

294688

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294688

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of JEFFERSON
City of LORENZO
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD BETH MAXINE BEAZER

3. Sex FEMALE | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth OCTOBER 13, 1919 (Month, Day, Year)

FATHER

9. Full name IRVING MAINE BEAZER
10. Residence (usual place of abode) (If non-resident, give place and State) LORENZO
11. Color or race WHITE | 12. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) KAYSVILLE, UTAH

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. OWN FARM
16. Date (month and year) last engaged in this work STILL FARMING 19.....
17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name PHOEBE SCHOLES
19. Residence (usual place of abode) (If non-resident, give place and State) LORENZO
20. Color or race WHITE | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) SALT LAKE CITY, UTAH

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
25. Date (month and year) last engaged in this work STILL HOUSEKEEPING 19.....
26. Total time (years) spent in this work 1 YR. 1 MO.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks }

30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Mrs Klara Smithie
or ..... Midwife
Address Lorenzo, Idaho
Filed JUL, 1939
JULY 1940 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 9 1961

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock A433107

City of Pocatello 003-695

No. ~~Home Apartments~~ St.

St. Anthony's Hospital

(If born in hospital or institution give name.)

RECEIVED

JUL 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294709

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ned Richard McCracken

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? yes	8. Date of birth 7-7, 1919 (Month, Day, Year)
M				

FATHER

9. Full name: Ned Rankin McCracken

10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

11. Color or race: W | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Fredonia, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager - Oil Company

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Oil Distribution

16. Date (month and year) last engaged in this work: 7-7, 1919

17. Total time (years) spent in this work: 3

MOTHER

18. Full maiden name: Nell Winterholer

19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

20. Color or race: W | 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Webb City, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: 7-7, 1919

26. Total time (years) spent in this work: 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: 1 (c) Stillborn: .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July 2, 1940

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

29470

RECEIVED
JUL 9 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Nell W. McCracken being first duly sworn says that

she is the mother (Relationship of child)* of Ned Richard McCracken

born July 7, 1919 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ned Richard McCracken

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Wm. A. Wright, M. D., ~~Midwife~~ was the medical attendant at the birth of said Ned Richard McCracken and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Nell W. McCracken

P. O. Address 3901 E. Tenth St. Long Beach, Calif.

Subscribed and sworn to before me this 29 day of June, 1940

Bertha A. Laughlin
Notary Public

My Commission Expires June 10, 1942

Residing at 1441 E. 7th St Long Beach, California

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 19 1942

793 22 0035 7/3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294733

RECEIVED
JUL 5 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Waha
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lola Mandlin Gill

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth July 20, 1919 (Month, Day, Year)

FATHER

9. Full name John J. Gill

10. Residence (usual place of abode) Waha Idaho
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Clay City
(State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Almira Jacobs

19. Residence (usual place of abode) Waha Idaho
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Arcola
(State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Living at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) John J Gill, ~~M. D.~~

or Gladys, Midwife

Address Junction City Kans.

Filed July, 1940

Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294733

RECEIVED
JUL 5 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, John Z. Gill, being first duly sworn says that he is the Father (Relationship of child)* of Leola Mandlin Gill born July 20, 1919 (Date of birth) at Waha, Idaho, whose certificate of birth is hereto attached, and that Mr. Gill desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Leola Mandlin Gill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No physician attended, ~~M. D.~~, was the Midwife medical attendant at the birth of ~~said~~ Leola Mandlin Gill and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant John Z. Gill

P. O. Address Juneau City Kans.

Subscribed and sworn to before me this 3 day of July, 1940,

Philip Steingruber
Notary Public.

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Malad, Idaho

No. 613 1/2 0036-386 St.

At Home

(If born in hospital or institution give name.)

RECEIVED JUL 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294755

Registration District No. ..... State File No. 294755

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cleone Thorpe Facer

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth 4th	Full term yes	yes	March 10 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph Erickson Facer	18. Full maiden name Myrtle Thorpe Facer
10. Residence (usual place of abode) (If non-resident, give place and State) Malad, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Malad, Idaho
11. Color or race white | 12. Age at last birthday 31 (years)	20. Color or race white | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Willard Utah	22. Birthplace (city or place) (State or Country) Malad, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work 45
	25. Date (month and year) last engaged in this work ....., 19.....
	26. Total time (years) spent in this work 30

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
seven (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Myrtle Facer, M.D.

or Deceased (Midwife), Midwife Parent

Address Pocatello, Idaho, Rt. 1

Give name added from a supplemental report .....

(Date of) .....

Filed July, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294755

State of Idaho } ss.
County of Oneida }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Myrtle Facer being first duly sworn says that

She is the mother (Relationship of child)* of Cleone Thorpe Facer

born March 10 1919 (Date of birth) at Inkd, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Cleone Thorpe Facer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Reese, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Cleone Thorpe Facer and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Myrtle Facer

P. O. Address Pocatello, Idaho. Rte 1

Subscribed and sworn to before me this 5th day of July, 19 40

Notary Public.

Residing at Inkd., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

293-223001598

RECEIVED
JUL 17 1940

29487S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 29487S

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Susan Marie Bilbao

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Feb. 23, 1919 (Month, Day, Year)

FATHER

9. Full name Vicente Bilbao
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race W | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Spain

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Boise Payette Lbr. Co.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Barber, Ida.

MOTHER

18. Full maiden name Ursola Erquiaga
19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
20. Color or race W | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Spain

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) Mrs Joe Uberuaga, M. D.
or ....., Midwife
Address 607 Grove
Filed July 17, 1940 Mae G. Atwood
Registrar
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF GEM.

In the Matter of the Application
of Susan Marie Wymer for change of
Name to Susan Marie Bilbao.

D E C R E E

This matter came on to be heard before the court on this 29th day of April, 1947, petitioner appearing in person, and no one appearing against said petitioner to object to said petition, and the court having examined the files finds due and legal notice of said hearing has been given as is required by law, and the court further finding that the petitioner is entitled to the relief prayed for in said petition.

It is therefore ordered, adjudged, and decreed, and this does order, adjudge, and decree, that the name of Susan Marie Wymer, be and it is hereby changed to Susan Marie Bilbao.

DATED this 29th day of April, 1947.

Thomas E. Buckner
District Judge

FILED
Apr 29 1947
Lillian M. Campbell, Clerk

STATE OF IDAHO,)
)ss.
COUNTY OF GEM.)

I, Donald H. Woodman, the duly elected, qualified and acting Clerk of the District Court of the Seventh Judicial District of the State of Idaho, in and for Gem County do hereby certify that the foregoing is a true and correct copy of the Application for Change of Name filed in my office on April 29, 1947 and being a part of the files in Case No. 1972.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 10th day of June, 1954.

Donald H. Woodman
Clerk

By Erma Bederman
Deputy

JUN 11 1954

313 127 042-693

294877

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294877

JUL 17 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Lowell CATES.

3. Sex: Male

If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —

6. Premature: — Full term: ✓

7. Legitimate? Yes

8. Date of birth: Oct 27, 1939 (Month, Day, Year)

FATHER

9. Full name: William Harmon Cates

10. Residence (usual place of abode) (If non-resident, give place and State): Buhl Idaho

11. Color or race: White | 12. Age at last birthday: 27 (years)

13. Birthplace (city or place) (State or Country): Mason City Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: Oct, 1939

17. Total time (years) spent in this work: 15

MOTHER

18. Full maiden name: Virginia Gertrude Wilson

19. Residence (usual place of abode) (If non-resident, give place and State): Buhl Idaho

20. Color or race: white | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Litchfield Nebr.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: Oct, 1939

26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ (months or weeks)

30. Cause of Stillbirth ✓ (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm H. Cates Father, M.D.

or Virginia G. Cates, mother, Midwife

Address 5043 Granada St. Los Angeles Calif.

Give name added from a supplemental report ____

(Date of) ____

Filed July 7, 1940

Registrar. ____

Registrar.

STATE OF IDAHO

294877

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECORD

State of Calif.
County of Los Angeles, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Wm H. Cates being first duly sworn says that
he is the Father (Relationship of child)* of Robert Lowell Cates
born Oct 27- 1919 (Date of birth) at Buhl, Idaho,
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Robert Lowell Cates
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr MC Kulsky, M. D., was the ~~Midwife~~ medical attendant at the birth of said Robert Lowell Cates and that the said medical attendant is now Deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant William H. Cates
P. O. Address 5043 Granada Los Angeles Calif

Subscribed and sworn to before me this 16th day of July, 19 46.
Notary Public.
Residing at Los Angeles, Calif. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 8 1940

CERTIFICATE OF BIRTH

294943

1. PLACE OF BIRTH
County of Blaine
City of Hailey
No. 799 101 007 813 St.
(If born in hospital or institution give name.)

Registration District No. 410 State File No.
Prim. Registration District No. Local Registrar's No. 67

2. FULL NAME OF CHILD Robert Clay Trinity

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 1, 1919 (Month, Day, Year)

FATHER

9. Full name Clay Milton Trinity
10. Residence (usual place of abode) (If non-resident, give place and State) Pomona Cal
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Linn Co Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Walnut Bros. Creamery
16. Date (month and year) last engaged in this work Present, 19
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Gertrude Katherine Hackett
19. Residence (usual place of abode) (If non-resident, give place and State) Pomona, Cal.
20. Color or race White | 21. Age at last birthday 44 (years)
22. Birthplace (city or place) (State or Country) Norwood Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At Home
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Argyrol

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 12:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) Robert H. Wright, M. D.
or , Midwife
Address Hailey, Idaho
Filed 7-16, 1940 Robert H. Wright Registrar.

Registrar.

236-21 7010-547

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1 PLACE OF BIRTH
County of Bingham
City of
No. St.
(If born in hospital or institution give name.)

RECEIVED JUL 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 294949

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Virginia Storer

3. Sex: Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 17, 1939 (Month, Day, Year)

FATHER

9. Full name Joseph Henry Storer
10. Residence (usual place of abode) Idaho Falls (If non-resident give place and State) R.F.D. #3
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) Croydon, Utah (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ann Rebecca Empey
19. Residence (usual place of abode) Idaho Falls (If non-resident give place and State) R.F.D. #3
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Lehigh, Utah (State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn
29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:30 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) L. L. Willson, M. D.
or Midwife
Address Idaho Falls, Idaho
Filed July, 1940
Registrar.

314 11 044 993

296068

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Midvale Idaho

No. – St.

Born at Home.

(If born in hospital or institution give name.)

RECEIVED
JUL 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296068

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elden Harry Sauers

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term yes	7. Legitimate? yes	8. Date of birth Jan. 16, 1919 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: Reuben William Sauers	18. Full maiden name: Kathrine Winefred Zittercob
10. Residence (usual place of abode) (If non-resident, give place and State): Midvale	19. Residence (usual place of abode) (If non-resident, give place and State): Midvale
11. Color or race: White | 12. Age at last birthday: 21 (years)	20. Color or race: White | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Portland Oregon	22. Birthplace (city or place) (State or Country): Germany
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: January, 1919	17. Total time (years) spent in this work: 3 yrs.
25. Date (month and year) last engaged in this work: January, 1919	26. Total time (years) spent in this work: 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): One
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F. A. Schmitz, M. D.

or ....., Midwife

Address Nurse Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed July 23, 1940 Mae D. Atwood
Bureau of Vital Statistics
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH** A 593-22-031-399

County of Lewis

City of Winchester

No. ____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296153-2

RECEIVED
JUL 26 1940

CERTIFICATE OF BIRTH

296153

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Muriel Joyce Nichols

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth Aug 21, 1919 (Month, Day, Year)

FATHER

9. Full name Thomas George Nichols

10. Residence (usual place of abode) (If non-resident, give place and State) Winchester

11. Color or race White | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Delia A. Tribe

19. Residence (usual place of abode) (If non-resident, give place and State) Winchester

20. Color or race White | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5

(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed July 26, 1940 Mae D. Atwood Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 26 1940

State of Michigan
County of Oakland } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Delia A. Nichols being first duly sworn says that she is the Mother (Relationship of child)* of Muriel Joyce Nichols born Aug. 21, 1919 (Date of birth) at Winchester, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under ~~Chapter 139—1937 Session Laws of Idaho~~; and affiant further states that the facts contained in the certificate of birth of the said Muriel Joyce Nichols hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Kelley, M. D., was the Midwife medical attendant at the birth of said muriel Joyce nichols and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Delia A. Nichols

P. O. Address 381 Prospect Pontiac Mich.

Subscribed and sworn to before me this 23 day of July, 19 40

Jack Eddmeade
Notary Public.

Residing at Pontiac, Michigan, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Comm Ex Oct. 4th, 1941

V 3 3 6 2 6 - 6 1 0 - 8 5 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296182

JUL 31 1940

CERTIFICATE OF BIRTH

296182

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. Sanitarium Residence Bourhome St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dewey Charles McClaskey.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth February 26, 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Mr. Dewey L. McClaskey	18. Full maiden name Mrs Eva Herbs McClaskey.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.
11. Color or race White | 12. Age at last birthday 20 (years)	20. Color or race White | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) Chillicothe, (State or Country) Missouri	22. Birthplace (city or place) Idaho Falls (State or Country) Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Feb. ....., 1919	17. Total time (years) spent in this work 2 1/2 yrs.	25. Date (month and year) last engaged in this work —, 19	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 o'clock p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Deceased, ..., M. D.

or Mrs C L Le Crone, nurse, Midwife, Grandmother

Address West First St. Idaho Falls Ida

(Date of) Filed JUL 31 1940 193 ..... Mae D. Atwood Registrar.

Subscribed and sworn to before me this 30th day of July 1940 by Dewey L. McClaskey, father of Dewey Charles McClaskey

Jim E McCleary NOTARY PUBLIC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Bonneville }

Mr. and Mrs. Dewey L. McClaskey and Mrs. C. L. DeCraene being first duly sworn says that Dewey Jr. is the Son of Mr. and Mrs. D. L. McClaskey & grandson of Mrs. DeCraene
(Relationship of child)*

born Feb. 26, 1919 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mr. and Mrs. D. L. McClaskey desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dewey La McClaskey Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Colthard was in partnership with Dr. Cline and Dr. Colthard was Dr. M. D. Midwife was the medical attendant at the birth of said Dewey Charles McClaskey and that the said medical attendant is now Mrs. R. P. McClaskey (Now deceased (or) cannot be located) now deceased, and Mrs. C. L. DeCraene who lived at West Elva Street.

Name of Affiant Mrs. Dewey L. McClaskey

P. O. Address Idaho Falls, Idaho.

Subscribed and sworn to before me this 29th day of July, 1940

Peny L. McClean
Notary Public.

Residing at CENTRALIA WASHINGTON, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Minidoka (then Jerome now.)

City of Hazelton Idaho.

No. ____ St.

Farm Home.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296274

CERTIFICATE OF BIRTH

296274

Registration District 1940 AUG -2

State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1254-19-037-349

2. FULL NAME OF CHILD Ernest Blair Knull

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1 2

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth June 19, 1919 (Month, Day, Year)

FATHER

9. Full name Ernest Clyde Knull

10. Residence (usual place of abode) (If non-resident, give place and State) Hazelton

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Whitley Co. Ind. U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 1919

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Daisy Pearl Burgoyne

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Pain County Oklahoma U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 1919

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed ____, 193__ Mae G. Atwood Registrar.

____ Registrar.

AUG -2 1940

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Jerome } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ernest Clyde Knull being first duly sworn says that he is the father (Relationship of child)* of Ernest Blair Knull born January 19, 1919 (Date of birth) at Hazelton, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ernest Blair Knull hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Price, M. D., was the ~~Midwife~~ medical attendant at the birth of said Ernest Blair Knull and that the said medical attendant is not in this country, moved away that same year. (Now deceased (or) cannot be located)

Name of Affiant Ernest Clyde Knull

P. O. Address Jerome, Idaho

Subscribed and sworn to before me this 1st day of August, 19 40

Clark Peters
Notary Public.

Residing at Jerome, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

553-20-735-469

296 315

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296315

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Kathleen Nelson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth Jan 3, 1919 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name: Robbin A. Nelson	18. Full maiden name: Jamie Morrison
10. Residence (usual place of abode) (If non-resident, give place and State): St. Maries, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): St. Maries, Idaho
11. Color or race: Wh | 12. Age at last birthday: 32 (years)	20. Color or race: Wh | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place): Winston (State or Country): Montana	22. Birthplace (city or place): Sedalia (State or Country): Missouri
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Engineer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alife 6:20 (Born Alive or Stillborn) at A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J. M. Lyle, M. D.

or ....., Midwife

Address Peck, Idaho

Filed August 2, 1940 Mae G. Atwood State Registrar

Bureau of Vital Statistics

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296403

AUG -9 1940

Registration District No. 341 State File No.

Prim. Registration District No. Local Registrar's No.

1. **PLACE OF BIRTH**
County of Gem
City of Emmett
No. 365 707 023863 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Robert Wesley Loal

3. Sex Male, | If plural births {4. Twin, triplet, or other 5. Number, in order of birth} | 6. Premature Full term Yes | 7. Legitimate? yes | 8. Date of birth Aug 7th, 1940 (Month, Day, Year)

9. Full name FATHER	18. Full maiden name MOTHER
Charles Herbert Loal	Edith Estes Holman
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race White | 12. Age at last birthday 33 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Ohio	22. Birthplace (city or place) (State or Country) Arkansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work Several yrs.	25. Date (month and year) last engaged in this work ..., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver, Nit

28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... {months or weeks} | 30. Cause of Stillbirth ... {During labor, Before labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) J. K. Reynolds, M. D.
or Emmett Ida, Midwife
Address

Filed 7-27-, 1940 J. K. Reynolds Registrar.

Registrar.

MAR 13 1942

659-204 006-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 10 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29611
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D No. 2
(d) Name of Hospital or Maternity Home: At Home in Aberdeen
(e) Mother's stay **BEFORE** delivery: Idaho
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County Utah
(c) City Spanish Fork,
(d) Street Address or R.F.D. No. 11
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Spanish Fork.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Bessie Ferguson

5. Date of Birth (Month, day, year) Aug. 4 1919

6. Sex. girl

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 8 1/2

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William A. Ferguson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Spanish Fork (City or town) – Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Regina Francis
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Lake Shore (City or town) – Utah (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Ferguson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Utah }
County of Utah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Francis Ferguson, being first duly sworn, say that I am the Mother (Related to (or) acquainted with)
of Bessie Ferguson (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Woodbury (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elizabeth Francis Ferguson Name
Spanish Fork Utah P. O. Address

Subscribed and sworn to before me on this 6 day of August 1946

(SEAL) Oct 28-1941 M Woodbury Notary Public, residing at Spanish Fork Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A942.115 D10942

RECEIVED AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29644
29644

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 15 st & Curtis ave St.
Home
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vernon Maurice Rushton

3. Sex male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? YES
8. Date of birth Oct. 15, 1939 (Month, Day, Year)

FATHER

9. Full name Edwin Junius Rushton Idaho Falls
10. Residence (usual place of abode) 15 St & Curtis Idaho
(If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Idaho Falls
(State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. various
16. Date (month and year) last engaged in this work October, 1939
17. Total time (years) spent in this work 12 years

MOTHER

18. Full maiden name Hazel Elva Rushton Idaho Falls
19. Residence (usual place of abode) 15 St & Curtis Idaho
(If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) McCammon
(State or Country) Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work October, 1939
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Hazel Elva Rushton, M. D.
or Mother Midwife
Address 9009 Rupert St. San Fernando, Calif.

Filed AUG - 9 1940, 193

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hazel Elva Rushton being first duly sworn says that she is the mother (Relationship of child)* of Vernon Maurice Rushton born Oct 15, 1919 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Vernon Maurice Rushton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Larry L. Wilson M. D. was the ~~Midwife~~ medical attendant at the birth of said Vernon Maurice Rushton and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Hazel Elva Rushton

P. O. Address 9009 Burnett st San Fernando

Subscribed and sworn to before me this 7th day of August, 1940

My Commission expires Oct. 7, 1940

C. F. Richardson Jr.
Notary Public.

Residing at Van Nuys Calif, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

624709 003 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 12 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R F D No 246 N. MAIN ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 19 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 246 N MAIN ST.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address 246 N. MAIN ST.

3. **RESIDENCE OF FATHER** (city, state) POCATELLO IDA.

4. **FULL NAME OF CHILD** PATRICK BURK O'SULLIVAN

5. Date of Birth (Month, day, year) FEB. 9-1919

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROBERT E. O'SULLIVAN
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace KING HILL (City or town) IDAHO (State or foreign country)
14. Exact Occupation COOK
15. Industry or Business RESTAURANT

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LILLIAN FRANCES GARRETT
17. Color or Race WHITE
18. Age at time of THIS birth 19 years
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

AUG

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs R E O'Sullivan, being first duly sworn, say that I am mother (Related to (or) acquainted with) Patrick Burk O'Sullivan (Name of person on certificate above), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs R E O'Sullivan Name

..... P. O. Address

Subscribed and sworn to before me on this 9 day of August 1940

(SEAL) Charles E Gruff NOTARY PUBLIC, residing at Long Beach Cal

My Commission Expires October 15, 1940 and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of m
one child at birth a **Separate Return** must be made for each, and the number of each, in order of birt

213-205 024 361

PLACE OF BIRTH

County of Gooding

City of Gooding

AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296464

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. 22 State File No. 24

Prim. Registration District No. 2017 Local Registrar's No. .....

2. FULL NAME OF CHILD Laura Edna Ball

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Full | 7. Legitimate? Yes | 8. Date of birth Apr 5, 1919 (Month, Day, Year)

FATHER

9. Full name Oliver D. Ball

10. Residence (usual place of abode) (If non-resident, give place and State) Jerome

11. Color or race W | 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or Country) Gaston Texas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Maude C. Casey

19. Residence (usual place of abode) (If non-resident, give place and State) Jerome

20. Color or race W | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Gatesville Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living Yes (b) ~~Born alive but now dead~~ ..... (c) Stillborn 1

29. If stillborn, period of gestation three months ~~or weeks~~

30. Cause of stillbirth ..... Before labor Before / During labor Birth Child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) G. L. Simonton, M. D.

or ....., Midwife

Address Gooding Ida.

Give name added from a supplemental report .....

(Date of)

Filed AUG 12 1940, 193.....

Registrar.

AUG 12 1940

Registrar.

4235-220010-219

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. 120 14th Street St.

(If born in hospital or institution give name.)

RECEIVED AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296548

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marian Florence Stewart

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 20, 1919 (Month, Day, Year)

FATHER

9. Full name Marion Philander Stewart

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Fillmore Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work all

MOTHER

18. Full maiden name Mary Elizabeth Baird

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Soda Springs Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Aug, 1940

Registrar.

Registrar.

BOTH DELAYED

dup of 1919-

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 15 1940

State of California.
County of Los Angeles, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Elizabeth Stewart Brinton being first duly sworn says that she is the mother (Relationship of child)* of Marian Florence Stewart born at Idaho Falls, Idaho (Date of birth) June 20, 1919, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marian Florence Stewart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Spencer M. D., M. D., was the Midwife medical attendant at the birth of said Marian Florence Stewart and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mary Elizabeth Stewart Brinton

P. O. Address 245 W. 74th St., Los Angeles, Calif.

Subscribed and sworn to before me this 9th day of August, 1940

M. Earl Coy
Notary Public.

Residing at Los Angeles, California.

My Commission Expires Feb. 25, 1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

344/20 022-747

296585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296585
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St Anthony
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 2 yrs.
(f) Mother's mailing address St Anthony

3. **RESIDENCE OF FATHER** (city, state) " Idaho

4. **FULL NAME OF CHILD** William Samuel Ludden

5. Date of Birth (Month, day, year) Dec. 20-1919

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Ludden
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace Osceola (City or town) Nebraska (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Graber
17. Color or Race W
18. Age at time of THIS birth 24 years
19. Birthplace Osceola (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 8/19/40 (Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Utah }
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wm E Ludden, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Samuel Ludden (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Otto R Gray (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wm Ludden Name

2532 Fowler Ave Ogden Utah P. O. Address

Subscribed and sworn to before me on this 15 day of August 1940.

(SEAL) Wes H Lamb Notary Public, residing at Ogden Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 121002-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of date of birth of THIS child)

RECEIVED AUG 22 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

29665 296657

State File No. 296657
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City Meadows
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county 28 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City Newmeadows
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Warren, Idaho

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edgar Mason Phillips

5. Date of Birth (Month, day, year) Sept. 21, -19

6. Sex. M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Regular

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mason John Phillips
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Walla Walla. Wash. (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Daisy McMahan
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Alpine. Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy Phillnis, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Edgar Mason Phillips. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Seeley. (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Daisy Phillips Name
Warren Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of August 1940

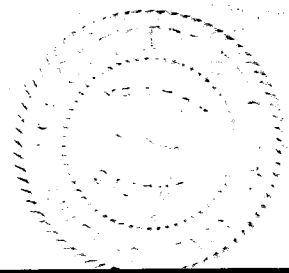
(SEAL) Otis Morris Notary Public, residing at Warren, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396-225 022963 RECEIVED

AUG 21 1940

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

296709

County of Bannock

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 7127

Registered No.

Hospital

FULL NAME OF CHILD Beaus Viola Tibbles

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 25 1940

FATHER	MOTHER
FULL NAME Walter J Tibbles	FULL MAIDEN NAME Esther E Rote
RESIDENCE Yellow Stone Mont	RESIDENCE Yellow Stone Mont
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	COLOR White
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE Penn
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 10 1940 C D West Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A343.107 014.449

297940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 297940

AUG 29 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Canyon

City of Nampa St.

(If in hospital or institution give name.)

2. NAME OF CHILD Jackie M. Tucker

3. Sex [redacted]

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1

6. Premature ____ Full term ✓

7. Legitimate? ✓

8. Date of birth Aug. 7, 1919 (Month, Day, Year)

FATHER

9. Full name John Hugh Tucker

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Kincaid, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice delivery

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ice plant

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 1/4 yr

MOTHER

18. Full maiden name Octavia Kathleen (Murphy) Tucker

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Octavia, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 2 1/2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~I attended the birth of~~ this child, ~~who~~ was born alive at 11 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

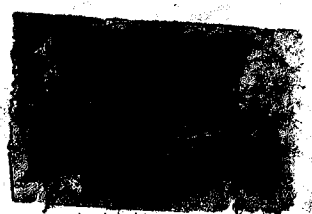
or Octavia K. Tucker mother ~~Midwife~~

Address ____

Filed Aug 29, 1940 Mae G Atwood Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If more than one child at birth a Separate Return must be made for each, and the number of each stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED AUG 29 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington, County of Cowlitz, ss.

Octavia K. Tucker being first duly sworn says that she is the mother (Relationship of child)* of Jack M. Tucker born August 7, 1919 (Date of birth) at Nampa, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jack M. Tucker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that H. C. Robinson, M. D., was the ~~Midwife~~ medical attendant at the birth of said Jack M. Tucker and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Octavia K. Tucker

P. O. Address

Subscribed and sworn to before me this 29th day of July, 1940

Notary Public.

Residing at Longview, Wash. ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

458 723 016-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 26 1940

297951

State File No. 297951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. BONNEVILLE (b) City. IDAHO FALLS
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
PRIVATE RES.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. IDAHO (b) County. BONNEVILLE
(c) City. IDAHO FALLS.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address. DECEASED.

3. **RESIDENCE OF FATHER** (city, state) LAGUNA BEACH CALIF.

4. **FULL NAME OF CHILD** FRANK JEMMETT DEVORE

5. Date of Birth (Month, day, year) 4-23-1919.

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARRY RUSSELL DEVORE.
11. Color or Race WHITE.
12. Age at time of THIS birth 24 yrs.
13. Birthplace. K.C. MO. (City or town) MO. (State or foreign country)
14. Exact Occupation LABOR.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL JEMMETT DEVORE.
17. Color or Race WHITE
18. Age at time of THIS birth 24 years
19. Birthplace HAILEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. YES
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 26 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's action)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Harney } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I H.R. DeVore, being first duly sworn, say that I am FATHER. RELATED (Related to (or) acquainted with) FRANK JEMMETT DEVORE (Name of person on certificate above) was FATHER. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. CUTLER, (Name of attendant at birth) who attended said birth DON'T KNOW ADDRESS. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H.R. DeVore Name
BOX 1126 LAGUNA BEACH CALIF. P. O. Address

Subscribed and sworn to before me on this 24 day of August - 1940

(SEAL)

Wm. M. Cannon, Clerk of Harney County, Oregon
By Curtis Smith, Deputy,
Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-103016-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298043

State File No. 298043
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Bellevue
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 3 years months days.

RECEIVED SEP 3 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County
(c) City Syracuse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Burley, Idaho

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Cleon Jack Blake Edmiston

5. Date of Birth (Month, day, year) Jan. 3, 1919

6. Sex. Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Loren Henry Edmiston
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Dreggs, Idaho (City or town) (State or foreign country)
14. Exact Occupation Automobile mechanic
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Estelle Blake
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Syracuse, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None. (b) Born alive and now living None
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) Sep. 3, 1940 (Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruby Blake Feight, being first duly sworn, say that I am related to Cleon Jack Blake Edmiston (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schultz (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruby Blake Feight Name
222 West 6th Street, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 30 day of August 1940

(SEAL) Thomas L. Brooks Notary Public, residing at Los Angeles, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/16/41. W.L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 2 3 010-196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298094

State File No. 298094
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R F D No. Conant Ave
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 1 years 3 months days.

RECEIVED SEP 6 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Burton Ave
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Burley, Idaho

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** NANCY JEAN GRISWOLD

5. Date of Birth (Month, day, year) Aug. 13, 1919

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard Russell Griswold
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Lawyer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delphine May Aronson
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Quincy (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Sep. 6, 1940 (Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name added Bureau of Vital Statistics by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.) and address ____ Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, WILLARD R GRISWOLD, being first duly sworn, say that I am related to (Related to (or) acquainted with) NANCY JEAN GRISWOLD (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Cooper (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Willard R Griswold Name

49- Sierra Ave., Piedmont, Calif. P. O. Address

Subscribed and sworn to before me on this 3rd day of September, 1940

(SEAL) Ruth Burton Notary Public, residing at Oakland, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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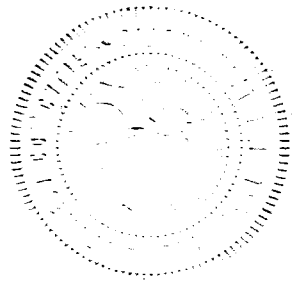

317/28033-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

29 1-6 298146
State File No.
Local Reg. No. 698
Reg. Dist. No. 630

1. **PLACE OF BIRTH:** SEP 9 1940
(a) County Madison (b) City Rexburg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....7.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address St Anthony

3. **RESIDENCE OF FATHER** (city, state) St Anthony

4. **FULL NAME OF CHILD** Bud Simpson Cahoon
5. Date of Birth (Month, day, year) Sept 28, 1939
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 mos
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Mahonri Cahoon
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rexburg (City of town) Idaho (State or foreign country)
14. Exact Occupation Telephone manager
15. Industry or Business M. S. T. & T. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Simpson
17. Color or Race W
18. Age at time of THIS birth 24 years
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Cahoon (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 9-7-40 (Date received) (b) Mrs H Esquing (Registrar's signature)

25. Attendant's **OWN signature** H. A. Anderson M.D. or (D.O., Midwife, etc.)
and address Rigby Idaho Date Aug 31, 1940

27. Given name added on.....by.....(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Your local registrar of vital statistics will send this to Idaho, and get for you a certified copy.

-H.O. Anderson M.D.

89 131-026962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

298175 298175
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Roberts
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED
SEP 11 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Roberts Idaho
3. **RESIDENCE OF FATHER** (city, state) Roberts Idaho

4. **FULL NAME OF CHILD** Charles Albert Harris
5. Date of Birth (Month, day, year) Mar 31st 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert I Harris
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Steinauer (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Alberta Rosie
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Pueblo (City or town) Colorado (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

RECEIVED
SEP 11 1940
Bureau of Vital Statistics

26. (a) (Date received) (b) Mae D. Atwood (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert I Harris, being first duly sworn, say that I am father (Related to (or) acquainted with) Charles Albert Harris (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O.B. Butler (Name of attendant at birth), who attended said birth, deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Albert I. Harris Name
Roberts Idaho P. O. Address

Subscribed and sworn to before me on this 9 day of September

(SEAL)

Paul L. Holmes Notary Public, residing at Roberts Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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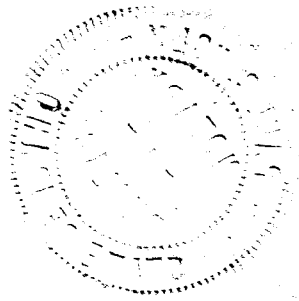

253 221 034 791

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 11 1940

CERTIFICATE OF BIRTH

298182

298182

Registration District No. ..... State File No. .....
Prim. Registration District No. 460 Local Registrar's No. 152

2. FULL NAME OF CHILD Esther Viola Keller

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 21, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jacob Keller	18. Full maiden name Katharina Grossmann
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert
11. Color or race white | 12. Age at last birthday 40 (years)	20. Color or race white | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Russia	22. Birthplace (city or place) (State or Country) Russia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 30 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) A. E. Elmore, M. D.
or ....., Midwife
Address Rupert
Filed Sept 9, 1940 A. E. Elmore
Registrar.

364 III 070857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

298201

State File No. 298201
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at own home SEP 12 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5yrs. yrs.
(f) Mother's mailing address Wallace Wallace
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Levern Couper
5. Date of Birth (Month, day, year) May 11 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George James Couper
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Beardstown Ill
(City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Harriet Hegna
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Rockford Wis
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Ella Couper (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) SEP 12 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** D.W. Rolfe M.D. or (D.O., Midwife, etc.)
and address Emmett Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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359/130 001-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

29-3222

State File No. 298222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Meridian
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home with nurse
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county 10 years 2 months 20 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address.. Meridian Idaho
3. **RESIDENCE OF FATHER** (city, state) Meridian Ida

4. **FULL NAME OF CHILD** Eugene Alan Leininger
5. Date of Birth (Month, day, year) Aug 30-1919
6. Sex. Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles E. Leininger
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Arcadia Nebraska (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Power

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Gertrude Lesinger Laint
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Alma Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know as doctor is dead
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 12 1940 (Registered) (b) Mae D Atwood (Registrar's signature) of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon }
County of Malheur } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Gertrude Leininger, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eugene Alan Leininger (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. F. NEAL (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Gertrude Leininger Name
Ontario, Oregon P. O. Address

Subscribed and sworn to before me on this 11 day of September, 1940

(SEAL) W M Beakley Notary Public, residing at Ontario, Oregon
My Com Exp July 15, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC issued Jan. 29, 1941, Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

WRITE PLAINLY WITH INKADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St. St Lukes —

(If born in hospital or institution give name.)

STATE OF IDAHO 298300
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 298300

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Henry Roy Watkins

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		Yes	yes	Mar 2, 1919

FATHER	MOTHER
9. Full name: Carl W Watkins.	18. Full maiden name: Maude Eaton
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Indiana	22. Birthplace (city or place) (State or Country): Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housework
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks }

30. Cause of Stillbirth ____ { During labor ____ / Before labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 9 10 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Burch, M. D.

or ____, Midwife.

Address Boise Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed 9/19/19 40 Mae G. Atwood

Registrar. Bureau of Vital Statistics Registrar.

MAR 19 1975

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27-32 / 298321

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No. 7

SEP 16 1940

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Iona
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? all life yrs.
(f) Mother's mailing address Iona, Idaho same
3. **RESIDENCE OF FATHER** (city, state) Iona, Idaho

4. **FULL NAME OF CHILD** Dean Stanger Hawkley
5. Date of Birth (Month, day, year) Mar. 2 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon John Hawkley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Portage, Utah (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Montgomery Ward Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Stanger
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Hooper, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20 %
23. Number of children of this mother: (a) At time of birth and including this child 6, (b) Born alive and now living 4, (c) Born alive and now dead 2, (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, Iona, Idaho at 2 A.M. on the date and at the place stated above and that personal particulars were furnished by Mrs Leon Hawkley, who is related to this child as Mother.

25. Attendant's **OWN signature** John O Miller M.D. and address Idaho Falls, Date Sept. 17 1940

26. (a) Sept 18 1940 (Date received) (b) Blanche Reynolds (Registrar's signature)

27. Given name added on.....by Blanche Reynolds (Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-217 003399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

R 98 35c

State File No. **298330**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Lago
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Lago, Idaho

4. **FULL NAME OF CHILD** Athleen Marette Bassett
5. Date of Birth (Month, day, year) March 17, 1919
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ross Cook Bassett
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Critchlow
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 9/20/40 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Richmond, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Athleen Marette Bassett (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John H. Hubbard M.D. (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Richmond Name
4433-35rd Place. San Diego, Calif. P. O. Address

Subscribed and sworn to before me on this 17 day of Sept 1940

(SEAL) Notary Public, residing at Ogden, Utah.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits ~~of the father~~ or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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298334 298334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 21 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298334
Local Reg. No.
Reg. Dist. No. 221

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Southwick Idaho
(c) Street Address or R F D No. X
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: own home
In Hosp. or Mat. Home X days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce,
(c) City Leland Lewiston
(d) Street Address or ~~R.F.D.~~ No. 13-11, 10th Ave
(e) How long has **MOTHER** lived in Idaho? 4 6 yrs.
(f) Mother's mailing address 1011 10th Ave Lewiston Ida.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Ida.

4. **FULL NAME OF CHILD** John Marion Thompson.

5. Date of Birth (Month, day, year) Feb 8th 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Harry Thompson.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Jonesburg, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lesta Ann Oglesby.
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Leland Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lesta Thompson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Sept 18, 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** dead M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Harry Thompson, being first duly sworn, say that I am Father of (Related to (or) acquainted with) John Marion Thompson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stutzman (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Harry Thompson Name
1311 10th Ave. Lewiston P. O. Address

Subscribed and sworn to before me on this 18th day of September 1940.

(SEAL) Ruth Mengelbier Notary Public, residing at .....

CLERK OF THE DISTRICT COURT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-204 001 434

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

AUG 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298879

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ferne Marie Purcell

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth July 4, 1919 (Month, Day, Year)

FATHER

9. Full name: John Wheeler Purcell

10. Residence (usual place of abode) (If non-resident, give place and State) Star

11. Color or race W | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Mary Eva McDaneld

19. Residence (usual place of abode) (If non-resident, give place and State) Star

20. Color or race W | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3

(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at 6-40 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Aug. 30, 1940

Registrar.

Registrar.

DELAYED

dup of 1919-31737

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of McCammon
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
SEP 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 528

2. FULL NAME OF CHILD Russell Clarkson Hand Murphy

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb 18, 1919 (Month, Day, Year)

FATHER

9. Full name Edward Murphy
10. Residence (usual place of abode) (If non-resident, give place and State) McCammon
11. Color or race Wh | 12. Age at last birthday 53 (years)
13. Birthplace (city or place) (State or Country) Bath, Maine

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Store
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Margaret Hand
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race Wh | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Hamilton, S. D.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol nop.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 3 00 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) W. J. Harbigsen, M. D.
or ....., Midwife
Address Pocatello, Idaho.
Filed 9-5, 1940 D. E. Ray Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 10 1940

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. [illegible] St. Neals
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Oscar Frans Yorgesen

3. Sex Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ✓ Full term 6 weeks
7. Legitimate? Yes
8. Date of birth June 27, 1919 (Month, Day, Year)

FATHER

9. Full name Oscar Clarence Yorgesen
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley, Ida
11. Color or race W
12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Fountain Green Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work April June 1919
17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Marion Fairbanks Jacobsen
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley, Ida
20. Color or race W
21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) La Crosse Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work June, 1919
26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Solargentum 2% 70

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

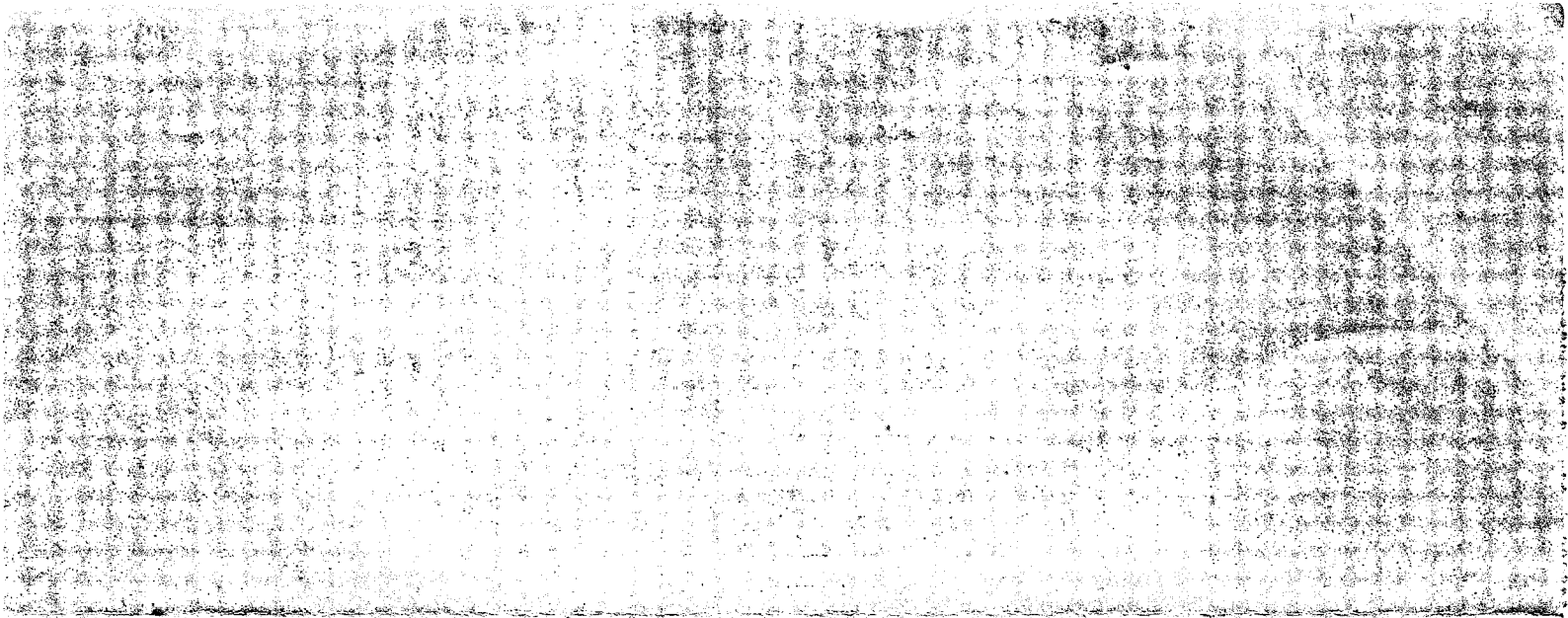
I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Cutler, M. D.
or ____, Midwife
Address Shelley, Idaho
Filed Sept, 1940

Give name added from a supplemental report ____
(Date of)

Registrar. Registrar.



251-021-039-649 RECEIVED SEP 23 1940 299553

United States
Department of Commerce
Bureau of the Census

(Be sure age information is as of date of birth of THIS child) 299553

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299553
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 540 S. Arthur
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Pocatello Idaho

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Yvonne Alvah Keay

5. Date of Birth (Month, day, year) Aug. 21, 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Russell Keay
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Loguelmond (City or town) Scotland (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Frances Wurzer
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Weston (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 12:20 P.M. (born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Estella Keay (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sep. 23 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address .... Date

State of State }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Estella F. Keay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Yvonne Alvah Keay (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. J. Schultz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Estella F. Keay, Name
Mother
508 453 So. Arthur Ave P. O. Address

Subscribed and sworn to before me on this 21st day of September 1940

(SEAL) Edward L. Hoyde Notary Public, residing at Pocatello

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-122-034-818

299588

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED

SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299588

Registration District No. ____ State File No. ____

Prim. Registration District No. 450 Local Registrar's No. 151

2. FULL NAME OF CHILD Frank Edmund Churchyard

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth May 22 1940 (Month, Day, Year)

FATHER

9. Full name: George Churchyard

10. Residence (usual place of abode) (If non-resident, give place and State): Rupert

11. Color or race: White | 12. Age at last birthday: 54 (years)

13. Birthplace (city or place) (State or Country): Rijon, Wise

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Bertha Alice Hayes

19. Residence (usual place of abode) (If non-resident, give place and State): Rupert

20. Color or race: white | 21. Age at last birthday: 39 (years)

22. Birthplace (city or place) (State or Country): Hermione, Wise

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mer Silvol 15%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) E. T. Edmunds, M. D.

or ____, Midwife

Address Rupert, Idaho

Filed Sept 7, 1940 E. T. Edmunds

Registrar. ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rupert
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
SEP 11 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Michigan (b) County Kent
(c) City Grand Rapids
(d) Street Address or R.F.D. No. 1616 Leonard
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Frank Elmore Churchyard

5. Date of Birth (Month, day, year) May 22, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Churchyard
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Ripon Wisconson (City or town) (State or foreign country)
14. Exact Occupation Plumber's Ass.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Alice Hayes
17. Color or Race white
18. Age at time of THIS birth 34 years
19. Birthplace Fremont Wisconson (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** L. H. Elmore M.D. or (D.O., Midwife, etc.)
and address Rupert, Ida Date 9-7-40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Alice Monroe., being first duly sworn, say that I am the Mother. (Related to (or) acquainted with) of Frank Churchyard. (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Elmore (Name of attendant at birth), who attended said birth Rupert Idaho (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha A Monroe Name

Grand Rapids, Mich. P. O. Address

Subscribed and sworn to before me on this 24th day of August 1940

(SEAL) Dana Rivers Notary Public, residing at Grand Rapids.

My Com Exp 12 4-30-1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-111-002-867

299622

RECEIVED
SEP 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 299622

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Adams
City of Meadows Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leon Eugene Goodman

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? Yes

8. Date of birth Dec 11, 1919 (Month, Day, Year)

FATHER

9. Full name: Albert Austin Goodman

10. Residence (usual place of abode) (If non-resident, give place and State): McCall Idaho

11. Color or race: White | 12. Age at last birthday: 27 (years)

13. Birthplace (city or place) (State or Country): Meadows Idaho. Adams Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garage Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Garage

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Lula Elizabeth Hogadone

19. Residence (usual place of abode) (If non-resident, give place and State): McCall Idaho

20. Color or race: White | 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or Country): Casper Wyoming

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) ____, M. D.
or Carrie Goodman, Midwife
Address Meadows Idaho
Filed Sep 25, 1940 Mae G. Attwood (Registrar.)
Bureau of Vital Statistics

OCT 1 4 1994

10-1-40

c.c. 5/24/41. w.h.

546-23-1-040244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 25 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299634
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Murray, Ida.
(c) Street Address or R F D No. ----------
(d) Name of Hospital or Maternity Home: ----------
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No. ----------
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address Murray, Idaho

3. **RESIDENCE OF FATHER** (city, state) Murray, Ida.

4. **FULL NAME OF CHILD** Elizabeth Mona Edwards

5. Date of Birth (Month, day, year) Oct. 31, 1919

6. Sex. F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Eldon Edwards
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Creston (City or town), Iowa (State or foreign country)
14. Exact Occupation Oiler on Dredge
15. Industry or Business Dredge Gold Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Mable Sumner
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Murray (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----------
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ---------- (d) Stillborn ----------

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mable Edwards (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sep 25 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN** signature R. M. Werly M.D. or J. Finlayson (D.O., Midwife, etc.)
and address Tulare Calif Date Sept 20 40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes~~ and ~~uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-264663-419

299765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 4 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299765
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R F D No. Rt 2, Pebble
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No. Rt 2, Pebble
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Rt 2, Pebble

3. **RESIDENCE OF FATHER** (city, state) Rt 2, Pebble

4. **FULL NAME OF CHILD** Flora Marsotto

5. Date of Birth (Month, day, year) Dec. 4, 1919

6. Sex. female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ettore Marsotto
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Santa Luistina, Italy (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business ll

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catterina Marsotto
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace Caltians Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Catterina Marsotto (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 4 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Whatcom }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Catterina Marsotto, being first duly sworn, say that I am the mother of (Related to (or) acquainted with)
Flora Marsotto as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor, name not known who attended (Name of attendant at birth),
said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Catterina Marsotto Name
Route 2, Everson, Wash. P. O. Address

Subscribed and sworn to before me on this 30 day of Sept, 1940

(SEAL) M. D. Lickely Notary Public, residing at Everson, Wash.

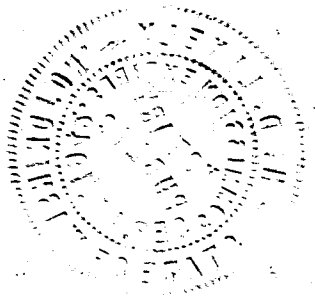
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MARIOTTO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

553-222-0036-593

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Malad Oneida

City of Malad

No. ..... St. Home

(If born in hospital or institution give name.)

RECEIVED OCT 1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299777

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Frances Nethercott

3. Sex: Female

If plural births: 4. Twin, triplet, or other: 1 ; 5. Number, in order of birth: .....

6. Premature: ..... Full term: X

7. Legitimate? .....

8. Date of birth: June 22, 1919 (Month, Day, Year)

FATHER

9. Full name: Robert Silas Nethercott

10. Residence (usual place of abode) (If non-resident, give place and State): Holbrook, Idaho

11. Color or race: White | 12. Age at last birthday: 52 (years)

13. Birthplace (city or place) (State or Country): Corning, California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: [redacted] Railroad

16. Date (month and year) last engaged in this work: Unknown, 19.....

17. Total time (years) spent in this work: 9 yrs

MOTHER

18. Full maiden name: Ethel Nickerson

19. Residence (usual place of abode) (If non-resident, give place and State): Holbrook, Idaho

20. Color or race: White | 21. Age at last birthday: 49 (years)

22. Birthplace (city or place) (State or Country): Driggs, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home

25. Date (month and year) last engaged in this work: 9/31, 1940

26. Total time (years) spent in this work: 26 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother: 5 (At time of this birth and including this child) (a) Born alive and now living: X (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation: ..... months or weeks

30. Cause of Stillbirth: ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 4 at P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report: .....

Ethel Nethercott (Date of)

Registrar.

Filed Oct 4 1940 Mae G. Atwood

Bureau of Vital Statistics.

553-22-076-593

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming
County of Teton

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ethel Nethercott being first duly sworn says that she is the mother (Relationship of child)* of Ethel Francis Nethercott born June 22, 1919 (Date of birth) at Malad, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Ethel Francis Nethercott hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Hardman, ~~M.D.~~, was the Midwife medical attendant at the birth of said Ethel Francis Nethercott and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Ethel Francis Nethercott

P. O. Address Jackson, Wyoming

Subscribed and sworn to before me this 28 day of Sept, 1940

M Pleasures
Notary Public.

My commission expires July 14, 1941 Residing at Jackson Wyo, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

795-113-018-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 999804
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls.
(c) Street Address or R.F.D No. 723 J St.
(d) Name of Hospital or Maternity Home: Private home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No. 723 J. St.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 723 J St. Ida. Falls, Ida.

3. **RESIDENCE OF FATHER** (city, state) Ida. Falls, Ida.

4. **FULL NAME OF CHILD** Harold Wayne Pinnock.

5. Date of Birth (Month, day, year) June 13, 1919.

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Loin Pinnock

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Grant (City or town) Idaho. (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda May Bramwell.

17. Color or Race White

18. Age at time of THIS birth 20 years

19. Birthplace Grant (City or town) Idaho. (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....P....M. on the date and at the place stated above and that personal particulars were furnished by Mrs Harvey Field (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) Oct 7 1940 (Date received) (b) Mae J Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. or.....(D.O., Midwife, etc.)
and address Idaho Falls Ida Date Oct 7, 40

State of.....
County of.....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....(Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth) who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

[signature] M.D. .....Name
Idaho Falls Idaho .....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-116-001-249 299855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299855
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 1303 N. 15th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 21 years.....months.....days.

RECEIVED OCT 8 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. 1303 N 15th St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address 1303 N 15th St Boise Idaho
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Robert Lee Bridgman
5. Date of Birth (Month, day, year) Dec. 16, 1919
6. Sex. male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bridgman
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Calif. (State or foreign country)
14. Exact Occupation salesman
15. Industry or Business grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Jane Smith
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Middleton, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead alive (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9.00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Kate M. Smith (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

26. (a) Oct. 8, 1940 (Date received) (b) Mae D Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Kate M. Smith M.D. or (D.O., Midwife, etc.) Grandmother
and address 408 W Newmark, Wilmar, Calif. Date 9/28/40

State of Calif. }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kate M. Smith, being first duly sworn, say that I am the grandmother of (Related to (or) acquainted with) Robert Lee Bridgman (Name of person on certificate above) as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I am the person (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate M. Smith Name
408 W. Newmark Ave. Wilmar, Calif. P. O. Address

Subscribed and sworn to before me on this 28 day of Sept, 1940

(SEAL) W C Forman Notary Public, residing at Wilmar, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3200 Ce. 10-17-40 mf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-21C-010-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299 Sqq

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. #3
(d) Name of Hospital or Maternity Home: ——
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. —— days.
In **THIS** county life years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City R#3, Idaho Falls
(d) Street Address or R.F.D. No. R#3
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address R#3, Idaho Falls

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Marcine Anderson

5. Date of Birth (Month, day, year) Nov. 10, 1919

6. Sex. Female

7. Twin or Triplet ——

If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marvin Joseph Anderson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mantua (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora May Hammer
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Woodville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20 %
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Flora Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** John O. Mellar M.D. or (D.O., Midwife, etc.)
and address P.O. Box 27 Date Oct 9 1940 Idaho Falls

26. (a) Oct 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name and address of Bureau of Vital Statistics (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293-121-40-414

United States
Department of Commerce
Bureau of the Census

(Be sure information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299924 299924
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Ida. Falls General Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 3 years 2 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1111 Water Ave.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Idaho Falls
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dale Maughan Silcox
5. Date of Birth (Month, day, year) Mar 21-1919
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Mark Silcox
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Maughan
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 7 1940 (Date received) (b) Mae G Attwood (Registrar's signature) Registrar
Bureau of Vital Statistics

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mark Silcox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dale Maughan Silcox (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. R. Soderquist M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mark Silcox Name
1003 Heyburn Ave. Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of Oct. 1940

(SEAL) Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-10

299983

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO 299983

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City.....
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
OCT 10 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years months 11 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Lebeau, Idaho
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Paul Burton Towne
5. Date of Birth (Month, day, year) June 9, 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Bernard Towne
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Story County Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laynetta Alvira Fay
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Union County, Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer's wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Paul B. Towne (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Oct 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. G. Nelson M.D. or ..... (D.O., Midwife, etc.)
and address Tekoa Wn Date Oct 7-40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. G. Nelson, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with)
Paul Burton Towne (Name of person on certificate above) as a neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. G. Nelson (Name of attendant at birth), who attended said birth Paul Burton Towne (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

J. G. Nelson Name
Tekoa Wn P. O. Address

Subscribed and sworn to before me on this ..... day of .....
(SEAL) ..... Notary Public, residing at Tekoa Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1945

JUL 3 1942

MAR 10 1944

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 25 40

319-203-005-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Benewah

City of Fernwood

No. ____ St. ____

(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 11 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 300006

Prim. Registration District No. 130 Local Registrar's No. 40

2. FULL NAME OF CHILD Thelma Lois Larson

3. Sex: female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Sept. 3, 1919 (Month, Day, Year)

FATHER

9. Full name: Louis O. Larson

10. Residence (usual place of abode) (If non-resident, give place and State): Fernwood, Ida.

11. Color or race: W | 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or Country): Bergen, Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Logger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber

16. Date (month and year) last engaged in this work: 9/3, 1919

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Clara M. Larson

19. Residence (usual place of abode) (If non-resident, give place and State): Fernwood, Ida.

20. Color or race: W | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Rockford, Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: 9/2, 1919

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Notrate Sol.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8:30 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) J. Knudsberg, M. D.

or Physician, Midwife

Address St. Maries, Idaho

Filed Oct 9, 1940 Walter Roberg

Registrar.

10-26-40
C

755-11-4 020-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 18 1940

State File No. 300024
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
Mrs. Lou Prince Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 9 years 1 months 25 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City King Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address King Hill, Idaho

3. **RESIDENCE OF FATHER** (city, state) King Hill, Ida

4. **FULL NAME OF CHILD** Carl Henry Genung

5. Date of Birth (Month, day, year) 11/14/1919

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frederick William Genung
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ithica, New York (City or town) (State or foreign country)
14. Exact Occupation Reclimation Project Mechanic
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Susanna Schulz
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Barmen, Prussia, Germany (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Oct 18, 1940 (Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Frederick William Genung, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Henry Genung (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Davis, Sr. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frederick William Genung Name
King Hill, Ida. R-E. P. O. Address

Subscribed and sworn to before me on this ____ day of October 1940

(SEAL) O. C. Mahoney Notary Public, residing at King Hill, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391-103-022436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony Idaho
(c) Street Address or R F D No. Went to Parsonage Attended
(d) Name of Hospital or Maternity Home Was home then
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 0 years 9 months 3 days.

OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Michigan (b) County Isabella
(c) City Shepherd
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 mo 3 yrs.
(f) Mother's mailing address At Present (4225 Blackthorne Long Beach Calif.)

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** James McFarren Crawford

5. Date of Birth (Month, day, year) May 3 1919 Long Beach California

6. Sex Male

7. Twin or Triplet Neither (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Geo B. Crawford	16. **FULL MAIDEN NAME** Hazel McFarren Crawford
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 35 yrs.	18. Age at time of THIS birth 32 years
13. Birthplace Rose bush (City or town) Michigan (State or foreign country)	19. Birthplace Shepherd (City or town) Michigan (State or foreign country)
14. Exact Occupation School Man only yr 1918-19 he had Charge of Clark Seed Co.	20. Exact Occupation House wife
15. Industry or Business Farming Idaho	21. Industry or Business Did some teaching.

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None
1 Boy older than James, named Bruce died in 1923 in Idaho Falls.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Rented Fallen House in St. Anthony Idaho on the date and at the place stated above, and that personal particulars were furnished by Hazel M. Crawford (First name) (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) 10-14-40 (Date received) (b) Mae G. Attwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of the Census

25. Attendant's **OWN** signature John R. Gray M.D. or (D.O., Midwife, etc.)
and address Carmel Calif Date 10/5/40

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California } ss.
County of Los Angeles }

I, Hazel M. Crawford, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) James McFarren Crawford (Name of person on certificate above) as son (only witness available) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The Nurse (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hazel M. Crawford Name
4225 Blackthorne Ave Long Beach Address

Subscribed and sworn to before me on this 11th day of October 1940.

(SEAL) J. W. Gray Notary Public, residing at Long Beach, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

49-103-039-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Gooding
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
OCT 14 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years 5 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Charles William Harris

5. Date of Birth (Month, day, year) May 3, 1919

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Thomas Harris
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Dayton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orilla Irene Hollis
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Gooding (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife of Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Orilla Irene Hollis, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Charles William Harris (Name of person on certificate above) My son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shultz (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Orilla Irene Hollis Name
Wapshilla, Wash. P. O. Address

Subscribed and sworn to before me on this 14 day of October, 1940

(SEAL) [signature] Notary Public, residing at Wapshilla

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

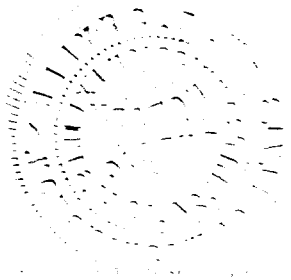
cc-10-26-40 mp

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



967-121-40-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 300062
Local Reg. No. 747
Reg. Dist. No. 610

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. 230 Conner Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Ida
(d) Street Address or R.F.D. No. 230 Conner Ave
(e) How long has **MOTHER** lived in Idaho? 3 5 yrs.
(f) Mother's mailing address 230 Conner Ave.
3. **RESIDENCE OF FATHER** (city, state) Ida

4. **FULL NAME OF CHILD** John Boyes Rogers
5. Date of Birth (Month, day, year) 1-21-1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Deloss Rogers
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace New York City (City or town) New York (State or foreign country)
14. Exact Occupation General Contractor
15. Industry or Business

MOTHER OF CHILD Boyes

16. **FULL MAIDEN NAME** Minnie Bell Rogers
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Leadville City (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-15-40 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Bell Rogers, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Boyes Rogers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L.H. Coulthard (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Bell Rogers Name
230 Conner Ave, Idaho Falls, Ida P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1940

(SEAL) Bessie Allen Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 5 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-113-006-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

300086 300086
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Bingham (b) City Shelley
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: Born in my own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In home
In **THIS** county 4 years 2 months 22 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Shelley Idaho Rt 1
3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Layton Lesar Gledhill
5. Date of Birth (Month, day, year) July 13, 1919
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Valentine Gledhill
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Florella Dodson
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Spring Lake (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeper of a home

22. Name prophylactic used to prevent Ophthalmia Neonatorum I dont know.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead. none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) on the date Oct 17 1940 and at the place stated above, and that personal particulars were furnished by Emily F. Dotson Gledhill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 17 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. or (D.O., Midwife, etc.) and address Shelley Ida Date 10-26-40

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Dotson Gledhill being first duly sworn, say that I am Related to (Related to (or) acquainted with) Layton Lesar Gledhill (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 185, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Edwin Cutler (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

× Mrs Emily Gledhill Name
× 927 Venice Blvd. Apt 6 P.O. Address

Subscribed and sworn to before me on this 26th day of October 1940

(SEAL) C. Hahn Notary Public, residing at Los Angeles, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866123039-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360107
Local Reg. No. 191
Reg. Dist. No. 500

1. **PLACE OF BIRTH:**
(a) County Power (b) City A.M. Falls Ida.
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: At 2nd Home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Arizona (b) County Gila
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Pine Arizona

3. **RESIDENCE OF FATHER** (city, state) Pine Arizona

4. **FULL NAME OF CHILD** Orris Elmo Howard

5. Date of Birth (Month, day, year) Dec. 23 - 1919

6. Sex. Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Ashley Howard
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Dewyville (City or town) Utah (State or foreign country)
14. Exact Occupation Post Master
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Marian Jeffs
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-14-1940 (Date received) (b) Irene Daling (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. W. Howard, being first duly sworn, say that I am uncle (Related to (or) acquainted with) Orris Elmo Howard (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noth (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth ~~has not been~~ previously recorded.

W. W. Howard Name

American Falls P. O. Address

Subscribed and sworn to before me on this 15th day of Oct.

(SEAL) ..... Notary Public, residing at .....

COUNTY RECORDER AND CLERK OF THE DISTRICT COURT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc. 10-28-40 mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-204 025768

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **300142**
Local Reg. No.
Reg. Dist. No. 144

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Clearwater
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years ..... months ..... days.

RECEIVED
OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Clearwater

3. **RESIDENCE OF FATHER** (city, state) Clearwater

4. **FULL NAME OF CHILD** Margaret Lucinda Riebold

5. Date of Birth (Month, day, year) May 4 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orrin Lamerol Riebold
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Aldaha Johnson
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Grangeville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Ann Riebold (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) Oct-8 (Date received) (b) J M Weberkamer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H W Hentworth M.D (D.O., Midwife, etc.)
and address Stites Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-112-034-418

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 15 1940

CERTIFICATE OF BIRTH

301156

Registration District No. _____ State File No. _____

Prim. Registration District No. 450 Local Registrar's No. 173

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jack Lloyd May

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature Full term yes 7. Legitimate? yes

8. Date of birth April 12, 1919 (Month, Day, Year)

FATHER

9. Full name Lloyd Franklin May

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Tressie Adeline Mayes

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-Silval 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

Registrar.

(Signed) E. H. Ebmeier, M. D.

or _____, Midwife

Address Rupert, Ida.

Filed Oct. 4, 1940 E. H. Ebmeier Registrar.

JAN 5

599126010-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 361220

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361220
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. 5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? All 6 yrs.
(f) Mother's mailing address Rt #5 Idaho Falls Ida
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** SHIGERU NII
5. Date of Birth (Month, day, year) Nov. 26. 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, ~~2nd, 3rd~~
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ICHIMASA NII
11. Color or Race Japanese
12. Age at time of THIS birth 38 yrs.
13. Birthplace Takamatsu (City or town) Okayama (State or foreign country) Japan
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ITSU KOBAYASHI
17. Color or Race Japanese
18. Age at time of THIS birth 37 years
19. Birthplace Tsuruji (City or town) Niigata (State or foreign country) Japan
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct. 21, 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name assigned by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ichimasa Nii, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Shigeru Nii (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Ichimasa Nii Name
Route 5 Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1940

(SEAL) Eva Green Notary Public, residing at Idaho Falls

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR

one copy issued 10/29/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 19-7539/

23/109 016-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301262
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

RECEIVED
OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Glen Black
5. Date of Birth (Month, day, year) February 9, 1919
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Glen Black
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Beulah, Idaho (City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Mae Sager
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-28-40 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Katie Formwalt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Glen Black (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Story (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Katie Formwalt Name
Box 75 Hansen Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of October 1940

(SEAL) O C Hall Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 108 034 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3-12-17

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County MINIDOKA (b) City MINIDOKA
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years 7 months 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FRANK JACOB Schaub
5. Date of Birth (Month, day, year) Feb. 8, 1919
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Peter Schaub
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace PARDANY (City or town) Hungary (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Marion LANG
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace OTZIFALVA (City or town) Hungary (State or foreign country)
20. Exact Occupation FARMERS WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10:50 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Schaub (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) 10-29-40 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Theresia Schulmeister M.D. or (D.O., Midwife, etc.)
and address Rupert, Idaho Date 10/29/40

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name
P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

534 201 001 619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301298

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Lukes St
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vera Pearl Elmore

3. Sex F | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 1, 1919 (Month, Day, Year)

FATHER

9. Full name Maynard Lodwin Elmore
10. Residence (usual place of abode) (If non-resident, give place and State) Star Ida
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mechanic
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Lottie Ethel Warnke
19. Residence (usual place of abode) (If non-resident, give place and State) Star Idaho
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Star Idaho.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate
28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) John Barker, M. D.
or ____, Midwife
Address Boise Ida

Filed OCT 1940, 193[illegible] STATE
Mae E. Atwood
Registrar.

Registrar.

DELAYED

154123022-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301414
Local Reg. No.
Reg. Dist. No.

OCT 25 1940

1. **PLACE OF BIRTH:** (a) ~~County~~ SALEM (b) ~~City~~ FREMONT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

RECEIVED OCT 31 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address SALEM - IDAHO

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** JOSEPH DON ANDERSON
5. Date of Birth (Month, day, year) March 23, 1919
6. Sex. MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EZRA LE ROY ANDERSON
11. Color or Race White
12. Age at time of THIS birth.....yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation BEE KEEPER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ALTHERA HARRIS
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6
23. Number of children of this mother: (a) At time of birth and including this child.....6..... (b) Born alive and now living.....4.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) OCT 25 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah A. Anderson, being first duly sworn, say that I am mother (Related to (or) acquainted with) Joseph Don Anderson (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nelson (Name of attendant at birth), who attended said birth, Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah A. Anderson Name
538 W 91st St Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this 23 day of October 1940

M. F. TROSTLER
NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES STATE OF CALIFORNIA
MY COMMISSION EXPIRES FEB. 3, 1941

(SEAL)

M. F. Trostler Notary Public, residing at Los Angeles Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-223035-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City Lewiston
(c) Street Address ~~or R.F.D. No.~~
(d) Name of ~~Hospital or~~ Maternity ~~Home~~:
(e) Mother's stay **BEFORE** delivery:
In ~~Hosp. or~~ Mat. Home.....days.
In **THIS** county.....years....4....months....23....days.

NOV 4 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash. (b) County Columbia
(c) City Dayton
(d) Street Address or ~~R.F.D. No.~~ Dayton Ave.
(e) How long has **MOTHER** lived in Idaho? 4 Yrs. 23 Ds.
(f) Mother's mailing address Dayton Wash. Box
3. **RESIDENCE OF FATHER** (city, state) Dayton Wash

4. **FULL NAME OF CHILD** Flora Mae White
5. Date of Birth (Month, day, year) Sept 23, 1919.
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Floyd E. White
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Columbia Co. (City or town) Wash. (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karry Irene Parke
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Sotin County (City or town) Wash - (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov. 4 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....(Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington, }
County of Walla Walla, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Karry Foster, being first duly sworn, say that I am related to (Related to (or) acquainted with) Flora Mae White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that don't remember (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mrs Karry Foster Name

P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1940.

(SEAL) Notary Public, residing at Walla Walla, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 8 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-215010-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301498
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 1 1940

1. **PLACE OF BIRTH:**
(a) County Lowner (b) City Idaho Falls Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Tazuko Nishizaki

5. Date of Birth (Month, day, year) June 15-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Yokichi Nishizaki
11. Color or Race Yellow
12. Age at time of THIS birth 27 yrs.
13. Birthplace Japan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tsuruko Sumida
17. Color or Race Yellow
18. Age at time of THIS birth 24 years
19. Birthplace Japan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother (a) At time of birth and including this child 2 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 31 1940 (Date received) (b) Mary L. Sullivan (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho, } ss.
County of Elmore }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tsuruko Nishizaki, being first duly sworn, say that I am related (Related to (or) acquainted with) to Tazuko Nishizaki (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Yokichi Nishizaki (Name of attendant at birth), who attended said birth, is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Tsuruko Nishizaki Name
Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of Spetember, 1940.

(SEAL) Notary Public, residing at Glenns Ferry, Idaho.

1 Photostat copy 12/29/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1941

APR 26 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3141070 30864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301580
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Leadore
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County Piute
(c) City Circleville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Leadore, Idaho

3. **RESIDENCE OF FATHER** (city, state) Leadore, Ida.

4. **FULL NAME OF CHILD** William Apolles Lambson

5. Date of Birth (Month, day, year) April 7, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Apolles Lorenzo Lambson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Thatcher, (City or town) Arizona (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ethel Young
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary E.Y. Lambson (First name) (Last name), who is related to this child as mother (Mother) Mae G. Atwood

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Apolles Lambson, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Apolles Lambson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was present (Name of attendant at birth), who attended said birth no doctor (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Apolles Lorenzo Lambson Name
Sandy R.S.1 Box 13 Sandy Utah P. O. Address

Subscribed and sworn to before me on this 30 day of October

(SEAL) Jean N. Smith Notary Public, residing at Salt Lake City, Utah

Commission Expires: Jan-9-1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1968

JUN 14 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued NOV. 18, 1970. H.W.

DEC 17 1970

666-103-007-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301662 **301662**
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Cleveland
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Cleveland Ida

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Claude Odell Fowler

5. Date of Birth (Month, day, year) Mar. 3 - 1919

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Thomas Fowler
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Rae Peck
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother etc.)

26. (a) Nov. 16 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name assigned by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Rae Wilde, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Claude Odell Fowler (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hubbard (Name of attendant at birth), who attended said birth, Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Jennie Rae Wilde Name
Melba Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of Nov. 1940.

(SEAL) Clay L. Todd Notary Public, residing at Melba, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

135-121-029-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301695
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: My own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

NOV 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Southwick Idaho
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Robert John Alexander
5. Date of Birth (Month, day, year) Dec. 21, 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis A. Alexander
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Linden (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jenks
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Pomeroy, (City or town) Wash. (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at M on the date and at the place stated above, and that personal particulars were furnished by Mrs Clara Alexander (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mae G. Atwood
Ellen Clark

26. (a) Nov. 15, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ~~M.D. or~~ (M.D., Midwife, etc.)
and address Southwick, Ida. Date Nov. 13, 1940

Bureau of Vital Statistics

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1949

Certified Copy Issued Nov. 22, 1940. E.W.

255 · 073 · 029-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301758
Local Reg. No. 1265
Reg. Dist. No. 201

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy.
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 20 years.....months.....days.

RECEIVED
NOV 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Troy Idaho
3. **RESIDENCE OF FATHER** (city, state) Troy, Ida.

4. **FULL NAME OF CHILD** Marguerite Ingeborg Benson
5. Date of Birth (Month, day, year) March 23 1919
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Axel Rudolph Benson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Taeby (City or town) Sweden (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Wilhelmina Svanberg.
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1
(c) Born alive and now dead. 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 13:00 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 11-14-40 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** .....M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Wilhelmina Benson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marguerite Ingeborg Benson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 136, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Erik Svanberg (Name of attendant at birth), who attended said birth, is presently ill (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen Wilhelmina Benson ..... Name
Troy Idaho ..... P. O. Address

Subscribed and sworn to before me on this 13 day of Nov. 1940

(SEAL) ..... Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-206-025-255

302859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Cleanwater
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: NOV 26 1940
In Hosp. or Mat. Home.....days.
In **THIS** county 33 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Clearwater
3. **RESIDENCE OF FATHER** (city, state) Clearwater

4. **FULL NAME OF CHILD** Dorothy Lucile Baldwin
5. Date of Birth (Month, day, year) 7/6/1919
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clifford Lyons Baldwin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ky. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ella Jones
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Clearwater (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY THAT I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov. 26/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)*

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clifford Lyons Baldwin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Lucile Baldwin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Hart (Name of attendant at birth), who attended said birth cannot be found (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clifford James Baldwin Name

Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of November, 1940

(SEAL) E F Cleveland Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753117-035-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 2 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302954
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~35 yrs.~~ yrs.
(f) Mother's mailing address Leland, Idaho

3. **RESIDENCE of FATHER** (city, state): Leland, Idaho

4. **FULL NAME OF CHILD** Leo Even Peters

5. Date of Birth (Month, day, year) June 17th, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amel George Peters
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Mead (City or town) Neb. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Silvia Olive Daugherty
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Little Elm, (City or town) Texas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G Atwood

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amel George Peters, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leo Even Peters (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rachel Daugherty (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Amel George Peters Signature

Leland, Idaho. P. O. Address

Subscribed and sworn to before me on this 29th day of November, 1940

(SEAL) ..... Notary Public, res' Kendrick, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 6, 1

132 119 003-393

303025

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 4 1940

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock ..... (b) City .....
(c) Street Address or R F D No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days. Was home
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho ..... (b) County Bannock .....
(c) City .....
(d) Street Address or R.F.D. No. Hawkins .....
(e) How long has **MOTHER** lived in Idaho? 37 ..... yrs.
(f) Mother's mailing address 404 Mc. Pocatello .....

3. **RESIDENCE OF FATHER** (city, ~~state~~) deceased

4. **FULL NAME OF CHILD** Ralph Littlefield Albiston

5. Date of Birth (Month, day, year) Aug 19 - 1919

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lorenzo Albiston

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Coville (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Allen Littlefield

17. Color or Race White

18. Age at time of THIS birth 34 years

19. Birthplace Henryville (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 4, 1940 (Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Verla Elizabeth Marley, being first duly sworn, say that I am Sister (Related ~~to (or) acquainted with~~) of Ralph Littlefield Albiston (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Panel (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Verla Elizabeth Marley ..... Name

555 No. 9th W. Pocatello Ida. ..... P. O. Address

Subscribed and sworn to before me on this 2nd day of November 1940

(SEAL)

R E Leeper ..... Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 225 025 381

303049

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 6 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Greencreek
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address Greencreek Ida

3. **RESIDENCE of FATHER** (city, state): Greencreek Ida.

4. **FULL NAME OF CHILD** Leverna Mae Johnson

5. Date of Birth (Month, day, year) March 25-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Arcada Johnson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leverna Sylvia Chase
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Sherman Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leverna S. Johnson, being first duly sworn, say that I am related (Related to (or) acquainted with) to Leverna Mae Johnson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Scallon (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leverna Sylvia Johnson Signature

Greencreek, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of December, 19 40

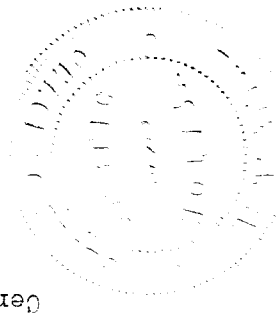
(SEAL) W. H. Elliott Notary Public, residing at Cottonwood, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

dup of 1919-080948

Certified Copy issued Dec. 13, 1940. E.W.

844 216 018 751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303084
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Clearwater (b) City Greer
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Virginia Elaine Humbird
5. Date of Birth (Month, day, year) June 16, 1919
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A. Humbird
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hudson, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber manufacture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hedvig M. Pearson
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Mason, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of British Columbia }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hedvig Humbird, being first duly sworn, say that I am related (Related to (or) acquainted with) Virginia Elaine Humbird (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hedvig Humbird Name
Chemainus, British Columbia P. O. Address

Subscribed and sworn to before me on this 2nd day of December 1940

(SEAL) K B Kidd Notary Public in and for the Province of British Columbia residing at Chemainus B.C.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Fremont
City of Ashton, Idaho
No. 214-19-022-214 St.
(If born in hospital or institution give name.)

DEC 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303111

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** MARK BAUM

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	yes	Feb. 19, 1940 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Murray Baum	18. Full maiden name: Esther Roberts Baum
10. Residence (usual place of abode) (If non-resident, give place and State): Ashton, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Ashton, Idaho
11. Color or race: white 12. Age at last birthday: 46 (years)	20. Color or race: White 21. Age at last birthday: 47 (years)
13. Birthplace (city or place) (State or Country): Provo, Utah	22. Birthplace (city or place) (State or Country): Wellington, Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oil Dealer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Owner & Mgr.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Nov. 26, 1940	17. Total time (years) spent in this work: 6
25. Date (month and year) last engaged in this work: Nov. 26, 1940	26. Total time (years) spent in this work: 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: three (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor: ____ Before labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 4: A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) ____, M. D.
or Linda Pleland R.N. Nurse, Midwife
Address Ashton Idaho

Filed ____, 193 ____

Registrar.

Mae G. Atwood
Registrar.

DEC 5 1940 Bureau of Vital Statistics

NOV 19 1970

FEB 25 1942

AUG 3 1943

12/11/40 L. B.

319/107 042 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

303140 303140

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Town Rock Creek
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 14 years.....months.....days.

DEC 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Town Rock Creek, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Donald Elmer Larsen

5. Date of Birth (Month, day, year) July 7th 1919

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy X

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Agnus Larsen
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Rock Creek, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cassie Eugena Daniel
17. Color or Race W
18. Age at time of THIS birth 37 years
19. Birthplace Blue Mountain (City or town) Miss (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4 3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3.00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother).

26. (a) 12 19 40 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cassie Larsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Elmer Larsen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J N. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cassie Larsen Name
Hansen, Idaho R.F.D # 2 P. O. Address

Subscribed and sworn to before me on this 19th day of December 1940

(SEAL) [signature] Notary Public, residing at Twin Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 26, 1940. E.W.

Form V. S. No. 6—12M—1-35. Original Record for State Registrar.

438 119-022-438

Idaho

DEC 13 1940

STATE OF ~~MONTANA~~

STANDARD CERTIFICATE OF BIRTH

State Board of Health
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

303158

Place of Birth

County of Fremont

Village or City of St. Anthony No. , Street. Reg. No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francis Sheldon McQuiston (If child is not yet named, make supplemental report, as directed)

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term *	7. Legitimate? *	8. Date of birth (Month, day, year)
male				May 19, 1919

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Otto G. McQuiston	Helen McQuiston
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	St Anthony, Idaho	St Anthony, Idaho
11. Color or race / 20.	White	White
12. Age at last birthday (Years) / 21.	23	21
13. Birthplace (city or place) (State or country) / 22.	Collins Iowa	West Union Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc. / 23.	rancher	Housewife
15. Industry or business in which work was done, as Silk Mill, Sawmill, Bank, etc. / 24.	Ranch	Home
16. Date (month and year) last engaged in this work / 25.	at present 19 19	at present 19 19
17. Total time (years) spent in this work / 26.	5 yrs	2 yrs

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation {months / or weeks} 29. Cause of stillbirth {Before labor / During labor}

What prophylactic was used to prevent ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 m., on the date above stated

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) Otto G. McQuiston ~~M. D.~~
Father
~~or Midwife~~

Address St Anthony Idaho

Given name added from a supplemental report (Date of)

Filed DEC 12 1940, 19 M. E. Atwood Registrar.

Registrar.

Director Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Certified Copy issued Dec. 18, 1940. E.W.

AFFIDAVIT

STATE OF Montana
COUNTY OF Silver Bow } ss.

DEC 12 1940

I, Helen Crain McQuiston, do solemnly swear that I am the mother of the child mentioned in the attached Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Helen Crain McQuiston

Subscribed and sworn to before me this 2nd day of Dec, 19 40

Rudolph Kluse

Notary Public for State of Montana

Residing at Butte

My Commission expires Apr 13, 1942

STATE OF Montana
COUNTY OF Silver Bow } ss.

We, the undersigned, do severally solemnly swear that we were personally and well acquainted with the parents of the person mentioned in the attached Birth Certificate at the time the birth occurred, and we have read the statements contained in the Certificate of Birth and that said statements are true to our best knowledge and belief.

Sheldon L. McQuiston Age of Witness 71

John W Woodsey Age of Witness 45

Subscribed and sworn to before me this 2nd day of Dec, 19 40

Rudolph J Kluse

Notary Public for State of Montana

Residing at Butte

My Commission expires Apr 13, 1942

THE DEMOCRAT, LEWISTOWN, MONT.
V. S. 11—6M—7-40.

AFFIDAVIT

STATE OF Montana
COUNTY OF Silver Bow } ss.

I, Otto G. McQuiston, do solemnly swear that I am the father of the child mentioned in the attached Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Otto G. McQuiston

Subscribed and sworn to before me this 2nd day of Dec, 1940

Theodore J. Kleine

Notary Public for State of Montana

Residing at Butte

My Commission expires April 13, 1942

STATE OF
COUNTY OF } ss.

We, the undersigned, do severally solemnly swear that we were personally and well acquainted with the parents of the person mentioned in the attached Birth Certificate at the time the birth occurred, and we have read the statements contained in the Certificate of Birth and that said statements are true to our best knowledge and belief.

Sheldon L. McQuiston Age of Witness 71

John W. Woolsey Age of Witness 45

Subscribed and sworn to before me this 2nd day of Dec, 1940

Theodore J. Kleine

Notary Public for State of Montana

Residing at Butte

My Commission expires Apr 13, 1942

THE DEMOCRAT, LEWISTOWN, MONT.
V. S. 11—6M—7-40.

OCT 26 1967

344-126 026-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303208
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Jefferson (b) City Lorenzo
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: At Mother and Huston Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Lorenzo
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address Lorenzo Idaho

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Harry Raymond Ludlow

5. Date of Birth (Month, day, year) Feb 26 1919

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full time

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Ludlow
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Plasterer and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Blodgett
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Lorenzo (City or town) Idaho (State or foreign country)
20. Exact Occupation House Keeping & Sewing
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child. none (b) Born alive and now living. 1 (c) Born alive and now dead..... (d) Stillborn. 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Ludlow (First name) (Last name), who is related to this child as Mother.

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Ellen Ludlow, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harry Raymond Ludlow (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Ellen Ludlow .....Name
Lorenzo Route 1 .....P. O. Address

Subscribed and sworn to before me on this 13th day of December 1940

(SEAL) George M. Larsen .....Notary Public, residing at Menan, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 26, 1940. E.W.

217102 034 615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304291

Local Reg. No.

Reg. Dist. No.

DEC 21 1940

1. **PLACE OF BIRTH:**
   (a) County Minidoka (b) City Acequia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 12 years 3 month 17 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Acequia - Rt. 1
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12¼ yrs.
   (f) Mother's mailing address Acequia - Rt. 1

3. **RESIDENCE of FATHER** (city, state) Acequia, Ida.

4. **FULL NAME OF CHILD** Roy I. Bagnall

5. Date of Birth (Month, day, year) Dec. 2, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Casper George Bagnall
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Trinidad, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Wanless Bagnall
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Dec. 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Casper George Bagnall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roy I. Bagnall (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. V. R. Killen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Casper G Bagnall Signature

Acequia, Idaho P.O. Address

Subscribed and sworn to before me on this 14 day of Dec 19 40

(SEAL) ..... Notary Public, residing at Rupert

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 2, 1941. E.M.

562 711 016.249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

304315

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County CASSIA (b) City DECLO
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
DEC 23 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 20 days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County CASSIA
(c) City DECLO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address DECLO c/o HC
3. **RESIDENCE OF FATHER** (city, state) DECLO Ida

4. **FULL NAME OF CHILD** DALE VALENTINE VOSBURG
5. Date of Birth (Month, day, year) DEC-11-1919
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? O

FATHER OF CHILD

10. **FULL NAME** CECIL VICTOR VOSBURG
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace FALL CITY (City or town) NEB (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOTA MARY SMITH
17. Color or Race WHITE
18. Age at time of THIS birth 29 years
19. Birthplace Willow Springs (City or town) MO. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Dec. 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given under the Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. V. Vosburg, being first duly sworn, say that I am Related (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rae (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. V. Vosburg Name
Declo Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of December

(SEAL) Notary Public residing at Declo, Idaho

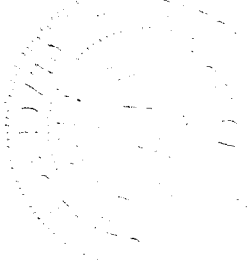
NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO, MY COMMISSION EXPIRES MAY 17, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-107 042 289

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304357
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Yamhill
(c) City Mc Minnville
(d) Street Address or R.F.D. No. 950 Birch
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address above
3. **RESIDENCE OF FATHER** (city, state) above

4. **FULL NAME OF CHILD** William Henry Hall
5. Date of Birth (Month, day, year) Feb. 7, 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Hall
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Spearfish (City or town) So Dak. (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Printing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Alice Shineberger
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Granger (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown by parents
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Jan. 6, 1941. (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Henry Hall being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Henry Hall (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.M. Murphy (Name of attendant at birth) who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

William Henry Hall Name
950 Birch St. Mc Minnville Ore. P. O. Address

Subscribed and sworn to before me on this 4th day of January 1941

(SEAL) Jack B. Blaine Notary Public, residing at Mc Minnville, Oregon

My Commission Expires FEBRUARY 28, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 15, 1941. E.W.

592 121 043 412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

304439

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 28 1940

1. **PLACE OF BIRTH:**
(a) County Valley (b) City Norwood
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home: *
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City Norwood
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Norwood Idaho

3. **RESIDENCE OF FATHER** (city, state) Norwood, Ida.

4. **FULL NAME OF CHILD** Elmer Jack Nisula

5. Date of Birth (Month, day, year) 5-21-1919

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Sam Nisula
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna H. Maki
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Anna Nisula (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Dec. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

27. Given name added on..... by..... (Registrar's signature)

Bureau of Vital Statistics

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Anna H Nisula, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Elmer Jack Nisula as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendent (Name of attendant at birth), who attended said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Anna H Nisula Name
Norwood, Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of Dec 1940

(SEAL) M E Bentley Notary Public, residing at Donnelly--Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-20-10072239

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

304447

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City.....
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Rupert
(d) Street Address or R.F.D. No. Box 95
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Rupert, Idaho
3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida

4. **FULL NAME OF CHILD** Sarah Kohler
5. Date of Birth (Month, day, year) Dec. 9, 1919
6. Sex Female
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd Second
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Kohler
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bisenabin, Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Stickel Kohler
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Bisenabin, Russia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Christina Kohler (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Dec. 28, 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

25. Attendant's **OWN signature** Th. L. Hulmeister, M.D. or (D.O., Midwife, etc.)
and address Rupert, Idaho Date Dec. 26, '40

27. Given name added on.....by.....
(Registrar's signature)

Bureau of Vital Statistics

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE- 01/10/2020 CCC

JAN - 7 1943

SEP 4 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23-211-014-219

304457

United States
Department of Commerce
Bureau of the Census

DEC 24 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Rt #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D. # 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Emmett Ida

3. **RESIDENCE of FATHER** (city, state) Germany

4. **FULL NAME OF CHILD** Esther Marie Schadt

5. Date of Birth (Month, day, year) Oct 11 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy Full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Carl Schadt
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace St Joseph Mo (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Freda Elizabeth Barth
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Fred Schadt (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** James L Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Date 12-23-40

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Carl Schadt, being first duly sworn, say that I am Esther Marie (Related to (or) acquainted with) Schadt (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that James L. Reynolds (Name of attendant at birth), who attended said birth ~~is now deceased (or) cannot be located~~ and that this birth has not been previously recorded.

Fred Carl Schadt Signature

Emmett Idaho P.O. Address

Subscribed and sworn to before me on this 23rd day of December, 1940

(SEAL) J. P. Reed Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 1-9-1941. D.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 107010 667

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 4 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address R.F.D. 1 Ida. Falls

3. **RESIDENCE of FATHER** (city, state): Ucon, Idaho

4. **FULL NAME OF CHILD** Gilbert LeRoy Jones

5. Date of Birth (Month, day, year) Sept. 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Percy J. Jones
11. Color or Race White
12. Age at time of THIS birth 29? yrs.
13. Birthplace Stroud (City or town) England (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nola B. Fogelsong
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Galena (City or town) Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Nola Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan 4 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Sarah J. Simmons M.D. (or, Midwife, etc.)
and address Idaho Falls Ida R#1 Date 1-2-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 1-10-1941. D.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-111 003 766 RECEIVED

JAN 7 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304550
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years 5 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Gooding Ida
3. **RESIDENCE of FATHER** (city, state): deceased

4. **FULL NAME OF CHILD** Elmer Lee Christie
5. Date of Birth (Month, day, year) 1/11/19
6. Sex Male
7. Twin or Triplet
If so—1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wm. Christie
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Don't know (City or town) OK Oklahoma (State or foreign country)
14. Exact Occupation Fireman for O. Sh. Rail R.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladis Oline Powell
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I ~~attended~~ was present at the birth of this child, who was alive (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Charles Totten (First name) (Last name), who is related to this child as Half Brother (Mother, etc.)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles E. Totten, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elmer Lee Christie (Name of person on certificate above) as Half Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rail Road Doctor (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles E. Totten Signature
Marcus Washington P. O. Address

Subscribed and sworn to before me on this 6th day of January 1941

(SEAL)

J Belanger Notary Public, residing at Marcus Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECLASSIFIED

Certified Copy issued Jan. 15, 1941. E.K.

A645-102 019-291 RECEIVED

304634

United States
Department of Commerce
Bureau of the Census

JAN 10 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record Typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.
   (f) Mother's mailing address (For registration notice):
   Challis, (Street or R. F. D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Challis, Ida

4. **FULL NAME OF CHILD** Wilford Wayne Funkhauser

5. Date of Birth (Month, day, year) Jan. 2, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Fred Walton Funkhauser

11. Color or Race white

12. Age at time of THIS birth 42 yrs.

13. Birthplace Challis (City or Town) Idaho (State or foreign country)

14. Exact Occupation Cattle Raising

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera May Bradbury

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Challis (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan. 10, 1941. (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Custer } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Vera May Funkhauser being first duly sworn says that she is the mother (Relationship of child)* of Wilford Wayne Funkhauser born January 2, 1919 (Date of birth) at Challis, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certifi cate of birth of the said Wilford Wayne Funkhauser hereto attached are true and correct as stated therein, **and that this birth has not been previously r ecorded.**

Affiant further states that C.L. Kirtley M. D. was the Midwife medical attendant at the birth of said Wilford Wayne Funkhauser and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Vera May Funkhauser

P. O. Address Challis, Idaho

Subscribed and sworn to before me this 8th day of January, 19 41

[redacted] Notary Public.

Residing at Challis, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

387 21 003 256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304718
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own home in Grace
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address Grace, Idaho

3. **RESIDENCE of FATHER** (city, state): Grace, Idaho

4. **FULL NAME OF CHILD** Marjorie Alice Cox

5. Date of Birth (Month, day, year) May 11 - 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Cox
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Evanston, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Clothing & Barber Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Snow
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Draper Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Cox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marjorie Alice Cox (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth ~~recorded under Chapter 139, 1937 Session Laws~~, and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hubbard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Cox
Signature

Nampa, Idaho
P. O. Address

Subscribed and sworn to before me on this 30th day of December, 19 40

(SEAL)

Notary Public, residing at Nampa, Idaho

NOTARY PUBLIC FOR IDAHO.
RESIDENCE: NAMPA, IDAHO
MY COMMISSION EXPIRES AUG. 4TH, 1941

OCT 13 1972

1/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 116-010-689

RECEIVED
JAN 14 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304731

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville Co.
City of Idaho Falls,
No. General hospital St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dean Charles Moore

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 10-16-19, 1919 (Month, Day, Year)

FATHER

9. Full name: Bert J. Moore

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls,

11. Color or race: W | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Kearney Nebr.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: 10-16-, 1919

17. Total time (years) spent in this work: 15

MOTHER

18. Full maiden name: Ethel V. White

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

20. Color or race: W | 21. Age at last birthday: 33 (years)

22. Birthplace (city or place) (State or Country): Cedar Rapids, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: 10- 16, 1919

26. Total time (years) spent in this work: 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. M. Olive, M. D.

or ....., Midwife

Address Idaho Falls, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Jan. 14, 1941 193.. Mae G. Atwood Registrar.

.....
Registrar.

Mae G. Atwood

1/23/41 L. B.

MAY 13 1951

255 228 014 866 RECEIVED

United States Department of Commerce Bureau of the Census

JAN 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304761

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address Id.

3. **RESIDENCE of FATHER** (city, state): Id.

4. **FULL NAME OF CHILD** Pauline Pearl Seely

5. Date of Birth (Month, day, year) Feb. 28. 1919.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Victor Ewin Seely
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Crawfordsville, Oregon (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Auto repair shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Molley Howry
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Meridian, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
    (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 12.30 P. M. on the date and at the place stated above, and that personal particulars were furnished by child's mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 15 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon, County of Union. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Molley Seely, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Pauline Pearl Seely (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. D. Farrier. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl Molley Seely Signature

La Grande, Oregon, P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1941.

(SEAL) E. R. Rasor Notary Public, residing at La Grande, Oregon

My Commission Expires March 10, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy issued Jan. 22, 1941. B.W.

133-1-08.001-251

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 20 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304840

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 18th & Hazel St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Willard Fay Allumbaugh

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 6-8, 1908 (Month, Day, Year)

FATHER

9. Full name Laurie E. Allumbaugh
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race W. | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Nora Springs Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Bertha May Knapp
19. Residence (usual place of abode) (If non-resident, give place and State) Boise
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Abilene Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn —
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) M. Calloway, M. D.
or ....., Midwife
Address .....
Filed Jan, 1941 Clyde A Bridges Acting
Registrar.

Registrar.

351-107-027-331

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305917
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Eden Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Clark Clement Leach

5. Date of Birth (Month, day, year) Dec 7-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Leach

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Springfield Mo
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Marie Clark

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Adrian Mo.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 21 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Leach, being first duly sworn, say that I am ~~Father~~ related to Clark Clement Leach as Father, whose birth certificate
(Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bruce, who attended said birth Cannot be located and that this birth has not been previously recorded.
(Name of attendant at birth) (Is now deceased (or) cannot be located)

Fred Leach
Signature

Bliss Idaho
P. O. Address

Subscribed and sworn to before me on this 29 day of January 1941

(SEAL)

A. M. Reynolds
Notary Public, residing at Hagerman Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 20, 1941. E.W.

349-108038-964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. X X
(d) Name of Hospital or Maternity Home: Brown Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 5 days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Payette, Idaho

3. RESIDENCE of FATHER (city, state). Payette, Idaho

4. FULL NAME OF CHILD Paul R. Murray

5. Date of Birth (Month, day, year) Jan. 8, 1919

6. Sex Male

7. Twin or ✓ Triplet ✓ If so—born X 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Murray
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Knox city (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna J. Rodenburger
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Dressmaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 2/4/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin F. Murray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul R. Murray (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Avey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ben Murray Signature

1424 Main St., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1941

(SEAL) Mrs H. J. Thompson Notary Public, residing at Caldwell, Idaho

My Com. Expires Oct 5, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 12 1965

2/4/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SS16-107-027 - RECEIVED 369 JAN 23 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~Life~~ yrs.
   (f) Mother's mailing address Jerome, Idaho

3. **RESIDENCE of FATHER** (city, state): Jerome Idaho

4. **FULL NAME OF CHILD** Grover Roy Newman

5. Date of Birth (Month, day, year) Jan 3rd 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Grover Cleveland Newman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgina Wagner Cowell
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lima (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 23 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho, }
County of Jerome, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. O. Herman, being first duly sworn, say that I am well acquainted (Related to (or) acquainted with) Grover Roy Newman, (Name of person on certificate above) as a lifelong acquaintance and next door neighbor (Relationship (or) acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Zeller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W O Herman Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1941

(SEAL) Mayme A. Bonlay Notary Public, residing at Jerome, Idaho

JUN 1 4 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Feb. 5, 1941. D.H.

319-12710 31-412

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306052

JAN 28 1941

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Lewis
City of Reubens
No. ____ St.
born at home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Delbert George Larson

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? yes | 8. Date of birth June 27, 1919 (Month, Day, Year)

FATHER

9. Full name Harry M. Larson
10. Residence (usual place of abode) (If non-resident, give place and State) Reubens
11. Color or race white | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Mercantile
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Business
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Leila Irene Mason
19. Residence (usual place of abode) (If non-resident, give place and State) Reubens
20. Color or race white | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
1st.
(a) Born alive and now living X (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1:00 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) John F. Dorr, M. D.
or ____, Midwife
Address Breier Building, Lewiston, Ida.

Filed JAN 28 1941, 193__ Clyde A. Bridges Acting Registrar.

Registrar.

Certified Copy issued Feb. 5, 1941. E.W.

JAN 23 1984

245-104-042-713

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306131
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl.
(c) Street Address or R.F.D. No. R. N. 2.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** John Wayne King.

5. Date of Birth (Month, day, year) Feb. 4 - 1919.

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** O. W. King.
11. Color or Race W.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Gates.
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ora (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. W. Merkley M.D. (D.O., Midwife, etc.)
and address Twin Falls. Date 1-30-41

26. (a) 2/10/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

2/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date. such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-112 (041-212)

United States Department of Commerce Bureau of the Census

RECEIVED JAN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. In THIS county 0 years 0 month one days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Wyoming (b) County Lincoln
(c) City Alta
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Driggs, Idaho R.1
3. RESIDENCE of FATHER (city, state): Alta, Wyo.

4. FULL NAME OF CHILD Dorous Ray Pickett
5. Date of Birth (Month, day, year) June 12, 1919
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Ray Pickett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City, Utah. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation U. S. Forest Ranger
15. Industry or Business U.S. National Forest

MOTHER OF CHILD

16. FULL MAIDEN NAME Louie Mae Baker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Teton City, Idaho. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Clerk; housekeeper
21. Industry or Business Store. Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living. Two
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at 11.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Louie Baker Pickett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 25 1941 (Date received) (b) Registrar's signature

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Louie B. Pickett M.D. (Dr., Midwife, etc.)
and address Driggs, Idaho Route #1 Date 6/12/19

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ray Pickett, being first duly sworn, say that I am related (Related to (or) acquainted with) Dorous Ray Pickett (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. LeRoy Smith (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ray Pickett Signature

Idaho Falls, Idaho RFD #3 P. O. Address

Subscribed and sworn to before me on this 24th day of January 1941

(SEAL) W. L. Brownlee By Lulu Talley Deputy CLERK OF THE DISTRICT COURT Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-13-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-125-014-719

306195

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Melba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Melba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Melba

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Earl Benson Workman

5. Date of Birth (Month, day, year) June 25 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Workman
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Cherry Creek (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Gardner
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Baggs (City or town) Wyoming (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/7/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** Mary Jane Gardner M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

CC issued Feb. 1, 1941 Z.J.

2/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO #306195
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Sarah Ellen Workman of Melba

Being first duly sworn, deposes and says that s he is related
(if related, specify degree,

of to Earl Benson Workman
if friend or otherwise, so state)

who was born in the city of Melba, County of Canyon
(was born, died)

on the 25 day of June ,1919, as stated in a certificate of birth
birth or

filed by Mary Jane Gardner Midwife
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of , County of

Idaho, on the day of 19 .

That the following facts set forth in said certificate are not correctly stated therein, to wit: Earl Benson Workman born June 25, 1922

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Earl Benson Workman was born in Melba, Idaho, June 25, 1919

(SEAL)

Affiant Sarah Ellen Workman

Address Melba, Idaho

Subscribed and sworn to before me this 7th day of February 1941

Agnes Stetson
Notary Public
Boise, Ida.

STATE OF Idaho)
) SS.
COUNTY OF Ada)

Lloyd Louis Webb of Melba

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Lloyd Louis Webb

Address Melba, Idaho

Subscribed and sworn to before me this 7th day of February 1941

(Seal)

Agnes Stetson
Notary Public.
Boise, Ida.

759-1081026-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306197
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Rigby, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Cleve Ira Ferguson

5. Date of Birth (Month, day, year) June 8, 1919

6. Sex mail

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Ellsworth Ferguson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace La Plata Co New Mex
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Parthenia Fredrickson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Logan Utah.
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 5 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Parthenia Ferguson, being first duly sworn, say that I am related (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Anderson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Parthenia Ferguson Signature

No. 502 - 4th. Ave. West, Twin Falls, Idaho P.O. Address

Subscribed and sworn to before me on this 4th. day of February, 19 41.

(SEAL)

H. E. Chapin Notary Public, residing at Twin Falls, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/15/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-229005-25

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

306200
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City Santa
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
at residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home nil days.
In **THIS** county 6 years 0 months 25 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City Santa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Santa, Idaho
3. **RESIDENCE OF FATHER** (city, state) Santa, Idaho

4. **FULL NAME OF CHILD** Ethelda McClure Seaman
5. Date of Birth (Month, day, year) April 29, 1919
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Mason Seaman
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Walla Walla (City or town) Walla Walla County (State or foreign country) Wash. Terr.
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel McClure George
17. Color or Race white
18. Age at time of THIS birth 38 years
19. Birthplace Elkhart (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nat Lunsen
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 5 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, P M Seaman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ethelda McClure Seaman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Crooks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

P M Seaman Name
Fernwood Ida. P. O. Address

Subscribed and sworn to before me on this 4th day of February 1941

(SEAL) Narell Kellick Notary Public, residing at Fernwood Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-130-038623

206325

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County PAYETTE (b) City PAYETTE
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home:
F. BAER HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 30 days.
In **THIS** county 19 years 5 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County GOODING
(c) City BLISS
(d) Street Address or R.F.D. No. MALAD PR. PLANT
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address BLISS IDAHO

3. **RESIDENCE OF FATHER** (city, state) BLISS IDAHO

4. **FULL NAME OF CHILD** ERNEST JACOB CONRAD

5. Date of Birth (Month, day, year) Aug. 30. 1919

6. Sex. MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GUSTAVE CONRAD
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace HEFFLINGSDAHL (City or town) So. RUSSIA (State or foreign country)
14. Exact Occupation ELECTRIC LINEMAN
15. Industry or Business IDAHO POWER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOUISE BERTHA OSTER
17. Color or Race WHITE
18. Age at time of THIS birth 19 years
19. Birthplace PAYETTE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 11:50 P. M. on the date and at the place stated above, and that personal particulars were furnished by LOUISE CONRAD (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) 2/18/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of GOODING } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Louise Conrad, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) Ernest Jacob Conrad (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. O. H. AVEY (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louise Conrad Name
Bliss, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of February 1941

(SEAL)

J. F. McReynolds Notary Public, residing at Hagerman Idaho
My Commission Expires Jan 22 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1941

2/13/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

038-110-004345

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity~~ Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Always Life
(f) Mother's mailing address Same
3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Loren T. Nelson
5. Date of Birth (Month, day, year) 3-10-1919
6. Sex Male
7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred W Nelson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Brauschweig - Germany (City or town) (State or foreign country)
14. Exact Occupation Electrical appliances
15. Industry or Business Idaho Red Electric Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Tueller Nelson
17. Color or Race Whit.
18. Age at time of THIS birth 22 yrs.
19. Birthplace Geneva (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x x

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead x (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred W. Nelson, being first duly sworn, say that I am Father (Related to (or) acquainted with) Loren T. Nelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Ashley (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred W. Nelson ..... Signature
Ogden Utah ..... P. O. Address

Subscribed and sworn to before me on this 14th day of February, 1941

(SEAL)

Notary Public, residing at Ogden

My Commission Expires June 8, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 9 1974

2/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-130-209-268

United States Department of Commerce
Bureau of the Census

REG (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306496

Local Reg. No.

Reg. Dist. No.

FEB 17 1941

1. **PLACE OF BIRTH:**
   (a) County Bonner (b) City Newport
   (c) Street Address or R.F.D. No. (Newport, Wash.)
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Newport (P.O. Newport, Wash.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Newport, Wash.

3. **RESIDENCE of FATHER** (city, state). Same

4. **FULL NAME OF CHILD** George Frederick Lear

5. Date of Birth (Month, day, year) March 30, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LeRoy Lear
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Berlin (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Saw Filer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Roberta Boyer
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Sciotoville, Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes
    (c) Born alive and now dead (d) Stillborn one.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Roberta Lear (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) FEB 17 1941 (Date received) (b) Clyde G. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J. F. Phillips M.D. (D.O., Midwife, etc.)
    and address 2736 E. 72nd Long Beach Calif Date 2-10-41

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. F. Phillips, being first duly sworn say that I am acquainted with (Related to (or) acquainted with) George Frederick Lear (Name of person on certificate above) as attending Physician (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I am attendant at Birth (Name of attendant at birth), ~~who attended~~ said birth ~~(Is now deceased (or) cannot be located)~~ and that this birth has not been previously recorded.

J. F. Phillips M.D. Signature

2736 E. 72nd Long Beach Calif P.O. Address

Subscribed and sworn to before me on 10th day of February, 1941

(SEAL) D. F. Bowen NOTARY PUBLIC in and for the County of Los Angeles, State of California

Notary Public, residing at Long Beach Calif

My Commission Expires Feb. 13, 1944

D. F. BOWEN

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/21/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243130035-383

306502

United States Department of Commerce Bureau of the Census

REC (Be sure the information is as of date of birth of THIS child)

FEB 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Lapwai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (in private home)
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lapwai
   (d) Street Address or R.F.D. No. Main
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address Omak, Washington

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** James Dean Sutton

5. Date of Birth (Month, day, year) June 30, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lee Sutton
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie Mae Lyle
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Rodchaster, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Goldie Mae Lyle Sutton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

25. Attendant's **OWN** signature Irene E. Lyle M.D. (D.O., Midwife, etc.)
and address Lapwai, Idaho Date

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743 117 042-293

United States Department of Commerce Bureau of the Census

REG FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306503

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 430 Main East
(d) Name of Hospital or Maternity Home: Mrs Fisher's Maternity Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 days. In **THIS** county 1 years 11 month 11 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 430 Main East
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address 160 Fillmore

3. **RESIDENCE of FATHER** (city, state): Twin Falls Idaho

4. **FULL NAME OF CHILD** Lawin Charles Gattery

5. Date of Birth (Month, day, year) May 17 1919

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Thomas Gattery

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lebanon (City or town) Ohio (State or foreign country) U.S.A.

14. Exact Occupation Auto Mechanic

15. Industry or Business Auto Sales & Repair

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Lilburn Gattery

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Blanchville (City or town) Ohio (State or foreign country) U.S.A.

20. Exact Occupation Housewife - housework

21. Industry or Business clerk & Telephone operator

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** Dr Wasson M.D. (D.O., Midwife, etc.)
and address Date

26. (a) Feb. 17, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature) Acting

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Twin Falls } ss.

We Edward Thomas Gattery and Mary Etta Lilburn Gattery, being first duly sworn, say that I am related to Lawin Charles Gattery as father & mother, whose birth certificate
(Name of person on certificate above) (Related to (or) acquainted with) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Wasson, who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth) (Is now deceased (or) cannot be located)

Edward Thomas Gattery S.R.
Mary Etta Lilburn Gattery
Signature

160 Fillmore Twin Falls Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of February, 1941

(SEAL) Lucille Lacomb Notary Public, residing at Twin Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Feb. 21, 1941. E.W.

AMENDED JULY 31, 1953

Federal Security Agency
U. S. P. H. S.
319-21 3029 263

(Be sure the information is complete and accurate)
CERTIFICATE OF BIRTH
State of Idaho

State File No. 307609
Local Reg. No. 7
Reg. Dist. No. 208

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City
   (c) Street address or R. F. D. No. Palouse, Wn.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street address or R. F. D. No. Palouse, Wash.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.
   (f) Mother's mailing address (for registration notice):
   Palouse, Washington
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Palouse, Wash.

4. **FULL NAME OF CHILD** Shirley Ella LaZelle

5. **DATE OF BIRTH** (Month, day, year) Jan. 13, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Walter Curtis LaZelle
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Latah Co. (City or Town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Boller
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Brookville, Kansas (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....
23. Name prophylactic used to prevent Ophthalmia Neonatorum .....
24. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
    (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7:35 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lena LaZelle (First name) (Last name), who is related to this child as ..... (Mother, etc.)

27. (a) Feb. 1, 1941 (Date received) (b) Mrs. F. C. Gibson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** Mrs. Ruby LaZelle, ~~M. D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address Palouse, Wn. Date Feb. 1, 41

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB - 5 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307609
Local Reg. No. 7
Reg. Dist. No. 205

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No. Palouse Wn.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No. Palouse Wn
   (e) How long has **MOTHER** lived in Idaho? Life yrs.
   (f) Mother's mailing address (For registration notice):
   Palouse (Street or R. F. D.) Wn. (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Palouse Wn

4. **FULL NAME OF CHILD** Shirley Ellen LaZelle

5. Date of Birth (Month, day, year) Jan 13 - 1941

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Curtis LaZelle

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Latah Co (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Butler

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Brookville (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7.35 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lena LaZelle (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Feb 1st 1941 (Date received) (b) Mrs H C Gibson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Mrs Ruby LaZelle M.D. (D.O., Midwife, etc.)
and address Palouse Wn. Date Feb 1st 41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ~~Idaho~~ Washington
County of ~~Latah~~ Whitman } ss.

Certificate No. 307609
Date Filed Feb. 5, 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Shirley Ella LaZelle (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, ~~1953~~ 1919 (Date of Event)
in Latah County Palouse, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on July 31, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
5. Date of Birth	Jan. 13, 1917	Jan. 13, 1919

Subscribed and sworn to before me this 28th day of July, 19 53
E. H. West
Notary Public, residing at Palouse, Washington
My commission expires
(Seal)

Signed Mrs Lena LaZelle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Palouse, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Whitman } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

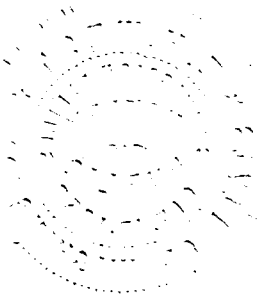
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

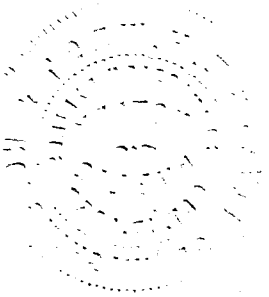
Subscribed and sworn to before me this 28th day of July, 19 53
E. H. West
Notary Public, residing at Palouse, Washington
My commission expires
(Seal)

Signed C. B. Billings
(Signature of Any Credible Person)
Palouse, Washington
(Street Address, City, State)

DPH 52-155

1 copy pd.





STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lena Lazelle. being first duly sworn says that

is the Mother (Relationship of child)* of Shirley Ella Lazelle

born Jan 13 1919 (Date of birth) was born in Latah Co first address Palouse Idaho

whose certificate of birth is hereto attached, and that She. desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Shirley Ella Lazelle

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Ruby Lazelle, M. D., was the Midwife medical attendant at the birth of said ~~Mrs Ruby Lazelle~~ Shirley Ella Lazelle and that the said medical attendant is now living
(Now deceased (or) cannot be located)

Name of Affiant Lena Lazelle

P. O. Address Palouse, Wash.

Subscribed and sworn to before me this 1 day of February, 19 41

Notary Public.

Residing at NOTARY PUBLIC residing at Pollatch, Idaho, Idaho.
My commission expires December 10, 1943

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUL 2 3 1942

SEP 29 1960

JUN 17 1953

JAN 20 1954

JUL 31 1953

692-105-010-296

307722 ~~307722~~

United States
Department of Commerce
Bureau of the Census

PF (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Poplar
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
In our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address Swan Valley Idaho
3. **RESIDENCE OF FATHER** (city, state) Swan Valley Idaho

4. **FULL NAME OF CHILD** Joseph Austin Fisher
5. Date of Birth (Month, day, year) Feb. 5, 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John A Fisher
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Swan Valley Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joanna Austin Brown
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Centerville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Joanna Fisher (First name) (Last name), who is related to this child as mother (Mother, etc.)

MAR 3 1941
26. (a).....(Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joanna Fisher, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Austin Fisher (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bruce of Burley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joanna A. Fisher Name
Swan Valley, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of February

(SEAL) Grace Traughber Notary Public, residing at Swan Valley

Comm. expires Oct. 15, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

536-14-022-813

RECEIVED
FEB 27 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307840
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Drummond Idaho

3. **RESIDENCE of FATHER** (city, state) Drummond Idaho

4. **FULL NAME OF CHILD** Leonard Neal Newby

5. Date of Birth (Month, day, year) July 14 1919

6. Sex Male

7. Twin or Triplet V

If so—born 1st, 2nd, 3rd 6

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Newby

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Bennett Hathaway

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Teton Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Hathaway Newby (First name) (Last name), who is related to this child as Mother (Mother, etc.)

FEB 27 19

26. (a) FEB 27 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** E. L. Rapp M.D. (D.O., Midwife, etc.)
and address Teton Idaho Date 2-26-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued 3-4-41. E.W.

249-105-010433

RECEIVED

FEB 27 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307846

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.
   (f) Mother's mailing address Rt. 3, Idaho Falls

3. **RESIDENCE of FATHER** (city, state): Ida. Falls, Ida

4. **FULL NAME OF CHILD** Francis Alfred Tius Burgie

5. Date of Birth (Month, day, year) Nov. 5, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Burgie
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Red Rock, (City or town) Montana. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie McCowin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bountiful, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 27 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Burgie, being first duly sworn, say that I am related (Related to (or) acquainted with) of Francis Alfred Tius Burgie (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T.C.Hollister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ernest Burgie Signature

R.F.D.#3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1941

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-11-7033-458

United States Department of Commerce Bureau of the Census

REC (Be sure the information is as of date of birth of THIS child)

FEB 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307848
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. So. Center
(d) Name of Hospital or Maternity Home: Mrs Albert Heath's Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 2nd South
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address 119 So. Center St

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Bill Andy Holley

5. Date of Birth (Month, day, year) Nov 17 - 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Chancey Holley
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Plumber & Steam fitter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Marguerite Meyers
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ammon (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Holly (Last name), who is related to this child as Mother (Mother, etc.)

Clyde A. Bridger

26. (a) Feb. 27, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Wm C Holley Jr, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bill Andy Holley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E L Walker (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wm C Holley Jr Signature
119 So Center St Rexburg Ida P. O. Address

Subscribed and sworn to before me on this 20 day of Feb, 1941

(SEAL) L Davis Notary Public, residing at Rexburg Idaho

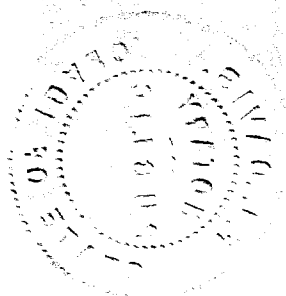
NOV 1 9 1969

3/4/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-225-022-235

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

FEB 27 1941

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

307883

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Whittemore, Mary Helen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 25, 1940

FATHER	MOTHER
FULL NAME: Richard L. Whittemore	FULL MAIDEN NAME: Flora D. Sterrett
RESIDENCE: Ashton, Idaho	RESIDENCE: Ashton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Detroit, Minn.	BIRTHPLACE: Pleasant Grove, Utah
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Hargis

(Physician or ~~midwife~~)

Address Ashton, Idaho

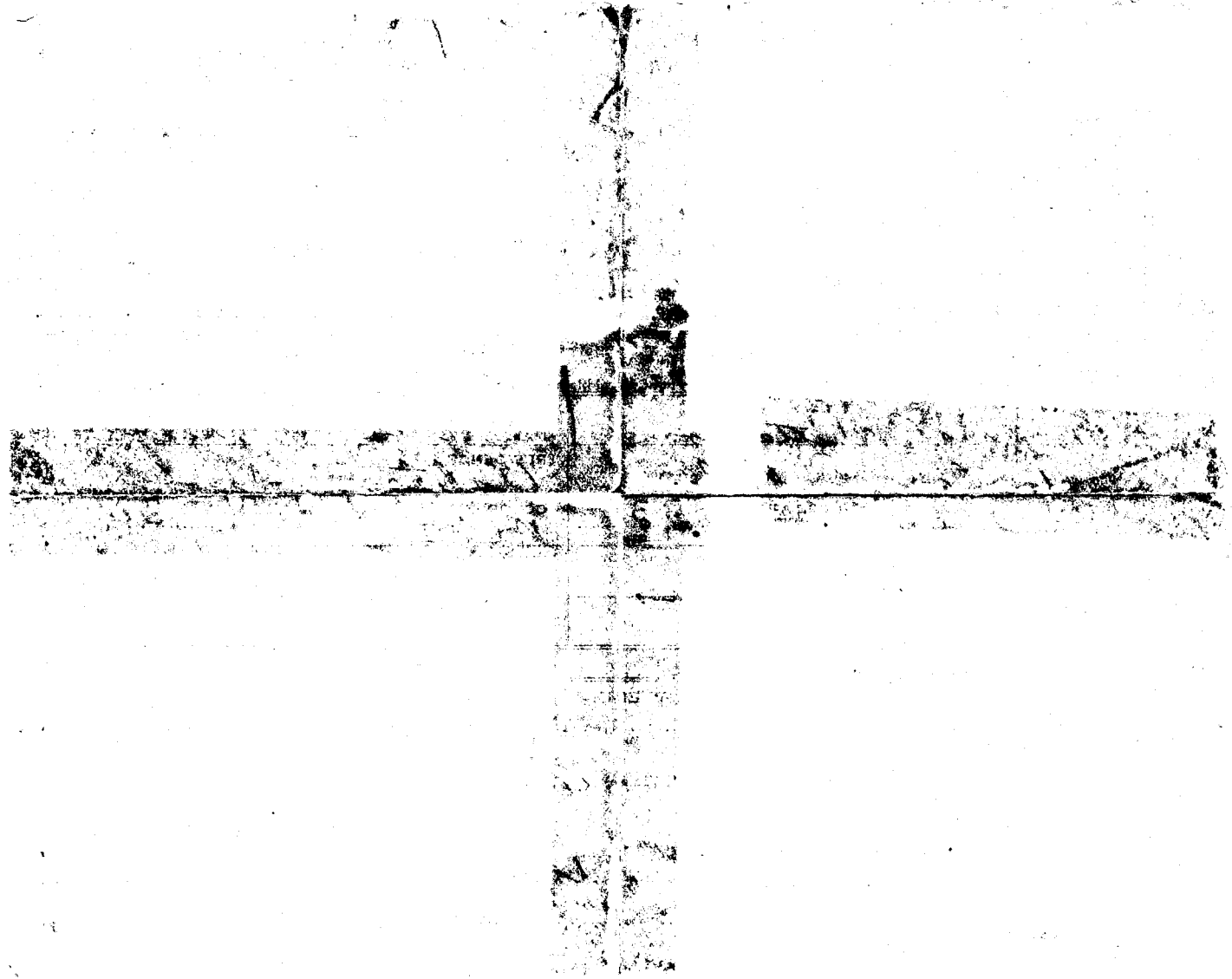
Given names added from a supplemental report.

..... 19....

Filed Feb 27 1941 Clyde A. Bridges Asst. Registrar

..... Registrar

S-Y CO. 24655



243-123-039-243 ME

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 25 194

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307913
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. R F D No.1
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 8 years 8 month 20 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls, Idaho
(d) Street Address or R.F.D. No. R. F. D No.1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Am. Falls, Idaho.

3. **RESIDENCE of FATHER** (city, state): Am. Falls Idaho

4. **FULL NAME OF CHILD** Paul Edward Kucera

5. Date of Birth (Month, day, year) 12/ 23/ 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph John Kucera
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kutna Hora, Bohemia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Helen Kucera
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Silver Lake, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum $AgNO_3$
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Kucera (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. F. A. Zalek M.D.
Midwife (D.O., Midwife, etc.)
and address American Falls Idaho Date 2/21/41

26. (a) 2-22-1941 (Date received) (b) Irene Salins (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 21 day of February, 19 41

(SEAL) Robert Laurin Jr. Notary Public, residing at American Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

JAN 1 6 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

- Certified Copy issued 3/6/41. B.M.

243-117-019-453

307919

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No. Main
   (d) Name of Hospital or Maternity Home: Mrs. Anna Silken
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 10 days.
   In **THIS** county 25 years 11 month 24 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No. Main
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address Clayton

3. **RESIDENCE of FATHER** (city, state) Clayton Idaho

4. **FULL NAME OF CHILD** Cornelius Dellen Sullivan

5. Date of Birth (Month, day, year) April 13, 1919

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willam E. Sullivan
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bay Horse (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Hazel Dellen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Gibbonsville Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Four
    (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Silken (First name) (Last name), who is related to this child as Grand Mother (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. ✓ Attendant's **OWN** signature Anna Silken M.D. (Dr., Midwife, etc.)
and address Gibbonsville Idaho Date

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this 27th day of February 1941

(SEAL)

John Boyd, Ex-Officio Recorder Custer County Idaho Notary Public, residing at Challis Idaho

By Frank Bennett, Dept

3/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-210-016-415

307931

United States Department of Commerce
Bureau of the Census

REG FEB 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: private residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Albion, Idaho

3. **RESIDENCE of FATHER** (city, state): Albion, Idaho

4. **FULL NAME OF CHILD** Edna May Chatburn

5. Date of Birth (Month, day, year) May 10, 1919

6. Sex female

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wellington Chatburn
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Harlan, Iowa (City or town) (State or foreign country)
14. Exact Occupation school teacher
15. Industry or Business teaching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Celecta Danner
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Joseph Fremsted M.D. (D.O., Midwife, etc.)
and address Burley Date Feb 24 41

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William W. Chatburn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna May Chatburn (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fremsted (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William W. Chatburn Signature

319 N. Florence, Monterey Park, Calif. P.O. Address

Subscribed and sworn to before me on this 20th day of February, 1941

(SEAL) ..... Notary Public, residing at Monterey Park

My Commission Expires March 29, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-228-035-343

REC

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

30801

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jeg Perce

City of Buldesaac

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ida Inae Gibson

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term full term | 7. Legitimate? Yes | 8. Date of birth Oct 28, 1919 (Month, Day, Year)

FATHER

9. Full name Jese Gibson

10. Residence (usual place of abode) (If non-resident, give place and State) Culdesaac Idaho

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) X Cheney Wash

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rose Lee Crandell

19. Residence (usual place of abode) (If non-resident, give place and State) Culdesaac Idaho

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) X Cottonwood Idaho co Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks }

30. Cause of Stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) My husband now deceased was attending physician and I assisted him or my name E. Hayden Gaignard, M. D.

Give name added from a supplemental report ..... Address Courtesy Home St. Joseph Hospital Lewiston Idaho Midwife

(Date of) .....

Filed ....., 193.....

Registrar.

Feb. 28—1941

Acting Registrar.
Clyde A. Bridges

FEB 3 1942

cc-2/10/44 IHF

DELAYED

dup of 1919-78127

294-112040-752 FD

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Shoshone (b) City Kellog.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Shoshone (c) City Kellog (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 5 yrs. (f) Mother's mailing address Kellog

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Henry Simonen
5. Date of Birth (Month, day, year) June 12 1919
6. Sex Male
7. Twin or Triplet 0
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arvi Simonen
11. Color or Race White
12. Age at time of THIS birth 28 yrs
13. Birthplace Finland. (City or town) (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business Copper mines

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Pekkola
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11.15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Simonen (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature George Alexander McCrocken M.D. (M.D., D.O., Midwife, etc.) and address Kellog Idaho.

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Simonen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry Simonen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that George Alexander McCrocken (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Simonen (Lydia Huovila) Signature
Grayland, Washington P. O. Address

Subscribed and sworn to before me on this 4th day of March, 19 41

(SEAL)

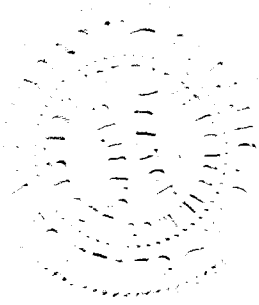
Notary Public, residing at Aberdeen.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 5 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

308060

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Payette
City of Payette, Idaho
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Richard Ernest Bell

Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
x male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term ✓	✓	April 25, 1941 (Month, Day, Year)

FATHER	MOTHER
9. Full name Cecil Benjamin Bell	18. Full maiden name Bessie Gertrude Braniff
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 22 (years)	20. Color or race white | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Minnesota (State or Country)	22. Birthplace (city or place) Arkansas (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____
This is first

29. If stillborn, period of gestation ____ months or weeks \| 30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) now deceased, M. D.

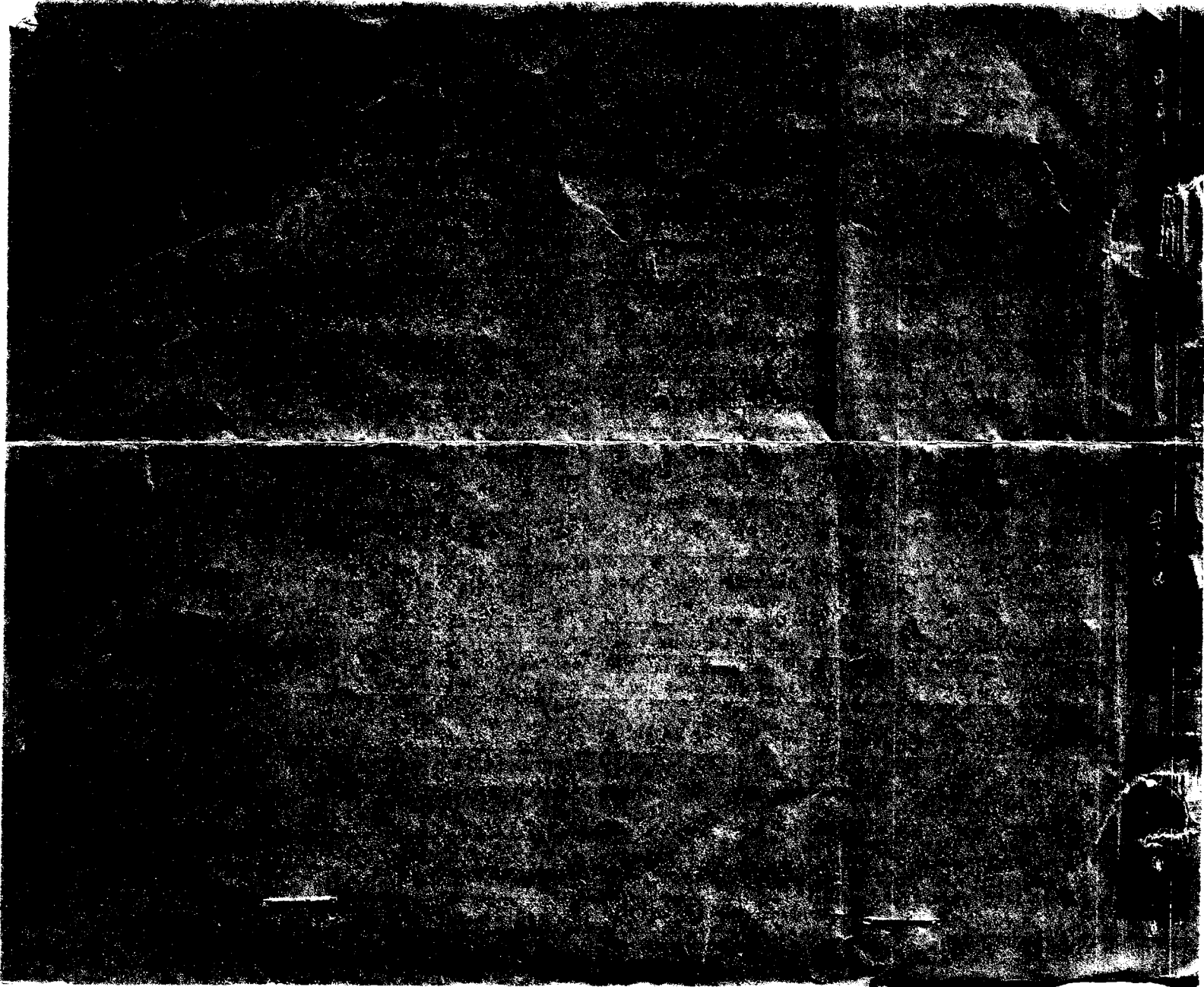
or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed MAR 5 1941, 193__ Clyde A. Bridger Acting Registrar.

____ Registrar.



253-125-038-291

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of Chelan }

Mrs. O. L. Wilson being first duly sworn says that she is the Mother (Relationship of child)* of Richard Ernest Bell, born April 25, 1919 (Date of birth) at Payette, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Richard Ernest Bell hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Avey of Payette, Idaho M. D. was the Midwife medical attendant at the birth of said Richard Ernest Bell and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. O. L. Wilson

P. O. Address Wenatchee, Wash.

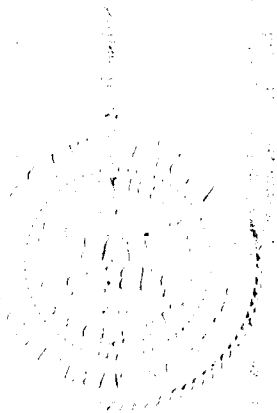
Subscribed and sworn to before me this 3rd day of March, 1944

Vista Wade
Notary Public.

Expires Jan 8 1945

Residing at Wenatchee Wash., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



315-125-096-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308064
Local Reg. No.
Reg. Dist. No.

RECEIVED MAR 7 1941

1. **PLACE OF BIRTH:** (a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Born Here yrs. 1898
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Melvin H. Landon
5. Date of Birth (Month, day, year) Jan 25 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Sedoris Landon
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Woodruff Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Annie Hanny
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wilford, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Polly A Landon (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date [illegible]

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1971

3/12/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-111-010-235

308106

308106

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308106

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1286 Boulevard
(d) Name of Hospital or Maternity Home: Born in his own home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
In **THIS** county 13 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1286 Boulevard
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address 1286 Boulevard

3. **RESIDENCE of FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Otis Eddy McCutcheon

5. Date of Birth (Month, day, year) Nov. 11, 1919.

6. Sex Male

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd No.

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Rob Bishop McCutcheon
11. Color or Race White American
12. Age at time of THIS birth 38 yrs.
13. Birthplace Oscoda, Michigan. (City or town) (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Adele Stewart
17. Color or Race White American
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bellaire, Michigan. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Date

26. (a) MAR 22 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name added on by Mabel E. Elder (Registrar's signature)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rob Bishop McCutcheon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Otis Eddy McCutcheon (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. M. Cline (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rob Bishop McCutcheon Signature

P. O. Box 2751, Boise, Idaho. P.O. Address

Subscribed and sworn to before me on this 29 day of March, 19 41

(SEAL) S. L. Gill Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/24, 1941 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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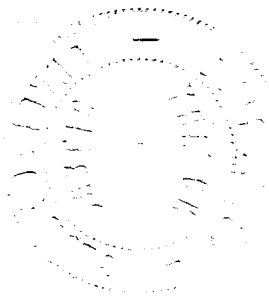

795.114.030-154

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308134
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Junction, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 15 years -- month -- days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Junction, Idaho.

3. **RESIDENCE of FATHER** (city, state): Junction, Id.

4. **FULL NAME OF CHILD** Eugene Valentine Pierce

5. Date of Birth (Month, day, year) 2/14/1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel J. Pierce
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sheridan, (City or town) Montana (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Anderson.
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sioux Falls, (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Pierce (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 8 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of Deerlodge } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Pierce, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eugene Valentine Pierce (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hoover (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lillian Pierce Signature
617 E 4th St P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1941

(SEAL) W. K. Dwyer Notary Public, residing at Anaconda, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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3/13/41 L. B.

168-129.038-652

308143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Blanchard Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Payette Idaho

3. **RESIDENCE of FATHER** (city, state). Payette Idaho

4. **FULL NAME OF CHILD** Orville Glenn Johnson

5. Date of Birth (Month, day, year) Sept 29, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eric Richard Paul Johnson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Soderman Land (City or town) Sweden (State or foreign country)
14. Exact Occupation General farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Julia West
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Glenwood Springs (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. **Name** prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Johnson (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Mar. 8, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Payette Ida Date 3/5/41

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1974

3/14/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1919-72711

243-112-016-214

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

308196

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Burley, Idaho

3. **RESIDENCE OF FATHER** (city, state) Burley, Ida

4. **FULL NAME OF CHILD** Lloyd Stilwell Sullivan

5. Date of Birth (Month, day, year) Jan. 12, 1919

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lloyd A. Sullivan
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oakland, California (City or town) (State or foreign country)
14. Exact Occupation Ford dealer
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IsabelleSampson
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Badger (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, IsabelleSullivan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lloyd Stilwell Sullivan (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Reginald Smith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Isabelle Sullivan Name
2509 Northeast Flanders
Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 26th day of February, 1941

(SEAL)

Helen A. White Notary Public, residing at Portland, Oregon
My commission expires Jan. 9, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

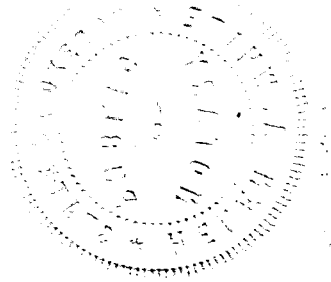
OCT 23 1946

JUN 13 1986

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



317-103-022-912

RECEIVED

MAR 12 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308230
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Roberts, (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Adrian Gilbert Lapacek

5. Date of Birth (Month, day, year) Nov 3rd, 1919

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Lapacek
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Schuyler, Neb. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Rasmussen
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Cheyenne, Wyo (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 12 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Lapacek, being first duly sworn, say that I am related to (Related to (or) acquainted with) Adrian Gilbert Lapacek (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beller (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Lapacek Signature

Roberts, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of March, 1941

(SEAL) Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-120-030-691

United States Department of Commerce Bureau of the Census

RECEIVED MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308346
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Carmen

3. RESIDENCE of FATHER (city, state): " Idaho

4. FULL NAME OF CHILD Clarence Joseph Palmer

5. Date of Birth (Month, day, year) June 20th 1919.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Freeman Palmer.
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Un Known (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Wray
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Carmen (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 10:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Wray Palmer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Chas F Hamm M.D. (D.O., Midwife, etc.)
and address Salmon Date 3/13/41

26. (a) MAR 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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543-110-004-168

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308371
Local Reg. No.
Reg. Dist. No.

MAR 19 1941

1. **PLACE OF BIRTH:**
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Montpelier Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Montpelier Idaho

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Norman Charles Eulberg

5. Date of Birth (Month, day, year) Jan. 10, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Carl Eulberg
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Chicago (City or town) Ill. (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Johnson Eulberg
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Chicago (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 19 1941 (Date received) (b) Mabel T Felcher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle J. Eulberg, being first duly sworn, say that I am mother (Related to (or) acquainted with) Norman Charles Eulberg (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Myrtle J. Eulberg Signature

1442 Princeton Ave. Salt Lake City P. O. Address

Subscribed and sworn to before me on this 18 day of Mar, 19 41

(SEAL) Vera Burton Notary Public, residing at 207 City County Bldg. Salt Lake City Utah.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-106-003-225

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Golden S. Lloyd

5. Date of Birth (Month, day, year) May 6 1919

6. Sex Male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Parley Lee Lloyd
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hellsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanette Spence
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 18 1941 (Date received) (b) Maud H Eader (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna E. Lloyd, being first duly sworn, say that I am related (Related to (or) acquainted with) Golden S. Lloyd (Name of person on certificate above) as Step-mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John H. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna E. Lloyd Signature
Central, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of March, 19 41

(SEAL) Norman H. Lee Notary Public, residing at Grace, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 219-1877 PLACE OF BIRTH 843 363
County of Valley
City of McCall
No. ____ St. Farm Home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 309328
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD James Benjamin Barham

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____		Yes	June 7, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Eric Scott Barham	18. Full maiden name: Laura Myrtle Collins
10. Residence (usual place of abode) (If non-resident, give place and State): McCall, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): McCall, Idaho
11. Color or race: White | 12. Age at last birthday: 41 (years)	20. Color or race: White | 21. Age at last birthday: 44 (years)
13. Birthplace (city or place) (State or Country): Missouri	22. Birthplace (city or place) (State or Country): Monte Vista, Colorado
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work: All working years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living: One (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks \| 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Valeria McFall, Midwife
or McCall, Idaho, Midwife
Address Mrs. McFall Signed 2/25/41

Filed 3/25/41, 193 Mabel F. Elder Registrar.
Mabel F Elder

Registrar.

3/25/41 L. B.

APR 28 1952

DECEASED

363-110-042-319

309331

309331

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309331
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Residence
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Filer, Idaho

3. **RESIDENCE of FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** Guy Lemuel Cockerum

5. Date of Birth (Month, day, year) Sept. 10, 1919

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Luther Cockerum
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ennis, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Railroad Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora May Carico
17. Color or Race W.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Snow Hill, Virginia (City or town) (State or foreign country)
20. Exact Occupation Hwf.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Cockerum (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Mar. 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy L. Cockerum, being first duly sworn, say that I am related to (Related to (or) acquainted with) Guy Lemuel Cockerum (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwight (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Guy Luther Cockerum / Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1941

(SEAL) Ross A. Haworth Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1950

3/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

679-124-124-366

309334

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309334
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Wendell.
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Gooding.
(c) City Wendell.
(d) Street Address or R.F.D. No. [redacted]
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address Wendell.

3. **RESIDENCE of FATHER** (city, state): Wendell Ida. 1919

4. **FULL NAME OF CHILD** Elvin Alton Ogren.

5. Date of Birth (Month, day, year) September 24

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** EDWARD ELMER OGREN.
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Illinois U.S.A. (City or town) (State or foreign country)
14. Exact Occupation PAINTER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE GRACE Cook
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Missouri U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Seamstress
21. Industry or Business and House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive / stillborn on the date M. and at the place stated above, and that personal particulars were furnished by Mrs Edw Ogren (First name) (Last name), is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature L. D. Smith M.D. (D.O., Midwife, etc.) and address Wendell Date 3-21-41

26. (a) Mar. 27, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

5/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-101-007-21 3

309344

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. R.D. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Donald David Huntington

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 5-2, 1919 (Month, Day, Year)

FATHER

9. Full name Chas. Huntington
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W. | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Rosa Backus
19. Residence (usual place of abode) (If non-resident, give place and State) (Same) Boise
20. Color or race W. | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. Calloway, M. D.
or ....., Midwife
Address Baise Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Mar. 31, 1941, 19.. Mabel F. Elder
Mabel F. Elder Registrar.

JUL 10 1944

AUG 21 1945

JUN 9 4 1942

315-2 31-025-714

United States Department of Commerce
Bureau of the Census

MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309375

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 10 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Boise
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Boise
3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Lily Lucille Canaan
5. Date of Birth (Month, day, year) July 31 1919
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd A Canaan
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kansas City (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel May Paul
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Salem (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Canaan (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** Mrs Daisy Spivey M.D. or Midwife (D.O., Midwife, etc.)
and address Gardena Ida Date Mar 5 1941

26. (a) 3/24/41 (Date received) (b) Maud M Fielder (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-12 4102 b-245

309398

United States Department of Commerce
Bureau of the Census MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None- At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville or Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~40~~ yrs.
(f) Mother's mailing address Annis, Idaho

3. **RESIDENCE of FATHER** (city, state): Annis, Ida

4. **FULL NAME OF CHILD** Archie Basil Browning

5. Date of Birth (Month, day, year) Sept. 24, 1919

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Archie William Browning
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Annis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ------ Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Neona Kinghorn
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% sol. Silver Nitrate.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead -- (d) Stillborn ----

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Neona Kinghorn Browning (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3/24/41 (Date received) (b) Mabel Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H A Anderson M.D. (D.O., Midwife, etc.)
and address Rigby, Idaho Date 3/7/41

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Neona Kinghorn Browning, being first duly sworn, say that I am the mother & related to Archie Basil Browning as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance) (Related to (or) acquainted with)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Anderson, who attended said birth is alive & has signed and that this birth has not been previously recorded.
(Name of attendant at birth) (Is now deceased (or) cannot be located)

X Neona Kinghorn Browning Signature
Lorenzo, Route #1, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of March 19 41

(SEAL) L. H. Lee Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1973

JUN 25 [redacted]

JUN 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.U.

792-21-410-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1941

State File No. 309483
Local Reg. No. 89
Reg. Dist. No. 610

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address (For registration notice):
R.F.D. 2 (Street or R. F. D.) Idaho Falls, Ida. (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Helen C. Gibson

5. Date of Birth (Month, day, year) Nov. 13, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James A. Gibson

11. Color or Race W

12. Age at time of THIS birth 41 yrs.

13. Birthplace Uniontown, Kansas (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Dry rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Corinne Caldwell

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace Annis, Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was a line (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Corinne Gibson (First name) (Last name) Batchelor, who is related to this child as mother (Mother, etc.)

26. (a) Feb. 18-1941 (Date received) (b) Anna Bridges (Registrar's signature)

25. Attendant's **OWN signature** D. A. Lupperdell M.D. (D.O., Midwife, etc.)
and address Idaho Falls Date Feb. 18, 1941

27. Given name added on ..... by ..... (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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I941

JUL 15 1942

APR 18 2002

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

693-111-016-291

United States
Department of Commerce
Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309528
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. 1.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 9 years 6 month 10 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. 1.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address as above

3. **RESIDENCE of FATHER** (city, state): as above

4. **FULL NAME OF CHILD** Garnet Stephen Wills

5. Date of Birth (Month, day, year) 11/11/1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Ernest Wills
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Louise Bray
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Phillipsburg (City or town) Montana (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Domestic

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1. (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie Wills (First name) (Last name), who is related to this child as Mother (Mother, etc.)

MAR 27 1941

26. (a) ..... (Date received) (b) Maud M Feeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. M. Stephens M.D. (D.O., Midwife, etc.)
and address 41 W. 3rd Ave, Spokane, Wn. Date 3/15/41

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lillie L. Wills, being first duly sworn, say that I am related to (Related to (or) acquainted with) Garnet Stephen Wills (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. Stephens (Name of attendant above), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-164-03399

RECEIVED
MAR 25 1941

309576

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 143 So. 2nd. E.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 143 S. 2nd. E.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice): 143 So. 2nd. East (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida

4. FULL NAME OF CHILD Marvin Marion Graham

5. Date of Birth (Month, day, year) Feb. 4, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Grover Leland Graham

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Butler (City or Town) Missouri (State or foreign country)

14. Exact Occupation Painter

15. Industry or Business Painting Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Lettie Ricks

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Rexburg (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Grover L. Graham (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAR 25 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** G G Eades M.D. (D.O., Midwife, etc.)
and address Burley, Ida Date 3-25-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

JUL 31 1974

4/2/41 L. B.

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

313-21-0394962

RECEIVED

APR 1 1941

309659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power Co. (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on Tallant Ranch
(e) Mother's stay **BEFORE** delivery: Power County
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 1 month 22 days. Idaho

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Ranch near Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rockland, Idaho

3. **RESIDENCE of FATHER** (city, state): Rockland, Idaho

4. **FULL NAME OF CHILD** Rosemary Maxene Tallant

5. Date of Birth (Month, day, year) May 11, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Vance Tallant
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Columbus, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Roberts Tallant
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Independence, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol and only child
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mabel K Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We Robert Vance Tallant and Sarah Jane Roberts Tallant, being first duly sworn, say that ~~I am~~ we are father & mother (Related to (or) acquainted with) Rosemary Maxene Tallant (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Robert Vance Tallant Signature
x Sarah Jane Roberts Tallant P.O. Address

Subscribed and sworn to before me on this 31st day of March, 1941

(SEAL) ..... Notary Public, residing at .....

My Commission Expires Sept. 1, 1941

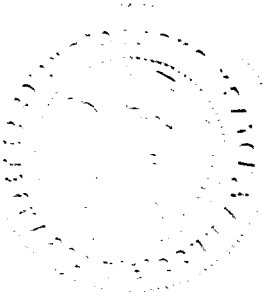
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/9/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238 - 109-025 - 819

309676

United States Department of Commerce Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Greencreek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 30 years month days.

2. **USUAL RESIDENCE** of [redacted] (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Greencreek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.
   (f) Mother's mailing address Greencreek, Idaho

3. **RESIDENCE of FATHER** (city, state) Greencreek, Idaho

4. **FULL NAME OF CHILD** Lawrence Peter Schwartz

5. Date of Birth (Month, day, year) Jan. 9, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank Xavier Schwartz
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Vorderherberg, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marguerite Hartert
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Luxembourg, Luxembourg (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 11 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 A M. on the date and at the place stated above, and ~~that personal particulars~~ were furnished by Frank Schwartz (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Wesley F. Orr M.D. (D.O., Midwife, etc.)
and address Cottonwood Date Jan 9 1919

26. (a) MAR 27 1941 (Date received) (b) W. F. Orr (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Frank Schwartz, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lawrence Peter Schwartz (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Wesley F. Orr M.D. (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Frank Schwartz Signature

Cottonwood Ida. R. 1. P. O. Address

Subscribed and sworn to before me on this 25 day of March, 1941

(SEAL) Mieke Nelkes Notary Public, residing Cottonwood Idaho

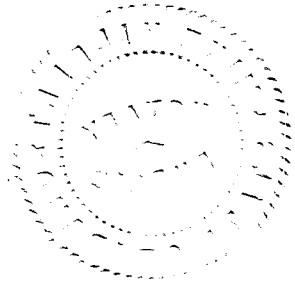
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/10/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-108-04-769 RECEIVED

309679

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

APR 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Sterling
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county 9 years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Sterling
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address Smithfield, R.F.D.

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ivan LaMar Jones

5. Date of Birth (Month, day, year) June 8, 1919

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Jones
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace South Weber, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delilia Porter Jones
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Huntington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

26. (a) APR 1 1941 (Date received) (b) Mabel T Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of Utah } ss.
County of Cache }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Henry Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ivan LaMar Jones (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Haws (Name of attendant at birth), who attended said birth cannot be loacated (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas Henry Jones Signature

R.F.D. Smithfield, Utah P. O. Address

8-14-41

Subscribed and sworn to before me on this 31st day of March, 1941

(SEAL) Mabel T. Elder Notary Public, residing at Logan, Utah

NOV 2 1971

DEC 8 1

SEP 18 1974

DEC 23 1974

MAR 17 1944

C. C. 4/10 1941 C. F.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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435-102-010-294

RECEIVED
MAR 31 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309688
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 55 years month 1 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
(f) Mother's mailing address Idaho Falls R1

3. **RESIDENCE of FATHER** (city, state) Idaho Falls Ida RT

4. **FULL NAME OF CHILD** George Brunt Steele

5. Date of Birth (Month, day, year) 7/2/19

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William George Steele
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Iona (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer & Stock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Grace Brunt
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes (c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 31 1941 (Date received) (b) Maud I Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William George Steele, being first duly sworn, say that I am Related (Related to (or) acquainted with) George Brunt Steele (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. O. Mellor (Name of attendant at birth), who attended said birth ~~(Is now deceased (or)~~ cannot be located) and that this birth has not been previously recorded.

William George Steele Signature
R#1 Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 29 day of March, 1941

(SEAL) Eileen Stembo Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/10/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-182-20k381

United States Department of Commerce
Bureau of the Census

APR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No. R.F.D. #4
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No. #4
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Idaho Falls, Idaho Route #4

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Alma Mila Gifford

5. Date of Birth (Month, day, year) April 23, 1919

6. Sex boy

7. Twin or Triplet

If twin or triplet born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Alvin Gifford
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Joseph City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Ellen Chaffin
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Florence Ellen Chaffin (First name) (Last name) who is related to this child as mother. (Mother, etc.)

26. (a) April 3-1941 (Date received) (b) Mabel Felder (Registrar's signature)

25. Attendant's OWN signature Edna Cutler M.D. (D.O., Midwife, etc.) and address Shelley Ida Date 3-31-41

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/11/41 Z.J1

DECEASED

219-127-1030238 309769

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **309769**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Lemhi
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 18 years 8 month 17 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Lemhi, Idaho.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD William Franklin Barnett
5. Date of Birth (Month, day, year) Feb. 27 - 1919 -
6. Sex Male
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Thomas Barnett
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Fort Lemhi Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Schwartz
17 Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bannock Montanna
(City or town) (State or foreign country)
20. Exact Occupation Housewife on farm.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living two
(c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 11, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Schwartz, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) William Franklin Barnett (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ? (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mary Ann Schwartz Barnett Signature
704 Cleveland St Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of April, 1941

[signature]
CLERK OF THE DISTRICT COURT

By ____ (SEAL) ____ Notary Public, residing at ____

DEPUTY

4/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

4/65-219-001-4/65

309793

United States
Department of Commerce
Bureau of the Census
Idaho

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Alphamercy Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 9 days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Ida (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Catheren Montgomery

5. Date of Birth (Month, day, year) Aug 31 - 1919

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ivan O Montgomery
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise (City or Town) Idaho (State or foreign country)
14. Exact Occupation Common labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie A montgomery
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Boise (City or Town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 2%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
    (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Marie Montgomery (First name) (Last name)
    related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Fred A Tillery Jr (D.O., M.D., etc.)
    and address Boise Date 4/16/41

26. (a) 4/16/41 (Date received) (b) Mabel F. Elder (Registrar's signature)
    Mabel F Elder

27. Given name added on by (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

4/15/41 L. B.

462-101-010-813

309899

United States Department of Commerce
Bureau of Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 196
Reg. Dist. No. 610

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 2 ~~days~~ hours
IN **THIS** county years 4 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. 11th St.
(e) How long has **MOTHER** lived in Idaho? 4 mo ~~yrs~~.
(f) Mother's mailing address 11th St.

3. **RESIDENCE of FATHER** (city) IDAHO FALLS IDAHO

4. **FULL NAME OF CHILD** EDWARD L. COBURN

5. Date of Birth (Month, day, year) 3-1-1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** ELLIS LEROY COBURN

11. Color or Race WHITE

12. Age at time of THIS birth 39 yrs.

13. Birthplace GETTYSBURG OHIO (City or town) (State or foreign country)

14. Exact Occupation R.R. SWITCHMAN

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IVA MAY HATHAWAY.

17. Color or Race WHITE

18. Age at time of THIS birth 24 yrs.

19. Birthplace CARDINGTON OHIO (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 4-41 (Date received) (b) Anna Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address [illegible] Date 4/4/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-12-39-86

RECEIVED MAR 18 1941

309956

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309956
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County BINGHAM (b) City Blackfoot
   (c) Street Address or R.F.D. No. University Street
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home X days.
   In **THIS** county 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Marvin Edward Jenkins
5. Date of Birth (Month, day, year) Oct. 23, 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Abbot Jenkins
11. Color or Race White
12. Age at time of THIS birth 37 yrs
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Irene Thorstenbeg Jenkins
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lindsborg, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ab Jenkins (First name) (Last name), who is related to this child as father. (Mother, etc.)

26. (a) MAR 18 1941 (Date received) (b) Mabel K Keller (Registrar's signature)

27. **Given name** added on by (Registrar's signature)

25. Attendant's **OWN signature** Dr. Mitchell M.D. (D.O., Midwife, etc.) and address Blackfoot Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ab Jenkins, being first duly sworn, say that I am the father (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mitchell (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this 17th day of March, 1941.

(SEAL) Eric C. Pollei Notary Public, residing at Salt Lake City, Utah

FEB 9 1942

AUG 20 1942

C.C. 4/21/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

636-104-012-89

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309972

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. J. STREET
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO Falls
(d) Street Address or R.F.D. No. J. ST.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address 902 E. Brown, Santa Ana
3. RESIDENCE of FATHER (city, state): Same Calif

4. FULL NAME OF CHILD JAMES ROBERT O'CONNELL

5. Date of Birth (Month, day, year) July 4, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JAMES GREGORY O'CONNELL
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Corbee (City or town) Ireland (State or foreign country)
14. Exact Occupation Salesman, Implement Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Madeline Byrne
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace St Joseph (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Madeline Byrne O'Connell (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) April 14-1941 (Date received) (b) Mabel Zeeler (Registrar's signature)

25. Attendant's OWN signature Mrs Nora Overton M.D. (D.O., Midwife, etc.) and address 1409 So Garnsey Santa Ana Calif Date Nurse

27. Given name added on ..... by ..... (Registrar's signature)

State of Calif
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Madeline Byrne O'Connell, being first duly sworn, say that I am mother of (Related to (or) acquainted with) James Robert O'Connell (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Nora Overton (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) at 1409 So. Garnsey, Santa Ana and that this birth **has not been previously recorded.**

Madeline Byrne O'Connell. Signature

902 E Brown Santa Ana Calif P. O. Address

Subscribed and sworn to before me on this 12th day of April, 1941

(SEAL) C. B. Taylor Notary Public, residing at 701 So. Ross Santa Ana. Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-19-010-713

United States Department of Commerce
Bureau of Census

APR 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309975
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) [redacted]
(d) Name of Hospital or Maternity Home: People's Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 3 days.
IN THIS county All her life month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No 225-9th.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address 225 - 9th. Street Idaho Falls, Idaho

3. RESIDENCE of FATHER (If same as mother, state "same")

4. FULL NAME OF CHILD Robert Leonard Sautter

5. Date of Birth (Month, day, year) December 10, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9)

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leonard DavidSautter
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Master Plumber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leila Etta Patterson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lehi, (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 1:15 P.M. on the date and at the place stated above and that personal particulars were furnished by Leonard D. Sautter (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature John O. Mellar M.D. (D.O., Midwife, etc.) and address Idaho Falls Date Jan. 11, 19 41

26. (a) April 17-1941 (Date received) (b) Mabel Y. Geddes (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-113-004-235

309996 309996

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Montpelier Idaho

3. **RESIDENCE of FATHER** (city, state) Montpelier Ida

4. **FULL NAME OF CHILD** Glenn Stevens Stewart

5. Date of Birth (Month, day, year) April 13. 1919

6. Sex white

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glenn F Loyd Stewart

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Salesman

15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Louisa Stevens

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Bloomington (City or town) Idaho (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1st (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Glenn F. Stewart, being first duly sworn, say that I am related to (Related to (or) acquainted with) Glenn Steven Stewart (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. B. S. Ashley (Name of attendant or birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Glenn F. Stewart Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of April, 1941.

(SEAL) Myrna L. Preece Notary Public, residing at Bear

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/22/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-109-022117

United States
Department of Commerce
Bureau of the Census

APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 253 W. 5th South
(d) Name of Hospital or Maternity Home: At Fathers home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 11 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State St. Anthony (b) County Fremont
(c) City Idaho
(d) Street Address or R.F.D. No. 253 W. 5th South
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address St. Anthony, Idaho

3. **RESIDENCE of FATHER** (city, state) St. anthony, Idaho

4. **FULL NAME OF CHILD** Wallace Reed Nielsen

5. Date of Birth (Month, day, year) Nov. 9, 1919.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sidney Niels Nielsen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Jackson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Paradise (City or town) Utah. (State or foreign country)
20. Exact Occupation House - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Nielsen (First name) (Last name), who is related to this child as mother (Mother, etc.)

APR 11 1941

26. (a) ..... (Date received) (b) Mabel V. Fredericksen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sidney Nielsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wallace Reed Nielsen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John R. Gray (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sidney Nielsen Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of February, 1941

(SEAL) Ethel Archibald Notary Public, residing at St. Anthony, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/23/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-207009-264

310072

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

RECEIVED APR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bohner
(c) City Sandpoint
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address R.F.D., Sandpoint

3. RESIDENCE of FATHER (If same as mother, say same) Sandpoint, Idaho

4. FULL NAME OF CHILD Sophie Margaret Zaklan

5. Date of Birth (Month, day, year) Sept. 7, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dan Zaklan
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Yugoslavia (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Milica Boraick
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Yugoslavia (City or town) (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 18, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO } ss.
County of Bonner }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We Dan Zaklan & Milica Zaklan, being first duly sworn, say that we are related to (Related to (or) acquainted with) Sophie Margaret Zaklan (Name of person on certificate above) as father and mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. We further state that there was no attendant (Name of attendant at birth) who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Milica Zaklan Mother, Dan Zaklan Father Signature

R.F.D., Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1941

(SEAL) Arthur Bowden Notary Public, residing at Sandpoint, Idaho

4/24/41 L. B.
7-12-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319112-025-268

310102

United States
Department of Commerce
Bureau of Census

APR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** Selway Nat. Forest Reserve
   (a) County ____ (b) City ~~P.O. Lowell~~
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: a homestead
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 4 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State ~~Idaho~~ (b) County ____
   (c) City P. O. Lowell
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Lowell, Idaho

3. **RESIDENCE of FATHER** (city, state) the same

4. **FULL NAME OF CHILD** Robert Edison Carothers

5. Date of Birth (Month, day, year) June 12, 1919

6. Sex male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Millard Carothers
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wyattville Wyoming (City or town) (State or foreign country)
14. Exact Occupation farming and timber work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell Boylan-Carothers
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boulder Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent **Ophthalmia Neonatorum** none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Nell Carothers (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) April 21-1941 (Date received) (b) Maud Keeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)
25. Attendant's **OWN signature** Nell B. Carothers M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

APR 2 3 2012

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED

APR 14 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

310105

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Wendell
No. 815 727 024 789 St.

Registration District No. 7-2 State File No.
(If born in hospital or institution give name) Prim. Registration District No. Local Registrar's No. 320

2. FULL NAME OF CHILD Allen Charles Hanson

3. Sex M | If plural births: 4. Twin, triplet, or other 2 | 5. Number, in order of birth 5 | 6. Premature 720 Full term 720 | 7. Legitimate? Yes | 8. Date of birth July 27 1941 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Edward F. Hanson	
18. Full maiden name		Ida E. Pfeiffer
10. Residence (usual place of abode) (If non-resident, give place and State)	Wendell	
19. Residence (usual place of abode) (If non-resident, give place and State)		Wendell
11. Color or race	W	
12. Age at last birthday	39 (years)	
20. Color or race		W
21. Age at last birthday		32 (years)
13. Birthplace (city or place) (State or Country)	Utah	
22. Birthplace (city or place) (State or Country)		Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farming	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work	, 19	
17. Total time (years) spent in this work		
25. Date (month and year) last engaged in this work		19
26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor None / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) C. E. Simonton, M.D.
or ... Midwife
Address Wendell Idaho

Filed 4/11 41, 19 Sister M. Rose, O.S.B.

Registrar. Registrar.

c.c. 4/29/41. w.h.

967 203-003318

311193

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Thatcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Della Roper

5. Date of Birth (Month, day, year) May 3, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orrin Roper
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Preston Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearlin Bergetty Taylor
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11:15 P M. on the date and at the place stated above, and that personal particulars were furnished by Pearlin B. Roper (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 23, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Perline B. Taylor Roper, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearlin B. Taylor Roper Signature

Preston Ida. Star route P. O. Address

Subscribed and sworn to before me on this 19th day of April, 1941

(SEAL) ____ Notary Public, residing at ____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-112 034455

311230

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311230
Local Reg. No. 84
Reg. Dist. No. 450

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 5th St.
(d) Name of Hospital or Maternity Home: Yes
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 5th St.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Rupert

3. **RESIDENCE of FATHER** (city, state) Rupert Idaho

4. **FULL NAME OF CHILD** Richard Monroe Rosecrans

5. Date of Birth (Month, day, year) Oct 12-1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elmer C. Rosecrans

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Oberlin (City or town) Ohio (State or foreign country)

14. Exact Occupation Farm Laborer

15. Industry or Business Building Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Denney

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace La Grande (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by E. C. Rosecrans (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Rupt Ida Date

26. (a) 5-1-41 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

APR 13 1955

SEP 30 1966

5/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

919-704 023-851

United States Department of Commerce
Bureau of Census

RE MAY 8 1947

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311239
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. R.F.D. I
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. R.F.D. I
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.
   (f) Mother's mailing address Emmett, R.F.D. I

3. **RESIDENCE of FATHER** (city, state) Emmett

4. **FULL NAME OF CHILD** David Lewis Harpt

5. Date of Birth (Month, day, year) Sept 4, 1919

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Harpt
11. Color or Race W
12. Age at time of THIS birth 45 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Heath
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lula Hart (First name) (Last name), who is related to this child as mother (Mother, etc.)

RECEIVED MAY 8 1947

26. (a) ..... (Date received) (b) Mabel V. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lula Harpt, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Lewis Harpt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L. Bird (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lula Harpt Signature

P. O. Address

Subscribed and sworn to before me on this 8th day of May, 1947

(SEAL) Mildred Riley Notary Public residing at Boise Ida

Comm Exp 11-5-43

c.c. 5/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-106-210-363

311272

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Poplar
(c) Street Address or R.F.D. No. Rigby, R.F.D.2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years month 16 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Poplar
(d) Street Address or R.F.D. No. Rigby, R.F.D.2
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Rigby, Ida. R.#2

3. RESIDENCE of FATHER (city, state) Rigby, R.#2

4. FULL NAME OF CHILD Elmo Lloyd Killian

5. Date of Birth (Month, day, year) Feb. 6, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Henry Killian
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salem, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Coles
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Willowcreek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) 11 p. M. on the date and at the place stated above, and that personal particulars were furnished by Huldah A. Coles (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) April 24-1941 (Date received) (b) Maud T Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. [illegible] M.D. (D.O., Midwife, etc.) and address Rigby, R.F.D.1 Date 4/21/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/30/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967 225 022-554

RECEIVED
APR 28 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311323
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address (For registration notice): Chester
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Chester, Ida.

4. **FULL NAME OF CHILD** Thelma Marion Rogers

5. Date of Birth (Month, day, year) Aug 25, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Albert Rogers
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Champaign, Ill. (City or Town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Marion Nedrow
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Abilene, Kansas (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lucy Rogers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 28 - 1941 (Date received) (b) Maud F Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** E L Sargent M.D. (D.O., Midwife, etc.)
and address Chester Idaho Date 4-24-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

212-120 021-212

311398

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 103
Reg. Dist. No. 544

1. **PLACE OF BIRTH**
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Wilford Reynold Baker

5. Date of Birth (Month, day, year) Dec 20 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Reynold Baker
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margnet Baker
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 12:44 A.M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 25 1941 (Date received) (b) G. W. State (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature G. W. State M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1956

c.c. 5/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 104 021864 RECEIVED

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311403
Local Reg. No. 104
Reg. Dist. No. 541

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Franklin (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Judd Zera Harris

5. Date of Birth (Month, day, year) Oct 4, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Melvin Charles Harris
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Young
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace St Charles Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent **Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by M.C. Harris (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) ____ (Date received) (b) Fred W. Staples (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature W B Parkinson M.D. (D.O., Midwife, etc.)
and address Rexburg Idaho Date 4-23-41

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

c.c. 5/3/41. w.h.
c.c. 5/15/41. w.h.
NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-211-035 355 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census APR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311407
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Joseph Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston orchards
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Elizabeth Louise Londervold
5. Date of Birth (Month, day, year) July 11 - 1919
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Harry H. Londervold
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation orchardist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose [illegible]
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Radcliffe Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr. 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irma M. Londervold, being first duly sworn, say that I am related to Elizabeth Louise Londervold as Grandmother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irma M. Londervold Signature
Lewiston orchards P. O. Address

Subscribed and sworn to before me this 21 day of April, 1941.

(SEAL) Notary Public, residing at

[illegible] COUNTY
EX-OFFICIO AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165729 036-313

311500

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Oneida (b) City or Village Gwenford
   (c) Street Address or R.F.D. No. Post Office
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 45 years 2 month 1 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Gweford
   (d) Street Address or R.F.D. No. Post Office
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Malad, Idaho

3. **RESIDENCE of FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Kenneth Caldwell Jones

5. Date of Birth (Month, day, year) June 29, 1919

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Jones
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Fayrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Elizabeth Caldwell
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child II (b) Born alive and now living II (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7.30 a M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) D C Ray (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature D C Ray M.D. (D.O., Midwife, etc.)
and address Malad Ida Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

MAR 23 1965

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393 231016 962

RECEIVED

MAY 2 1941

311517

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R.F.D. # 3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. stayed at home
IN **THIS** county 2 years 3 month 13 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Reva Tilley

5. Date of Birth (Month, day, year) 7-31-19

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma C. Tilley
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Robertson
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 12 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 2, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma C. Tilley, being first duly sworn, say that I am father (Related to (or) acquainted with) of Reva Tilley (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ben Schulze (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alma C. Tilley Signature

Burley, Idaho. R # 3 P. O. Address

Subscribed and sworn to before me on this 26th day of April, 19 41.

(SEAL) Mick W. Crouch Notary Public, residing at Burley, Idaho.

My Commission expires May 25, 1941.

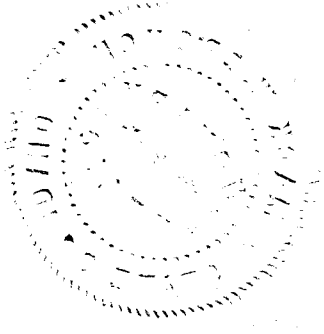
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



919-205026-795 RECEIVED

United States Department of Commerce Bureau of Census

APR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311536
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH JEF FERSON
   (a) County MILLERDEXIONE (b) City LORENZO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State IDAHO (b) County JEFERSON
   (c) City LORENZO
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 40 27 yrs.
   (f) Mother's mailing address RUPERT LORENZO

3. RESIDENCE of FATHER (city, state) LORENZO IDA

4. FULL NAME OF CHILD MILDRED IONE RAINEY

5. Date of Birth (Month, day, year) APRIL 5 1919

6. Sex FEMALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy regular Legitimate? YES

FATHER OF CHILD

10. FULL NAME HIRAM DAVID RAINEY
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace MENAN IDAHO (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA FRANCIS ~~RAINEY~~ PRESTON
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace POCATELLO IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 28-1941 (Date received) (b) Mabel T Eldredge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of IDAHO } ss.
County of MINIDOKA }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, VIOLA FRANCIS RAINEY, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with) MILDRED IONE RAINEY (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. UNCERTAIN

Mrs Viola F Rainey. Signature

K ..... P. O. Address

Subscribed and sworn to before me on this 18th day of RUPERT IDAHO APRIL 1941, 19

(SEAL) H A Boyer Notary Public, residing at

Probate Judge

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493.222.022-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 8 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

311634
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R F D No. R. R.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 4 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. R R
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Ashton
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kathryn Irene Miller
5. Date of Birth (Month, day, year) Nov 22, 1919
6. Sex. Girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Ray Miller
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Clarksville Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Elmira Johnson
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Morris Run (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Finger Co. Pa.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Johanna Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 8 - 1941 (Date received) (b) Mabel V. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Johanna E. Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kathryn Irene Miller (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Merchant (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Johanna Elmira Johnson Name
E 112 8 Crown, Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 26 day of April 1941

(SEAL) Winnifred MacLeod Notary Public, residing at Spokane, Wash

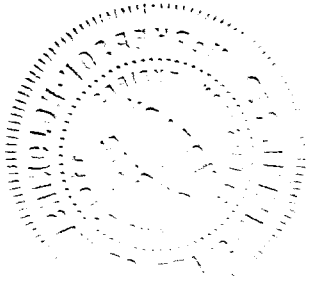
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 3 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



893-104-022-632 RECEIVED

311667

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

MAY 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. R.F.D. # 1
   (d) Name of Hospital or Maternity Home: (Residence of parents.)
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 4 years 5 month 28 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. R.F.D. # 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address St. Anthony, Idaho.

3. **RESIDENCE of FATHER** (city, state) St. Anthony Idaho.

4. **FULL NAME OF CHILD** Richard Seely Hill

5. Date of Birth (Month, day, year) November 4, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Wimmer Hill
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lawrence (City or town) Utah (State or foreign country)
14. Exact Occupation ~~Farming~~* Owner operator
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Olsen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Castle Dale (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Hazel (First name) Hill (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 8 - 1941 (Date received) (b) Mabel T Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Mrs Lila Day (nurse) M.D. (D.O., Midwife, etc.)
and address Rigby, Ida. Date April 16/41

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

C.C. 5/15/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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248-13-004245

311684

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311684
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** MAY 10 1941
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of ~~Hospital~~ or ~~Maternity~~ Home:
   (e) Mother's stay **BEFORE** delivery: In ~~Hosp.~~ or ~~Mat.~~ Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address Montpelier

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** James Darnell Buhler

5. Date of Birth (Month, day, year) Oct. 31, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Buhler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Kunz
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bern (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead / (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 10 1941 (Date received) (b) Mabel T Beeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Kunz Buhler, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Darnell Buhler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. F. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot~~ be located) and that this birth has not been previously recorded.

Rebecca Kunz Buhler Signature

Bern, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of May, 1941.

(SEAL) Ken Alard Notary Public, residing at Montpelier, Ida.

JUL 7 1955

MAY 20 1952

C.C. 5/16/41. W.L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-123-203-669

311694

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311694
Local Reg. No.
Reg. Dist. No.

MAY 12 1941

1. **PLACE OF BIRTH**
(a) County (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Thatcher Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Jerome Leslie Bennett

5. Date of Birth (Month, day, year) Sept 23, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Leslie Bennett
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Perry (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza Forman
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cleveland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Bennett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Mark Tolder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Eliza Bennett, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Jerome Leslie Bennett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Glen Rutland (Name of attendant at birth), who attended said birth Deceased (Is now deceased ~~(or) cannot be located~~) and that this birth has not been previously recorded.

Com. Expires 8-9-1941

Mary Eliza Bennett Signature

Thatcher Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of May, 1941

(SEAL) J. W. Morgan Notary Public, residing at Downey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 4 1971.

c.c. 6/3/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

154-105-022-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

311711
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rexburg
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: Home - Rexburg, Ida
(e) Mother's stay **BEFORE** delivery: Home.
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson Co
(c) City ~~Rexburg~~ Terreton Madison Co
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Rexburg Idaho

3. **RESIDENCE OF FATHER** (city, state) Rexburg Idaho

4. **FULL NAME OF CHILD** John Allen Anderson

5. Date of Birth (Month, day, year) Jan 5th 1914

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Anderson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Hedemora, Sweden (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Luciana Brizzee
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Grouse Creek Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~ 6
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(Mother, etc.) (First name) (Last name), who is related to this child as.....

26. (a) MAY 12 1941 (Date received) (b) Mabel T Eleler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or Midwife (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Luciana Anderson Osterhout, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of John Allen Anderson (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Watts (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emily Luciana Anderson Osterhout Name
10505 Valeswood Ave Inglewood Calif. P. O. Address

Subscribed and sworn to before me on this 8 day of May 1941

(SEAL) August E Carbert Notary Public, residing at Inglewood, Calif.
My Commission expires Sept. 26, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/19/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1919-6725

193.106-024-447

311742

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 15 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   Gooding (Street or R. F. D.), Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dewey George Dickenson

5. Date of Birth (Month, day, year) July 6, 1919

6. Sex Male

7. Twin or Triplet —

If so, born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dewey George Dickenson
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Lowell (City or Town) Indiana (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MacLaren Mapheroux
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace ..... (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living —
    (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Helen Bishop (First name) (Last name), who is related to this child as aunt by marriage (Mother, etc.)

26. (a) May 15 - 1941 (Date received) (b) Mabel H Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** H. E. Lamb M.D. (D.O., Midwife, etc.)
and address Twin Falls, Ida. Date .....

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

635-231 040-613

311820

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 15 1941

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Olevia Irene Olsson

3. Sex Girl | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? Yes | 8. Date of birth Mar 31, 1919 (Month, Day, Year)

FATHER

9. Full name Elmer Emanuel Olsson
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quarty Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Mar, 1919
17. Total time (years) spent in this work 3 yr

MOTHER

18. Full maiden name Gerda Erika Walbach
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Mar, 1919
26. Total time (years) spent in this work 3 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:30 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F W Ralfs, M. D.
or ____, Midwife
Address Mullan Idaho

Give name added from a supplemental report ____
(Date of)

Filed May 15, 1941 Mabel T Crafer
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

c.c. 5/23/41. w.h.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [redacted} ss.
County of [redacted}

Certificate No. 311820

Date Filed May 15, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Olevia Irine Oleson (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1919 (Date of Event)
in Mullan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Olevia Irine Oleson	Olivia Irene Olson
Birthdate	March 31, 1919	March 31, 1909

Subscribed and sworn to before me this 27th day of February, 1942

[redacted]
Notary Public, residing at Mullan, Ida

My commission expires Mar 15, 1944
(Seal)

Signed Mrs Elmer Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs. Elmer Olson
(Street Address, City, State)
214 Huntington Ave. Mullan, Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone. ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1942

[redacted]
Notary Public, residing at Mullan Ida

My commission expires Mar 15, 1944
(Seal)

Signed Mrs Oscar Hallstrand
(Signature of Any Credible Person Other Than Previous Year)

131 Mill Road,
(Street Address, City, State)

165 705 003 362

United States Department of Commerce
Bureau of Census

MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311909
Local Reg. No. 47
Reg. Dist. No. 5-1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.
   (f) Mother's mailing address Grace

3. **RESIDENCE of FATHER** (city, state) Grace, Ida

4. **FULL NAME OF CHILD** Max J. Jones

5. Date of Birth (Month, day, year) Nov. 5, 1919

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester James

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Smithfield, Utah (City or town) (State or foreign country)

14. Exact Occupation Transfer

15. Industry or Business Own Transfer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie M. Coburn

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Weston, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Annie M. Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 14-1941 (Date received) (b) Mrs. G. G. Fuhs (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs Idaho Date 5-4-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

c.c. 6/9/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 126 001 659

311936

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 17 1941

1. **PLACE OF BIRTH**
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No. Hornet Creek
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years ... month ... days Home

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Adams-Ida (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No. Hornet Creek
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Council Ida.

3. **RESIDENCE of FATHER** (city, state) Council. Ida

4. **FULL NAME OF CHILD** William. Frederic Schulze

5. Date of Birth (Month, day, year) Jan. 26 — 1919

6. Sex Male

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Paul Schulze.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Linz. (City or town) Germany (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Auto.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Freddy Weiland.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Elko (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Living (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Paul Schulze (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** Paul Schulze Emergency Call. Not Physician. M.D. (D.O., Midwife, etc.) and address Council, Idaho, Date Jan. 26-1919.

26. (a) MAY 17 1941 (Date received) (b) Mabel H. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1959

c.c. 5/27/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-11-014-412

312996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D No. 123 So. 10th Ave.
(d) Name of Hospital or Maternity Home:
In our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county 7 years 3 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address 123 So. 10th Ave.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Beverly Elfred Noble

5. Date of Birth (Month, day, year) April 17, 1919

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Asher Noble
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace West Baldwin, Maine (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Day Labor in Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Inis Massey
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Manhattan, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ruby Noble (First name) (Last name), who is related to this child as Mother (Mother, etc.)

MAY 21 1941

26. (a)..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** Alice Monk R N on..... (M.D., D.O., Midwife, etc.)
and address Boise Ida. Ada Co. Hosp. Date 5-19-41

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Alice Monk, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Beverly Elfred Noble (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thomas Farren (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Alice Monk Name

P. O. Address

Subscribed and sworn to before me on this 2 day of May, 1941

(SEAL) J. H. Gardner Notary Public, residing at Boise Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714.22-06239

313080

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 26 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. Rural #1 St.
If not in city limits
Homestead Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Martha Harriet Paulsen

3. Sex Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature? No. Full term? Yes
7. Legitimate? Yes
8. Date of birth Aug. 22, 1919 (Month, Day, Year)

FATHER

9. Full name Robert Paulsen
10. Residence (usual place of abode) (If non-resident, give place and State) Burley
11. Color or race White 12. Age at last birthday 63 (years)
13. Birthplace (city or place) (State or Country) Denmark

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work May 23, 1941
17. Total time (years) spent in this work 24 yr.

MOTHER

18. Full maiden name Mary Cecelia Schreiber
19. Residence (usual place of abode) (If non-resident, give place and State) Burley
20. Color or race White 21. Age at last birthday 56 (years)
22. Birthplace (city or place) (State or Country) Austria

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work May 23, 1941
26. Total time (years) spent in this work 24 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seven (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed May 26, 1941 Mabel Keeler
Registrar.

Registrar.

DUP OF 19-72871

DUP OF 1919 - 7287]

DELAYED

714-222-C/4-239

STATE OF IDAHO

RECE

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Cassia } ss.

Martha Harriet Powlsen being first duly sworn says that she is the Daughter (Relationship of child)* of Robert & Mary Powlsen

born August 22 31 1919 (Date of birth) at Burley, Idaho,

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is X (Now deceased (or) cannot be located)

Name of Affiant Mrs Robert Powlsen

P. O. Address Route #1

Subscribed and sworn to before me this ..... day of May 21, 19 41

L H Kinnaird
Notary Public.

Residing at Burley, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

912-106-039-465

RECEIVED

MAY 26 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313087

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City near American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: on farm no hospital or home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 7 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): American Falls Ida

4. **FULL NAME OF CHILD** Helmut Rudolf Erhart Rast

5. Date of Birth (Month, day, year) May 6, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rudolf Rast

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Bessarabia (City or town) Russia (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Doering

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Kulm (City or town) North Dak. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's Mother's OWN signature M.D. (D.O., Midwife, etc.)
and address ~~American Falls~~ Aberdeen Ida. Date 5-19-41

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Rast, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Helmut Rudolf Erhart Rast (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schiltz (Name of attendant at birth), who attended said birth now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Rast Signature

Aberdeen ~~American Falls~~, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of May, 19 41

(SEAL) [illegible] Notary Public, residing at American Falls, Ida.

My commission expires December 8, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212 116-003-154 RECEIVED

313130

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) JUN 2 19

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Life yrs.
(f) Mother's mailing address Oxford Idaho

3. RESIDENCE of FATHER (city, state) Oxford Ida

4. FULL NAME OF CHILD Raymond Anderson Baker

5. Date of Birth (Month, day, year) Sept 16 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George M. Baker
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elmina Anderson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living X (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elmina Baker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 7-19 41 (Date received) (b) Mabel H Geisler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Date

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-118-0174-264

313166

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313166
Local Reg. No.
Reg. Dist. No.

MAY 28 1941

1. PLACE OF BIRTH
(a) County ~~GOODING~~ CANYON (b) City NAMPA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~GOODING~~ CANYON
(c) City NAMPA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address NAMPA, IDAHO

3. RESIDENCE of FATHER (city, state) NAMPA, IDA

4. FULL NAME OF CHILD CLARENCE RAY PILKINTON

5. Date of Birth (Month, day, year) NOV. 18, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HERBERT PILKINTON
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace HANNA (City or town) MISSOURI (State or foreign country)
14. Exact Occupation BOILERMAKER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL LOU SOUTER
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace ROSEBERRY, B. C. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 28 1941 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Nevada, County of White Pine } ss.

I, Ethel Souter Pilkinton Fields, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Ray Pilkinton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Pilkinton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Souter Pilkinton Fields Signature
Box 1263 Ely, Nevada P. O. Address

Subscribed and sworn to before me on this 22 day of May, 1941

(SEAL) ____ Notary Public, residing at Ely, Nev.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

734-22-022-
463

United States Department of Commerce
Bureau of Census

MAY 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313197
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City St-Anthony
(c) Street Address or R.F.D. No. 4 N - 212 East
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county 10 years 11 month no days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St-Anthony
(d) Street Address or R.F.D. No. 4-N-212 E.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Deceased St-Anthony Ida

3. RESIDENCE of FATHER (City—state) St-Anthony Ida

4. FULL NAME OF CHILD Ora May Stone
5. Date of Birth (Month, day, year) 5-21-1919
6. Sex female
7. Twin or Triplet (If so—born 1st, 2nd, 3rd) one X
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hileman Guy Stone
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) De Claire (State or foreign country) Iowa
14. Exact Occupation Carpenter
15. Industry or Business Carpenter contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Maley-Stone
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Philadelphia (State or foreign country) Penna
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Water with "Boro" acid added
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9- P M. on the date and at the place stated above and that personal particulars were furnished by Hileman Stone (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) May 29-1941 (Date received) (b) Marvel Keeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho } ss.
County of Fremont }

I, Hileman Guy Stone, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ora May Stone (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that H. H Hawksworth (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hileman Guy Stone Signature
Box 504 St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of May, 1941

(SEAL) ____ Notary Public, residing at St Anthony

c.c. 6/11/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

33-122-010455

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313209

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 462 F St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho F St
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Idaho Falls,

3. RESIDENCE of FATHER (city, state) Idaho Falls.

4. FULL NAME OF CHILD Richard Irving Clayton

5. Date of Birth (Month, day, year) 11-22-19

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Irving Emerson Clayton

11. Color or Race W

12. Age at time of THIS birth 28 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Accountant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Christina Jensen

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace Hyrum, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11.57 P M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Clayton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature A P Bodenquist M.D. (D.O., Midwife, etc.) and address Date

26. (a) May 31-1941 (Date received) (b) Mabel H Eelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/11/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 224 022615

313308

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 28 yrs.
   (f) Mother's mailing address Chester Idaho

3. RESIDENCE of FATHER (city, state) Chester Idaho

4. FULL NAME OF CHILD Frances Marie Stinemates

5. Date of Birth (Month, day, year) MAR 24 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Clarence Stinemates
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Scivola (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wanke
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Battlecreek Nebr (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....., M. on the date and at the place stated above, and that personal particulars were furnished by Grace Stinemates (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature E. L. Stangl M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) June 4-1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 6/16/41. w.h.

993-107-016-965

Information needed is checked in red on the certificate.

313332

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 4 1941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of # Cassia

City of # Burley

No. ..... St.

Ivy Fargo Apts.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Richard Eugene Rill

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth one

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth March 7, 1919 (Month, Day, Year)

FATHER

9. Full name # Albert F. Rill

10. Residence (usual place of abode) (If non-resident, give place and State) Kearns Canyon

11. Color or race White 12. Age at last birthday 55 (years)

13. Birthplace (city or place) (State or Country) on farm Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. # Dept of Interior Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. garage foreman (Information as of time of birth)

16. Date (month and year) last engaged in this work April, 1919

17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name # Minnie Ivanetta Roell

19. Residence (usual place of abode) (If non-resident, give place and State) Kearns Canyon

20. Color or race White 21. Age at last birthday 54 (years)

22. Birthplace (city or place) (State or Country) # Nelson, Wis.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. # (Information as of time of birth)

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housekeeper in own home.

25. Date (month and year) last engaged in this work 18 yrs as Civil Service matron

26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one

(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation None months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 9P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or Josephine Parsons, Midwife

Address Blackfoot, Idaho

Filed June 4, 1941 Mabel H. Geddes

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

JUN 4 1941

STATE OF Arizona)
) ss.
COUNTY OF Navajo)

Minnie Ivanetta Rill
~~Richard Eugene Rill~~, being first duly sworn, upon oath says: that she is the ~~father~~ mother of Richard Eugene Rill; that said Richard Eugene Rill was born at Burley, County of Cassia, State of Idaho on the 7th day of March, 1919.

Father's name Albert F. Rill

Mother's maiden name Minnie Ivanetta Roell

Physician's name Dr. Joseph Fremstead

Nurse or attendant Josphine Parsons

This affidavit is made for the purpose of securing a birth certificate for said Richard Eugene Rill.

Minnie Ivanetta Rill

Subscribed and sworn to before me this 31st day of May, A.D. 1941.

Notary Public in and for the State of Arizona, residing at Holbrook therein.

My commission expires:

Oct. 1, 1942.

To be sent to:
Bureau of Vital Statistics,
Board of Health
City of Boise

State of Idaho

c.c. 6/16/41. w.h.

JUN 30 1941

217 111-019 253

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JUN 12 1941

State File No. 313413
Local Reg. No. 286
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Challis
(c) ~~Street Address or R.F.D. No.~~ P.O. Box 83
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. P.O. Box 83
(e) How long has MOTHER lived in Idaho? Nine yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Challis, Ida.

4. FULL NAME OF CHILD Howard Arthur Baxter

5. Date of Birth (Month, day, year) Sept. 11th 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Frank Baxter
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Miriam Ada Kelley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Marshall (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum * Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 17-1941 (Date received) (b) Maud H Edgley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Miriam A. Baxter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Arthur Baxter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.L. Kirtley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Miriam A. Baxter Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of June, 19 41

(SEAL) C. R. Smith Notary Public, residing at Challis, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433 204 020-363

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313436
Local Reg. No. 72
Reg. Dist. No. 640

1. **PLACE OF BIRTH**
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county Native years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Always yrs.
   (f) Mother's mailing address Rigby, Idaho

3. **RESIDENCE of FATHER** (city, state) Rigby Idaho

4. **FULL NAME OF CHILD** Ada Ida McCullough

5. Date of Birth (Month, day, year) Mar 4, 1919

6. Sex Girl

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry McCullough
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Garrisville, Utah (City or town) (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna R. Cole
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Union, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol - 2 -
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
    (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edna McCullough (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature H A Anderson M.D. M.D. (D.O., Midwife, etc.)
    and address Rigby Idaho Date

26. (a) 6/9/41 (Date received) (b) Mrs A B Eckenell (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 107 028-235

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313462
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Harrison Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 2 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time ~~of this birth~~)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Thomas Earl Swezea, Jr.

5. Date of Birth (Month, day, year) June 7 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Earl Swezea, Sr.
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Walla Walla, Wash. (City or town) (State or foreign country)
14. Exact Occupation Excavation Foreman
15. Industry or Business Construction work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada May Slee
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Moscow Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of GRANT } ss.

AFFIDAVIT To be completed when the attendant at ~~birth~~ is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Earl Swezea, Sr., being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Earl Swezea, Jr. (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Finney (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas Earl Swezea Sr. Signature

Box 1584, Grand Coulee, Wash. P. O. Address

Subscribed and sworn to before me on this 31st day of May, 19 41

(SEAL) Notary Public, residing at Grand Coulee, Wash.

JUL 15 1960

APR 10 1942

OCT 13 1972

6/19/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 / 30 003 · 599 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313491
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 630 So 4th Ave
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county years [redacted] month [redacted] days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 630 So 4th Ave
(e) How long has **MOTHER** lived in Idaho [redacted] yrs.
(f) Mother's mailing address 9 West Crystal Ave S.L.C. Utah

3. **RESIDENCE of FATHER** (city, state) Dead [redacted]

4. **FULL NAME OF CHILD** Thomas William Stephenson

5. Date of Birth (Month, day, year) Sept 30 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Stephenson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business Dead

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josie M. Ericksen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Pocatello M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Dead Dr. Wooley M.D. (D.O., Midwife, etc.)
and address Pocatello Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josie Stephenson Rowland, being first duly sworn, say that I am related (Related to (or) acquainted with) Thomas William Stephenson as mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wooley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Nurse & Dr.

Josie Stephenson Rowland Signature
#9 West Crystal Ave P. O. Address

Subscribed and sworn to before me on this 9th day of June, 1941

(SEAL) D. M. Kirk Notary Public, residing at Salt Lake City, Utah

6/2[illegible]/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395110009493 RECEIVED

United States Department of Commerce Bureau of the Census

JUN 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313505

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:** (a) County [illegible] (b) City Sand Point
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Sand Point, Idaho

4. **FULL NAME OF CHILD** Carmen David Lindell

5. Date of Birth (Month, day, year) November 10, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Lindell
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace St. Peter (City or town), Minnesota (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida M. Milstene
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Albert Lea (City or town), Minnesota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 2, 1941 (Date received) (b) Abel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Lindell, being first duly sworn, say that I am the father (Related to (or) acquainted with) of Carmen David Lindell (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carl Lindell Signature

Everett Park Route #9 P. O. Address

Subscribed and sworn to before me on this 4th day of March, 1941

(SEAL) F. G. Rynsmond Notary Public, residing at Everett, Wash.

6/19/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Robert Lee

866-22-1036-445

United States Department of Commerce
Bureau of Census

RECEIVED JUN. 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313602
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Oneida (b) City Holbrook
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Holbrook
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state) Holbrook Idaho

4. **FULL NAME OF CHILD** (MONREVE) Monreve Howard
5. Date of Birth (Month, day, year) Aug. 21. 1919
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Dewey Howard
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rockland (City or town) Idaho (State or foreign country)
14. Exact Occupation mail carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Esther Dunn
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Emporia (City or town) Kansas (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Howard (First name) (Last name), who is related to this child as mother (Mother, etc.)

RECEIVED

26. (a) JUN 14 1941 (Date received) (b) Mabel H Geleter (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Melissa B Smith M.D.
and address Holbrook Idaho (D.O., Midwife, etc.)
Dr attendant Date June 6-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

7-17-41

Dr Crawshaw died about 5 or 6 years ago he was the Doctor.

APR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 118 003 413

#3136

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313614
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Anthony's Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** Lyle Charles McDermott, Jr.

5. Date of Birth (Month, day, year) May 18, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyle Charles McDermott
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Soda Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marguerite Ann Mallory
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 20, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marguerite McDermott, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lyle Charles McDermott, Jr (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Wright (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marguerite McDermott Signature

Boise Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of June, 1941

(SEAL) Hazel Everett, Notary Public, residing at Boise Idaho

My Com. expires July 25-1942

6/20/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-129 003-289

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUN 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313676
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at Parents Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address Grace

3. RESIDENCE of FATHER (city, state) Grace, Ida.

4. FULL NAME OF CHILD William Duane Shipley

5. Date of Birth (Month, day year) Jan. 29, 1919

6. Sex Male

7. Twin or Trip'let If so—born 1st, 2nd, ~~3rd~~

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm B. Shipley
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Draper, Utah (City or town) (State or foreign country)
14. Exact Occupation Power House Electrics
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Aileen Henrichsen Shipley
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Holliday Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 ✓ (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Mark H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Aileen Henrichsen Shipley, being first duly sworn, say that I am related (Related to (or) acquainted with) William Duane Shipley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hubbard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Aileen H. Shipley Signature

4544 Holliday Blvd. P. O. Address

Subscribed and sworn to before me on this 18th day of June, 1941.

(SEAL)

Elva C. Hopkinson Notary Public, residing at Salt Lake City, Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

385 / 28 015 313

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

RECEIVED
JUN 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 314853
Local Reg. No. 41
Reg. Dist. No. 520

1. PLACE OF BIRTH:
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address (For registration notice):
Father's address Soda Springs, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city) Soda Springs (State)

4. FULL NAME OF CHILD Gene Lallatin Chester

5. Date of Birth (Month, day, year) July Aug. 28, 1919

6. Sex M

7. Twin or Triplet ..... **If so—born 1st, 2nd, 3rd** .....

8. No. months of Pregnancy .....

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Colin Arthur Chester

11. Color or Race W

12. Age at time of THIS birth 38 yrs.

13. Birthplace Soda Springs, Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helena Lallatin

17. Color or Race W

18. Age at time of THIS birth 39 yrs.

19. Birthplace Logan, Utah
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Colin Chester (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) 3-23-41 (Date received) (b) Dr. Russell Tyrrell (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's OWN signature Ellis Kackley M.D.
Ellis Kackley, M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 3/23/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

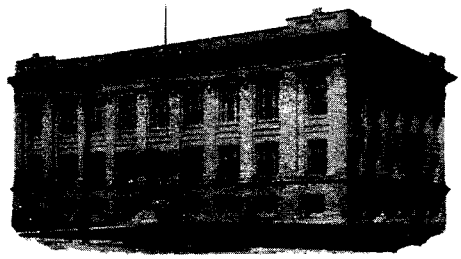
Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....



OFFICE OF
COLIN CHESTER
CLERK, AUDITOR AND RECORDER

CARIBOU COUNTY

STATE OF IDAHO

SODA SPRINGS, IDAHO

State of Idaho,)
: ss.
County of Caribou,)

Colin Chester, being first duly sworn on oath deposes and says that he is a citizen of the United States of America, over the age of 21 years, a resident of Soda Springs, Idaho, and fully competent to make this affidavit.

Your affiant further states under oath that he is the father of GENE LALLATIN CHESTER and that in connection with the application for a BIRTH CERTIFICATE for the said GENE LALLATIN CHESTER, your affiant's son, your affiant by mistake reported in said application for said birth certificate that the said GENE LALLATIN CHESTER WAS BORN ON AUGUST 28th, 1919, WHEREAS THE TRUE AND CORRECT BIRTH DATE OF THE SAID GENE LALLATIN CHESTER IS: JULY 28, 1919.

This affidavit is made for the purpose of correcting the error heretofore made by him AND TO ESTABLISH THE FACT THAT GENE LALLATIN CHESTER (the son of your affiant) WAS BORN ON THE 28th DAY OF JULY, A.D. 1919 at Soda Springs, Idaho.

Dated: December 26th, 1941.

Colin Chester

Subscribed and sworn to before me this 26th day of December, A.D. 1941. at Soda Springs, Idaho.

Notary Public.
Residing at Soda Springs, Idaho
My Com. Expires Sept. 18, 1943

368-119 034-349

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

314881

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston JUN 27 1941
No. 809 4 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joel Leon Louis Toyer

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature or Full term Full | 7. Legitimate? Yes | 8. Date of birth 11-18, 1919 (Month, Day, Year)

FATHER

9. Full name Louis LeRoy Toyer
10. Residence (usual place of abode) (If non-resident, give place and State) Reubens Idaho
11. Color or race W | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or country) Ogden Utah
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc County Treasurer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Nov, 19.....
17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Louise Helen Turner
19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho
20. Color or race W | 21. Age at last birthday 41 (years)
22. Birthplace (city or place) (State or country) Bonner Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2.4 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. E. Broom, M. D.
or ....., Midwife
Address Lewiston Idaho

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed ....., 193.....
Registrar.

7-1-41

APR 8 1976

719-120016-449

314888

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address Elba Idaho

3. RESIDENCE of FATHER (city, state) Elba Idaho

4. FULL NAME OF CHILD Barbara B. Parish

5. Date of Birth (Month, day year) May 20 1941

6. Sex

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ellis R. Parish.
11. Color or Race American
12. Age at time of THIS birth 22 yrs.
13. Birthplace Elba (City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethyl B Durfee
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Almo Idaho (City or town) (State or foreign country)
20. Exact Occupation Farm wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Burley M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ellis Parish (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mabel Y Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date 6/11/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, ~~Chapter~~ 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DUP OF 19-69020

DELAYED

795-109 003-392 RECEIVED

314889

United States Department of Commerce
Bureau of Census

JUN 2 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City W. Cammron
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 3 years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Mc Cammon
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 6 31 yrs.
   (f) Mother's mailing address Mc Cammon Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Maurice Merle Green

5. Date of Birth (Month, day year) Sept 9 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Erban Green
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Woodruff (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara Fairzina Lish
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive/stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Fairzina Lish Green (First name) (Last name) who is Orgill (Mother, etc.) related to this child as .....

25. Attendant's **OWN** signature W. L. Hartwig Jr. M.D. (D.O. Midwife, etc.)
and address Pocatello, Ida Date June 21-41.

26. (a) JUN 23 1941 (Date received) (b) Maurel Y. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

SEP 23 1960
JAN 19 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

665727044793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314939
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County WASHINGTON (b) City WEISER
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years 3 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 9 ~~mos.~~
(f) Mother's mailing address WEISER, IDA.,

3. RESIDENCE of FATHER (city, state) WEISER, IDA.

4. FULL NAME OF CHILD ALFRED JEFFERSON OWENS

5. Date of Birth (Month, day, year) Oct. 27, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ELMER LONZO OWENS
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace HALLTOWN (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EVA TOLAND PITTMAN
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace REDFIELD (City or town), ARKANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ CAN'T GIVE NAME; ATTENDING DR. DEAD.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 4-1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of OREGON
County of LINN } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EVA OWENS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ALFRED JEFFERSON OWENS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. W. H. MARSHALL (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Eva Owens Signature

Lebanon, Oregon. P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 19 41

(SEAL) Thomas Eckle Notary Public, residing at Lebanon, Oregon.

My Commission expires June 12, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-719 025 693

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314946
Local Reg. No.
Reg. Dist. No.

JUN 25 1941

1. PLACE OF BIRTH
(a) County IDAHO (b) City Elk City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county IDAHO years 2 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City ELK CITY
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address ELK CITY, IDAHO

3. RESIDENCE of FATHER (city, state) ELK CITY, IDA.

4. FULL NAME OF CHILD RAYMOND EARL BATES

5. Date of Birth (Month, day, year) FEB. 19, 1919

6. Sex MALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN WILLIAM BATES
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation LAUNDRY
15. Industry or Business LAUNDRY

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGIE LAVINA WITCHER
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace CENTRAL POINT, OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 25 1941 (Date received) (b) Maud H Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date —

State of OREGON
County of LANE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, GLADYS C. MILLER, being first duly sworn, say that I am (OLDER) SISTER (Related to (or) acquainted with) RAYMOND EARL BATES (Name of person on certificate above) as (OLDER SISTER) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not familiar (Name of attendant at birth) who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gladys C. Miller Signature
1939 Jefferson St. Eugene Ore. P. O. Address

Subscribed and sworn to before me on this 23 day of June 1941

(SEAL)

Notary Public, residing at Eugene Ore.
Notary Public for Oregon
My Commission Expires April 4, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

FEB 5 1976

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 108 018592

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314951
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clearwater (b) City Pierce
(c) Street Address or R.F.D.No. Gen. Del.
(d) Name of Hospital or Maternity Home: Pioneer Hotel
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Pierce
(d) Street Address or R.F.D.No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Pierce, Idaho

3. RESIDENCE of FATHER (city, state) Pierce, Id.

4. FULL NAME OF CHILD John Harvey Waters

5. Date of Birth (Month, day year) April 8, 1919

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey John Waters
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Horicon (City or town) New York (State or foreign country)
14. Exact Occupation Mining Superintendant
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Edna Erb
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Weston, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Mary H Farley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harvey John Waters, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Harvey Waters (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor J. M. Farley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harvey John Waters Signature

414 Lloyd Building, Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 1941

(SEAL) J Gordon Goss Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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452-131-015912

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 314965
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Cariboo (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 4 days. IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Cariboo
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Soda Springs

3. RESIDENCE of FATHER (city, state) Soda Sp. Ida.

4. FULL NAME OF CHILD Walter Veloy Messinger
5. Date of Birth (Month, day, year) March 31, 1919
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Walter Messinger
11. Color or Race White 12. Age at time of THIS birth 28
13. Birthplace Beaver (City or town) Utah (State or foreign country)
14. Exact Occupation Store clerk
15. Industry or Business merchantile

MOTHER OF CHILD
16. FULL MAIDEN NAME Malvina Rasmussen
17 Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Malvina Messinger (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) June 26-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on .... by .... (Registrar's signature)

25. Attendant's OWN signature .... M.D. (D.O., Midwife, etc.)
and address .... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Walter Messinger, being first duly sworn, say that I am related (Related to (or) acquainted with) Walter Veloy Messinger (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mis Calkins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Walter Messinger Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of June 1941

(SEAL) E. H. Lundgren Notary Public, residing at Downey Ida.

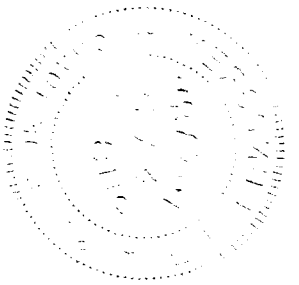
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

64 3074 #1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314976
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Madison (b) City Sugar
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None.
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county years 4 month 2 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address Sugar City

3. **RESIDENCE of FATHER** (city, state) Sugar, Ida.

4. **FULL NAME OF CHILD** Keith Dee Bennett

5. Date of Birth (Month, day, year) May 22, 1939

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Grant Bennett
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Beaver, (City or town) Utah (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Dentistry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Ireta Williams
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Eunice (First name) Bennett (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Mabel Y Tredan (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Utah } ss.
County of Salt Lake }

I, Eunice Bennett, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lester Grant Bennett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Evans (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eunice Ireta Williams Bennett (Signature)
1911 Yale Ave. Salt Lake City Ut. (P. O. Address)

Subscribed and sworn to before me on this 18th day of June 1941

(SEAL)

Harold O. Wallace Notary Public, residing at Salt Lake City, Utah

64 30741

DEC 29 1941

APR 7 1943

APR 8 1943

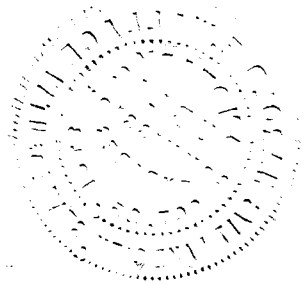
MAY 9 1951

OCT 25 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



314 116 044153

315030

United States
Department of Commerce
Bureau of the Census

JUN 27 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 320

1. **PLACE OF BIRTH:**
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. Star Rt.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 5 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No. Star Rt.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address (For registration notice):
   Star Rt. (Street or R. F. D.) Midvale, Ida. (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Midvale, Ida.

4. **FULL NAME OF CHILD** Emil Cada.

5. Date of Birth (Month, day, year) 12/16/1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tony Cada
11. Color or Race Wht.
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or Town) Bohemia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jelinek
17. Color or Race Wht.
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or Town) Bohemia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Cada (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 6/21/41 (Date received) Dr. Hawthorne (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Weiser, Ida. Date 6/20/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

K

7-1-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

MAR 28 1958

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

355-102 014-295

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315045

State File No. 315045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CANYON (b) City MIDDLETON
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county ~~5 0~~ years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City MIDDLETON
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address MIDDLETON

3. RESIDENCE of FATHER (city, state) MIDDLETON IDA

4. FULL NAME OF CHILD ROBERT LENAGHEN

5. Date of Birth (Month, day year) 10-2-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Henry Lenaghen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace PLATTSBURGH NEW YORK (City or town) (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business BLACKSMITH

MOTHER OF CHILD

16. FULL MAIDEN NAME Marda LaVada Brubeare
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace POLK COUNTY, MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Marda Lenaghen (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) July 7-1941 (Date received) (b) Mavis Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Lovada Lenaghen being first duly sworn, say that I am Mother (Related to (or) acquainted with) Robert Lenaghen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Tom Farer (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Lovada Lenaghen Signature
Star Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July 1941

(SEAL)

Notary Public, residing at Star, Ida

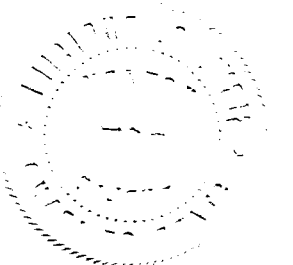
My Commission expires 7-17-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



238-127 001-231

315053

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315053
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. ROUTE #1
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county years 15 month 3 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D.No. ROUTE #1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address BOX 405

3. **RESIDENCE of FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** LEO ERWIN SCHWEIZER

5. Date of Birth (Month, day year) OCT. 27, 1919

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 MO.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CARL ERWIN SCHWEIZER
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace BASEL, SCHW SWITZERLAND (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES STANKE
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs
19. Birthplace WUGARTEN, GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ON FARM

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) July 8-1941 (Date received) Mabel J. Eldon (Registrar's signature)

27. Given name added on (Date) by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, AGNES SCHWEIZER, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) LEO ERWIN SCHWEIZER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. CHURCH (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Agnes Schweizer Signature

P. O. Address

Subscribed and sworn to before me on this 9th day of July, 19 41

(SEAL) Mildred B. Talley Notary Public, residing at Boise, Idaho

My comm. exp. 11/5/43

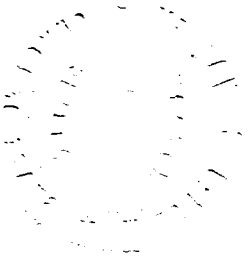
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1
FEB 1 1943
JAN 19 1945
JUN 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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315137

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 3 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Thatcher Idaho

3. **RESIDENCE of FATHER** (city, state) Thatcher Ida.

4. **FULL NAME OF CHILD** Gene B. Robbins

5. Date of Birth (Month, day year) Aug. 18-1919

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Hoopla Robbins
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Thatcher Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Barthlome
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** Dora Larkin (X) Her cross Witness Roma Anderson M.D. (D.O., Midwife, etc.)
and address Grace Ida. Date June 27

26. (a) JUL 3 1941 (Date received) (b) Mabel Freeman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Robbins, being first duly sworn, say that I am related (Related to (or) acquainted with) Gene B. Robbins (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Laura Robbins Signature

P. O. Address

Subscribed and sworn to before me on this 30 day of June, 1941

(SEAL) W. M. Baker Notary Public, residing at Preston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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9/8-225-1097 RECEIVED

315172

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No. 510 - N - 5th
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 4 years 3 months days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand Point
   (d) Street Address or R.F.D. No. 510 - N - 5th - 21
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address Bend. Ore.

3. **RESIDENCE of FATHER** (city, state) San Francisco

4. **FULL NAME OF CHILD** Dorothy Faith Ray

5. Date of Birth (Month, day, year) 10-25-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy -9-

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Blaine Ray
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lincoln (City or town) Nebr. (State or foreign country)
14. Exact Occupation Rail Road. Switchman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu. Rose Seack
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Spirit Lake Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) JUL 7 1941 (Date received) (b) Mabel H Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Deschutes } ss.

I, Lulu Rose Graham, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Dorothy Faith Ray (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lulu Rose Seack Ray Graham Signature

..... P. O. Address

Subscribed and sworn to before me on this 3rd day of July, 1941

(SEAL) H. R. Ellis Notary Public, residing at Bend Ore

my commission expires June 25 1945

APR 19 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-01-4

453-209-001-717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315283
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: St Alphonsus Hosp
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 days. In **THIS** county ..years ..months ..days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Norma Marion De Lap
5. Date of Birth (Month, day, year) 11/9/1919
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Clement De Lap
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl May Packer
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Indianola Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Oregon }
County of Union } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Pearl M DeLap, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Norma Marion Delap (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Pond (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl M DeLap Name
Women's Rec Hall - La Grande P. O. Address

Subscribed and sworn to before me on this 8th day of July 1941

(SEAL) H. A. Burbank Notary Public, residing at La Grande Ore.
MY COMMISSION EXPIRES AUGUST 8, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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315313

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Mercy
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 1 days,
   IN **THIS** county 1 years 2 month 0 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Jane Fink

5. Date of Birth (Month, day year) 1919- June 8th

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Shelley Fink

11. Color or Race Wh

12. Age at time of THIS birth 36 yrs.

13. Birthplace Indianola (City or town) Ind (State or foreign country)

14. Exact Occupation Physician (MD)

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Ann Broadbent

17. Color or Race Wh

18. Age at time of THIS birth 18 yrs.

19. Birthplace Thayne (City or town) Wyoming (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO 3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Fink (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Massey M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date July 9. 1941

26. (a) JUL 10 1941 (Date received) (b) Marvel V. Eddleman (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of }
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

795-129026 331

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315415
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Ririe
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ///// days. IN THIS county ///// years month 9 ///// days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Ririe
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Ririe, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Bernard Clark Prescott

5. Date of Birth (Month, day year) 3/29/1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Roger Prescott
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Teton (City or town) New Hampshire (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertie Clark
17. Color or Race white
18. Age at time of THIS birth 27 yrs
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Gertie Clark P. Griffith (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

26. (a) June 30th 1941 (Date received) (b) Mabel L. Telford (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Earthel Clark Keele M.D. (D.O. Midwife etc.)
and address Ririe, Idaho Date June 30, 1941

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Earthel Clark Keele, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bernard Clark Prescott (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sam Price (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Earthel Clark Keele Signature
Ririe, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of June, 19 41

(SEAL) Anna B. Miller Notary Public, residing at Ririe, Idaho

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315434
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Lincoln (b) City Dietrich
   (c) Street Address or R.F.D.No. R. F. D. 1
   (d) Name of Hospital or Maternity Home: home case
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. 3 weeks
   IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Melba
   (d) Street Address or R.F.D.No. General Del.
   (e) How long has MOTHER lived in Idaho? 24 yrs.
   (f) Mother's mailing address Melba, Gen. Del.

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Edwin Harold Steinebach

5. Date of Birth (Month, day year) Sept. 30, 1919

6. Sex male

7. Twin or Trip et

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henery Bernard Steinebach
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salisbury, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or ~~Business~~

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Elizabeth Casper
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Menan, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 15-1941 (Date received) (b) Mabel H Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Henry Bernard Steinebach M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H Bernard Steinebach, being first duly sworn, say that I am ..... (Related to ~~(or) acquainted with~~) Edward Harold Steinebach (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now ~~deceased~~ (or) cannot be located) and that this birth **has not been previously recorded.**

Henry Bernard Steinebach Signature

Etc P. O. Address

Subscribed and sworn to before me on this 15 day of July 1941

(SEAL) W H Robinson Notary Public, residing at Caldwell Ida.

7-17-41

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census
239

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. 160 Corner Ave.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 5 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. 160 Corner Ave
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Melvin George Carman

5. Date of Birth (Month, day year) Feb. 8, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melvin Lee Carman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Drayton, No. Dakota (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chesteen Stitt
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Bellevue, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melvin M. Carmen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin George Carman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. D. Spencer (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Melvin M. Carmen Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of June 1941

(SEAL) E. E. Owen Notary Public, residing at Idaho Falls.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

JUL 15 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315603
Local Reg. No. 67
Reg. Dist. No. 620

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Teton (b) City Tetonia
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 30 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City Tetonia R. F. D.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.
   (f) Mother's mailing address (For registration notice): Tetonia, Idaho, R. F. D.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Tetonia, Ida.

4. **FULL NAME OF CHILD** Theo Elizabeth Letham

5. Date of Birth (Month, day, year) Feb. 21, 1919.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Daniel Parley Letham

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Wellsville, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Moffat

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Beaver Utah
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business Own.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Isabelle Letham (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) July 14, 1941 (Date Received) (b) Florence Davidson (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** Rebecca Moffat Midwife M.D. (M.D., Midwife, etc.)
and address Driggs Ida Date July 14

7/27/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.. .....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

642-115-022-364

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United States.
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D.No. 44 West 4th North
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D.No. 46 W. 4 N.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state)

4. FULL NAME OF CHILD Robert Fisher

5. Date of Birth (Month, day year) April 15, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Thomas Fisher
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Compton
17. Color or Race White
18. Age at time of THIS birth 47 yrs
19. Birthplace Fillmore (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 11
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel H. Gruber (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. J. Austin, being first duly sworn, say that I am related (Related to (or) acquainted with) Robert Fisher (Name of person on certificate above) as brother-in-law (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John R. Grey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. J. Austin Signature

Altadena California P. O. Address

Subscribed and sworn to before me on this 23 day of July, 1941

(SEAL) N. Jackman Notary Public, residing at St Anthony, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED

644-109-008-583

RECEIVED
JUL 23 1941

316830

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D.No. 507 Summit
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 28 years 5 month 9 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D.No. 507 Summit
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Gibbs, Idaho

3. RESIDENCE of FATHER (city, state) Gibbs, Idaho

4. FULL NAME OF CHILD Charles Buttrick Humphrey, Jr.

5. Date of Birth (Month, day ~~year~~) August 9, 1919

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Buttrick Humphrey, Sr.
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Big Rapids, Michigan (City or town) (State or foreign country)
14. Exact Occupation Contracting in the woods.
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Amanda Nylen
17. Color or Race White **18.** Age at time of THIS birth 28 yrs
19. Birthplace Gilby, North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 23-1941 (Date received) (b) Mabel H Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Buttrick Humphrey, Sr. being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Buttrick Humphrey, Jr. (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Buttrick Humphrey Jr.
Signature

Gibbs, Idaho
P. O. Address

Subscribed and sworn to before me on this 21st day of July, 1941

(SEAL) Robert H Beeler
Notary Public, residing at Coeur d'Alene, Idaho.

My commission expires June 2, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

795-218-079 RECEIVED

United States Department of Commerce Bureau of Census

FS-2 JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316838
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Rockland, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Blanche Pierson

5. Date of Birth (Month, day, year) April 18, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Asa F. Pierson
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Melinda Hess
17. Color or Race White
18. Age at time of THIS birth 47 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7 (c) Born alive and now dead 4 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Alice M. Pierson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** W. H. Logan M.D. (D.O., Midwife, etc.) and address American Falls Date June 30-41

26. (a) JUN 9 1941 (Date received) (b) Laird T. Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Melinda Pierson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Blanche Pierson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Logan (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Melinda Pierson Signature

1744 Granville Ave. West Los Angeles Address

Subscribed and sworn to before me on this 5th. day of June, 19 41

(SEAL) Wm. R. Johnston Notary Public, residing at Calif.

My Commission Expires March 22, 1942.

NOTARY PUBLIC In and for the County of Los Angeles, State of California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-128-026-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 29 1941

316862

State File No.
Local Reg. No. 110
Reg. Dist. No. 641

1. **PLACE OF BIRTH:** (a) County Jefferson (b) City Lorenzo R.D.1
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..days; In **THIS** county 4 years 6 months ..days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson Co.
(c) City Lorenzo R.D.1
(d) Street Address or R.F.D. No. R.1
(e) How long has **MOTHER** lived in Idaho? 9/12 yrs.
(f) Mother's mailing address Lorenzo R.D.1

3. **RESIDENCE OF FATHER** (city or town) Lorenzo R.D.1

4. **FULL NAME OF CHILD** John Wm Hanson

5. Date of Birth (Month, day, year) Dec. 28 1940

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert John Hanson

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Lorenzo R.D.1 (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Hansraker Smith

17. Color or Race White

18. Age at time of THIS birth 26 years

19. Birthplace Coalville Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1%

23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4. (c) Born alive and now dead 0. (d) Stillborn 0.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P.M. on the date and at the place stated above and that personal particulars were furnished by Albert J. Hanson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 7/7/41 (Date received) (b) Mina B Eckersell (Registrar's signature)

27. Given name added on ..by.. (Registrar's signature)

25. Attendant's **OWN signature** H. A. Anderson M.D. M.D. or (D.O., Midwife, etc.)
and address Rigby Idaho Date

State of ..
County of .. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, .., being first duly sworn, say that I am .. (Related to (or) acquainted with)
.. as .., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that .., who attended
(Name of attendant at birth)
said birth .. and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.. Name

.. P. O. Address

Subscribed and sworn to before me on this .. day of ..

(SEAL) .. Notary Public, residing at ..

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462 - 21402411-485

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 24 1941

State File No. 316871
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Teton (b) City Felt
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Felt
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? Two yrs.
(f) Mother's mailing address Felt, Ida.

3. RESIDENCE of FATHER (city, state) Felt Ida.

4. FULL NAME OF CHILD Lois Valeria Moss

5. Date of Birth (Month, day year) July 14, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Alfred Moss
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lincoln (City or town) Kansas (State or foreign country)
14. Exact Occupation Supt. Of Experment Station
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Eileen Myers
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Bond Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was female (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia Eileen M. Moss (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature W. Lucy Smith M.D. (D.O., Midwife, etc.)
and address Shoshone Ida Date July 21-41

26. (a) JUL 24 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

JUL 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

753-122-014-69 RECEIVED

316872

United States Department of Commerce
Bureau of Census

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address of R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 mos yrs.
(f) Mother's mailing address Huston, R. 1

3. RESIDENCE of FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Francis Luther Petty

5. Date of Birth (Month, day year) Sept. 27, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME William Luther Petty
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Collinsville (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabel Susanna Francis
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Ionia (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mabel I Lester (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Luther Petty, being first duly sworn, say that I am Related (related to (or) acquainted with) Francis Luther Petty (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. J. or J. A. Young (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Luther Petty Signature
McLean, Texas P. O. Address

Subscribed and sworn to before me on this 26 day of June, 19 41

(SEAL) L. M. Holloway
L M HOLLOWAY Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DEC 9 1941

453-10-1007-413

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Gannett, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD John B. Deckard

5. Date of Birth (Month, day year) Feb. 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira Hershel Deckard
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Niangua, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Jane Mackie
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Niangua, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Jane Deckard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Maud E. Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Jane Deckard, being first duly sworn, say that I am related to (Related to (or) acquainted with) John B. Deckard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stanfield (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Rosa Jane Deckard Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of July 1941

(SEAL)

Geo A McBride, Probate Judge ~~Notary Public~~, residing at Hailey, Idaho.

FEB 8 1951

FEB 7 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

766-58-024-434 # 316959 316959

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 5 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D.No. R.F.D.
(d) Name of Hospital or Maternity Home:
on farm
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
IN THIS county 16 years X month X days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D.No. R.F.D. but no number
(e) How long has MOTHER lived in Idaho? 16 yrs
(f) Mother's mailing address Hagerman, Idaho

3. RESIDENCE of FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Harry Clair Lower

5. Date of Birth (Month, day year) May 28, 1919

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond H. Lower
11. Color or Race W.
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bliss, Gooding County, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Darlene McMillan
17. Color or Race W.
18. Age at time of THIS birth 18 yrs
19. Birthplace Strattford, Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna D. Lower, being first duly sworn, say that I am related to Harry Clair Lower as mother, whose birth certificate
(Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. H. Greene, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Anna D. Lower Signature

Tuttle, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of August, 1941

(SEAL) M. F. Ryan Notary Public, residing at Gooding, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

865-123-16-533

317073

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Cassia (b) City Decls.
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Decls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Decls. Idaho.

3. RESIDENCE of FATHER (city, state) Decls. Idaho

4. FULL NAME OF CHILD Richard Earl Hunt.

5. Date of Birth (Month, day year) Jan. 23. 1919.

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earnest Earl Hunt.
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Sajara (City or town) Colo. (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Ellibee
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Sanford (City or town) Colo. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at ..... A.M. on the date and at the place stated above, and that personal particulars were furnished by Earl E Hunt (First name) (Last name), who is related to this child as Father (Mother, etc.).

26. (a) JUL 10 1941 (Date received) (b) Mabel Heefner (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Earl E Hunt, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Richard E. Hunt (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schultz (Name of attendant at birth), who attended said birth Cannot be located and that this birth has not been previously recorded.

~~He is now deceased~~ (or) cannot be located)

Clerk of District Court
By ..... Deputy
Seal for Minidoka County, Idaho

Earl E Hunt Signature
Paul Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of ....., 1941

(SEAL)

Notary Public, residing at Rupert, Idaho

8-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

962-119-010-344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317114
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. S. Water Ave
   (d) Name of Hospital of Maternity Home:
   Inc The home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ____ Days
   In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 374 E. 1st
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address (For registration notice):
   Newman City (Street or R.F.D.) Box 664 (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Harry Ernest Robedee

5. **DATE OF BIRTH** (Month, day, year) May 19, 1919.

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Ridgley Robedee

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Elbridge (City or Town) New York (State or foreign country)

14. Exact Occupation Mechanic

15. Industry Business Garage owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Summers

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Raton (City or Town) New Mexico (State or foreign country)

20. Exact Occupation Nurse

21. Industry or Business Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Robedee, Ellen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Mellas M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida Date July 29/41

26. (a) Aug 5-1941 (Date received) (b) Mabel M. Eddy (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... (No) ..... Pos..... Neg.....

(e) Signature of Physician: J. O. Mellar M.D.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8 G-208-003-759

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 27 years 4 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Jane Harris

5. Date of Birth (Month, day year) 7/8/19

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Eli Harris
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Gentile Valley (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Perry
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Mabel H Ecker (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Harris, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary Jane Harris (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada Harris Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of July 1941

(SEAL) Mabel H Ecker Notary Public, residing at Grace, Ida.

APR 2 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

317161

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Ellen Summerson

3. Sex: Female
If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —
6. Premature no; Full term yes
7. Legitimate? yes
8. Date of birth June 29, 1919 (Month, Day, ~~19~~00)

FATHER

9. Full name William Henry Summerson
10. Residence (usual place of abode) (If non-resident, give place and State) Grace, Idaho
11. Color or race White | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Dublin, Virginia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Utah Power & Light Co.
16. Date (month and year) last engaged in this work June, 1919
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emily Sarah West
19. Residence (usual place of abode) (If non-resident, give place and State) Grace Idaho
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) London England

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Book-Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Seed & Grain Co.
25. Date (month and year) last engaged in this work August, 1915
26. Total time (years) spent in this work eight

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living one (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7:10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Emily West Summerson, ~~M. D.~~ mother
and William Henry Summerson, father ~~Midwife~~
Address 781-9th Ave. Salt Lake City Utah.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed Aug 5, 1941 Mabel H Peelers
Registrar.

244-389-003652

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Utah
County of Salt Lake } ss.

William Henry & Emily West Summerson being first duly sworn says that they are ~~is~~ the Parents of Margaret Ellen Summerson
(Relationship of child)*

born June 29th 1919 at Grace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Margaret Ellen Summerson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hubbard of Grace, Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Margaret Ellen Summerson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant William Henry Summerson
and Emily West Summerson
P. O. Address 781 North Ave. Salt Lake City Utah

Subscribed and sworn to before me this 30th day of July, 1947.

V. Q. Halliday
Notary Public.

Residing at Salt Lake City, Utah ~~Idaho.~~

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

8-16-11

-212-110-034-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317162

Local Reg. No.

Reg. Dist. No.

AUG 4 1941

1. **PLACE OF BIRTH:**
(a) County MINEDOKA (b) City RUPERT
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 0 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County MINEDOKA
(c) City RUPERT
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 mos.
(f) Mother's mailing address RUPERT RD2-

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** CARL-ARLINGTON-BAKER

5. Date of Birth (Month, day, year) July-10-1919

6. Sex MALE

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Perry Baker
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Eidson (City or town) Tenn (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Lee Wilder
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Eidson (City or town) Tenn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Maud Wilder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of OHIO
County of Summit } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud Wilder Baker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Arlington Baker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Kanagia (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maud Lee Wilder Baker Signature

88 N Union St AKRON-O P. O. Address

Subscribed and sworn to before me on this 1st day of August, 1941

(SEAL) Winifred Dague Notary Public, residing at AKRON-OHIO

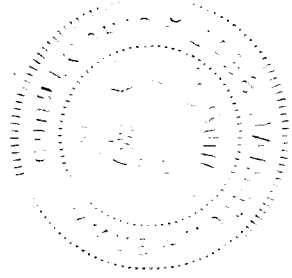
My Term expires October 13, 1942 Winifred Dague

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DUP OF 19-70847

364-105-040-399

317323

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 14 1941

1. PLACE OF BIRTH
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 12 years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address Kellogg, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Deane Leslie Combs

5. Date of Birth (Month, day year) June 5, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur T. Combs
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cauthron, Ark (City or town) (State or foreign country)
14. Exact Occupation Assistant Cashier
15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Alice Crissman
17. Color or Race white
18. Age at time of THIS birth 27 yrs
19. Birthplace Joplin, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mary V. Becker (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruby Alice Combs, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Deane Leslie Combs (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A.D. McCraken (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruby Alice Combs Signature

Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of August, 1941

(SEAL) Phyllis M. Tenney Notary Public, residing at Kellogg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

813-21-044-369

317386

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Wash (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Morehead Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 3 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Midvale
(d) Street Address or R.F.D.No. R-1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address R-1 Boise Ida.

3. **RESIDENCE of FATHER** (city, state) Wendover Utah

4. **FULL NAME OF CHILD** Helen Hayes Hallstrom

5. Date of Birth (Month, day year) Sept. 18, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl John Hallstrom
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Nyrum City Utah. (City or town) (State or foreign country)
14. Exact Occupation Stock-man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie L. Lorton
17. Color or Race white
18. Age at time of THIS birth 36 yrs
19. Birthplace Schell City, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Mabel M. Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Abbie L. Hallstrom, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Hayes Hallstrom (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waterhouse (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Abbie L. Hallstrom Signature
R-1 Boise Ida. P.O. Address

Subscribed and sworn to before me (or) this 2nd day of August, 1941

(SEAL) E. H. Gardner Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1966

FEB 25 1942

FEB 5 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

dup of 1919-72074

842-129-015-356

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Spgs
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Soda Springs Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 2 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Soda Springs
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address Soda Springs

3. RESIDENCE of FATHER (city, state) Soda Spgs Ida

4. FULL NAME OF CHILD Levi Henry Hussey

5. Date of Birth (Month, day year) May 29, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Levi Henry Hussey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Asheboro N.C. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Opal Dare Lewis
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Prairieville Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, ~~Stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Opal D. Hussey (First name) (Last name), who is related to this child as mother (Mother, etc.).

26. (a) AUG 9 1941 (Date received) (b) Mabel Y. Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Russell Zigler, M.D. (D.O., Midwife, etc.) and address Soda Springs Ida Date 8-[illegible]

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

343-112-003-843

RECEIVED

JUL 30 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317410
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. 144 N.11 Th.St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 144, N. 11th. St.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address 144, N. 11 Th. St.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lloyd Thomas Cutler

5. Date of Birth (Month, day year) 6/12/1919

6. Sex Male

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Leonard Cutler
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Butte (City or town) Montana (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Driving Team Hauling Commodities

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Hill
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Mc Alester (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping house, self & Husband

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:15A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Cutler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Mabel M. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen Cutler, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lloyd Thomas Cutler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Lynn (Name of attendant at birth) who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. H. Lynn M.D.

Mary Ellen Cutler Signature

315 E. 68th. St. P. O. Address

Subscribed and sworn to before me on this 25 day of July, 19 41

(SEAL)

Edward F. Bryan Notary Public, residing at Long beach Calif.

My Commission Expires July 25, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

895-22-230-413

317415

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF BIRTH** AUG 12 1941
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Matthews Mat. Home
(e) Mother's stay **BEFORE** delivery
In Hosp. or Mat. Home 1 day.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Salmon

3. **RESIDENCE of FATHER** (city, state) Salmon Idaho

4. **FULL NAME OF CHILD** HELEN HINCHEY

5. Date of Birth (Month, day year) MAY 23, 1919

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES BENJAMAN HINCHEY

11. Color or Race WHITE

12. Age at time of THIS birth 31 yrs.

13. Birthplace MARSHELL (City or town) ARKANSAS (State or foreign country)

14. Exact Occupation FARMING

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MILDRED HANNAH MATHEWS

17. Color or Race WHITE

18. Age at time of THIS birth 23 yrs

19. Birthplace SALMON (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 9.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mildred M. Hinchey (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG 12 1941 (Date received) (b) Mabel M Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LILA M. BELL, being first duly sworn, say that I am RELATED (Related to (or) acquainted with)
HELEN HINCHEY (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. F. S. WRIGHT (Name of attendant at birth), who attended said birth IN NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lila M Bell Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 9th day of AUGUST, 19 41

(SEAL) Maurice C. Neeley Notary Public, residing at SALMON, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-22-1043-295

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317456
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Valley (b) City Near Warren
(c) Street Address or R.F.D. No. So. Fork Salmon River
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Buhl, Idaho

3. **RESIDENCE of FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** Charlotte Lee Babcock

5. Date of Birth (Month, day, year) April 29, 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Babcock
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Downs, (City or town) Kansas (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Frances King
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fortsmith, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Maud M Edgar (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Frances Babcock, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Charlotte Lee Babcock (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Bertha Frances Babcock Signature

..... P. O. Address

Subscribed and sworn to before me on this 11th day of August, 1941

(SEAL) ..... Notary Public, residing at Robertson

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-202022139

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

AUG 20 1941

STATE OF IDAHO

State File No. 318817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: In home at Drummond
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs. 3 months
(f) Mother's mailing address Drummond

3. RESIDENCE of FATHER (city, state) Drummond

4. FULL NAME OF CHILD Georgia Rose Thorsted

5. Date of Birth (Month, day year) June 2, 1919

6. Sex Female

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Otto Thorsted
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Anna Atzbach
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Hooper, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, ~~and~~ that personal particulars were furnished by Rose Thorsted (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.) and address [illegible] Date 8-16-41

26. (a) AUG 20 1941 (Is birth recorded) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

241 209 003-386

United States Department of Commerce Bureau of Census

(Be sure all information is as of date of birth of THIS child)

AUG 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318828
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. XX
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home XX days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. XX
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Soda Springs

3. RESIDENCE of FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Patricia Small

5. Date of Birth (Month, day year) Mar. 9, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles W. Small

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace North Loup, Neb (City or town) (State or foreign country)

14. Exact Occupation Soldier

15. Industry or Business U. S. Army

MOTHER OF CHILD

16. FULL MAIDEN NAME Letitia Thomas

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Malad (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:15 P M. on the date and at the place stated above and that personal particulars were furnished by Chas. W. Small (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) AUG 20 1941 (Date received) (b) Maine H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs Ida Date 8-15-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-25-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469130040-211

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318930

Local Reg. No.

Reg. Dist. No.

AUG 22 1941

1. PLACE OF BIRTH
(a) County Shoshone (b) City Pritchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Eugene Morton

5. Date of Birth (Month, day year) Nov. 30-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Donald Anderson Morton

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Spray (City or town) Oregon (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Saari

17. Color or Race white

18. Age at time of THIS birth 34 yrs.

19. Birthplace Ala Tornio (City or town) Finland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) AUG 22 1941 (Date received) (b) Mabel F. Edelen (Mother, etc) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma M. Morton, being first duly sworn, say that I am related (Related to (or) acquainted with) Eugene Morton (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma M. Morton Signature

Wardner, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of August 19 41

(SEAL) Notary Public, residing at Wallace, Idaho

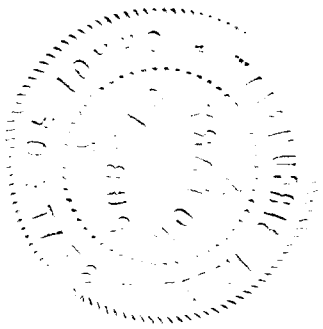
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

AUG 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Boise
(c) Street Address or R.F.D.No. 219 WarmSpgs.Ave.
(d) Name of Hospital or Maternity Home:
Maternity Home at above address
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 21 days.
IN THIS county years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Colorado (b) County Pueblo
(c) City Pueblo
(d) Street Address or R.F.D.No. 1111 W. 11th
(e) How long has MOTHER lived in Idaho? 0 yrs.
(f) Mother's mailing address 219 WarmSpgs.Ave.

3. RESIDENCE of FATHER (city, state) Mt. Home, Idaho

4. FULL NAME OF CHILD Gertrude Lucille Taylor

5. Date of Birth (Month, day year) June 16, 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Asa Ellis Taylor
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Olney Spgs (City or town) Colorado (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Alba Benell
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Pueblo (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I ~~XXXXXXXXXXXXX~~ this child, who was born alive, at 5:30 P M. on the date gave birth to and at the place stated above and that personal particulars were furnished by Mrs. Cora Alba Taylor (First name) (Last name) Dixon who is related to this child as Mother (Mother, etc.)

26. (a) AUG 23 1941 (Date received) (b) Mary H Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. ~~Attendant's~~ Mothers OWN signature Cora Alba Taylor Dixon M.D. (D.O., Midwife, etc.)
and address 645 Gaylord ave. Pueblo, Colo. Date Aug. 21, 1941

State of Colo.
County of Pueblo } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Alba Taylor Dixon, being first duly sworn, say that I am ~~Mother~~ Related (Related to (or) acquainted with) Gertrude Lucille Taylor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Geo Callister (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Alba Taylor Dixon Signature

P. O. Address

Subscribed and sworn to before me on this 22 day of Aug, 1941

(SEAL) Geo. J. Schumann Notary Public, residing at Pueblo Colo

Dec 21-1941

X-37-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St.
in Hospital
(If born in hospital or institution give name.)

AUG 12 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 318963

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Alton Lee

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
boy		X	yes	Dec 27, 1939

	FATHER	MOTHER
9. Full name	Fredrick Roy Lee	
18. Full maiden name		Lola Melissa Lee
10. Residence (usual place of abode) (If non-resident, give place and State)	Pocatello	
19. Residence (usual place of abode) (If non-resident, give place and State)		Pocatello
11. Color or race	White	
12. Age at last birthday	62 (years)	
20. Color or race		White
21. Age at last birthday		59 (years)
13. Birthplace (city or place) (State or Country)	Terre Haute Indiana	
22. Birthplace (city or place) (State or Country)		Buffalo Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	deceased	
16. Date (month and year) last engaged in this work	April, 1938	
17. Total time (years) spent in this work	most of life	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work		August 1, 1941
26. Total time (years) spent in this work		most of life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dec 27 at 11 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed AUG 12 1941, 193 Mabel F Eeler
Registrar.

355 127003 355

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss.

AFFIDAVIT

(To accompany ~~a certificate of an unreported birth~~ when such certificate is not attested by signature of attending physician or midwife.)

Lola M. Lee being first duly sworn says that she is the mother (Relationship of child)* of James Alton "E" Lee born Dec. 27, 1919 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said James Alton "E" Lee hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Goodenough ~~M. D.~~ Midwife was the medical attendant at the birth of said James Alton "E" Lee and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Lola M Lee

P. O. Address 437 So. 4th Ave. Pocatello, Idaho

Subscribed and sworn to before me this 8th day of August, 19 41

M E Lee.

Notary Public.

My commission expires May 16, 1945. Residing at Pocatello, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

8-29-41

DEC 14 1946

921 125 035-759

319025

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 28 1941

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home St Joseph Hospital.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 9 days.
IN **THIS** county years month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Charles Paul Seaman

5. Date of Birth (Month, day year) 12-25-1919.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George R. Seaman

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Lewiston Idaho (City or town) (State or foreign country)

14. Exact Occupation Teacher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Yerlough

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Deadwood So Dakota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above and that personal particulars were furnished by George Seaman (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 28 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Paul W Johnson M.D. (D.O., Midwife, etc.)
and address Lewiston Idaho Date 8-26-41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of } ss.
County of }

I, Paul W Johnson, being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Paul W Johnson Signature

P. O. Address

Subscribed and sworn to before me on this 26 day of August, 1941.

(SEAL) Phil Musgrave Notary Public, residing at

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

• 312.201026165

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 24 years ~~month~~ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Dillon Mont.

3. RESIDENCE of FATHER (city, state) Dillon

4. FULL NAME OF CHILD Emma May Casper

5. Date of Birth (Month, day year) Mar. 1, 1919

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William A. Casper
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Menan (City or town) Idaho (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lenah Ethel Jones
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Pocateligo (City or town) W. Va. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 28 1941 (Date received) (b) Mabel H. Eder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William A. Casper, being first duly sworn, say that I am related (Related to (or) acquainted with) to Emma May Casper (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bellar (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William A Casper Signature

Dillon Montana P. O. Address

Subscribed and sworn to before me on this 22 day of August, 1941

(SEAL) George M Carson Notary Public, residing at Menan Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/20/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

JAN 15 1952

219 101 030-213

319052

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 23 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Theodore J Barsalow

5. Date of Birth (Month, day year) Aug 1st 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore Barsalow
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Bates
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Huntsville (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) AUG 23 1941 (Date received) (b) Mabel V Geeler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Barsalow, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Theodore Barsalow (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. J. Gilman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Barsalow Signature

..... P. O. Address

Subscribed and sworn to before me on this 20th day of August 19 41

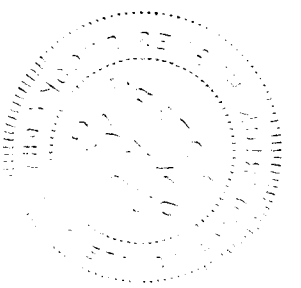
(SEAL) Gertrude Hughes Smith Notary Public, residing at Salmon, Idaho

1-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 14 10 12 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 319052

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Theodore Barsalou (Name on Original Certificate) who was born (Was Born or Died) on Aug 1 1919 (Date of Event)

in May Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs middle initial	omitted	J

OFFICIAL SEAL
NANCY C. KENNEDY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires August 15, 1976

Subscribed and sworn to before me this 11th day of November 19 75

Nancy C. Kennedy
Notary Public, residing at Vista, California
My commission expires August 15, 1976
(Seal)

Signed Charles J. Barsalou "wife"
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1737 Laurel St - Oceanside, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of November 19 75

Nancy C. Kennedy
Notary Public, residing at Vista, California
My commission expires August 15, 1976
(Seal)

OFFICIAL SEAL
NANCY C. KENNEDY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires August 15, 1976

Signed Lulu M. Wright
(Signature of Any Credible Person)

1933 Seward St Oceanside, Ca
(Street Address, City, State)

FORM DH 60-155

Correction correct (B) Corrected correct fc

1 copy pd Rec. # 21364

11-7-75

Marriage Certificate from Nevada gives names as Theodore J. Barsalou and Carolyn June Waddington. dated June 1, 1949. viewed by V. S.

NOV 21 1975

Honorable Discharge from the U.S. Marine Corps gives nameas Theodore "J" Barsalou dated Sept. 19, 1945. viewed by V. S.

666-119 015-613

319054

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) AUG 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 37 years 4 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased 11/17 28

3. RESIDENCE of FATHER (city, state) Soda Springs, Idaho

4. FULL NAME OF CHILD Max Eastman Woodall

5. Date of Birth (Month, day year) May 19, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer W. Woodall

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

14. Exact Occupation Postmaster

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margret Watson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Now deceased Nov. 17, 1928

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00P M. on the date and at the place stated above, and that personal particulars were furnished by Homer W. Woodall (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 8-26-41 (Date received) (b) Dr. Russell Ingart (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ellis Kay Ing M.D. (D.O., Midwife, etc.)
and address Soda Springs Date Aug. 26, 41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-39-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when such~~ report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-101 003 691

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319155

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH SEP 2 1941

(a) County Bannock (b) City Pocatello

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Pocatello

(d) Street Address or R.F.D. No RFD #1

(e) How long has **MOTHER** lived in Idaho? 26 yrs.

(f) Mother's mailing address RFD #1 Pocatello, Ida

3. RESIDENCE of FATHER (city, state) RFD#1, Pocatello, Ida

4. FULL NAME OF CHILD William Walter Akers

5. Date of Birth (Month, day year) Jan.1,1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Akers

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Harold (City or town) Kentucky (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business U.P. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Frasure (Akers)

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Harold (City or town) Kentucky (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% AGno 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date SEP 2 1941 and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child (Mother, etc.)

26. (a) (Date received) (b) Mabel H. Edlefsen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)

and address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Frasure Akers, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Walter Akers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no doctor (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Frasure Akers Signature

R.F.D. #1, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of August, 19 41

(SEAL) Paul M. Bryan Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1958
FEB 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 706 023 515

319166

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 2 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Sweet
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Sweet
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Emmett, Idaho.

3. RESIDENCE of FATHER (city, state) Emmett, Ida.

4. FULL NAME OF CHILD Merlin Edgar Chambers

5. Date of Birth (Month, day year) 3/6/1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Grothy Chambers
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Bloomington (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Genette VanDuesen
17. Color or Race White
18. Age at time of THIS birth 43 yrs
19. Birthplace Albany (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, 6 A. M. (born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 2 1941 (Date received) (b) Marvel M. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Charles G. Chambers M.D. (D.O., Midwife, etc.)
and address Husband Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319201

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Lloyd Harold Galloway

3. Sex M | If plural births: 4. Twin, triplet, or other no; 5. Number, in order of birth | 6. Premature no; Full term | 7. Legitimate? yes | 8. Date of birth 7-6-19, 193 (Month, Day, Year)

FATHER

9. Full name John G. Galloway

10. Residence (usual place of abode) (If non-resident, give place and State) Myrtle, Ida.

11. Color or race Wht | 12. Age at last birthday 53 (years)

13. Birthplace (city or place) (State or Country) Van, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Same

16. Date (month and year) last engaged in this work Now, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Birdie Alda McKay

19. Residence (usual place of abode) (If non-resident, give place and State) Myrtle, Ida

20. Color or race Wht | 21. Age at last birthday 48 (years)

22. Birthplace (city or place) (State or Country) Leland, Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hswife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Same

25. Date (month and year) last engaged in this work Now, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child) two
(a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) ____, M. D.

or Mrs H C A McKay, Midwife

Address Myrtle, Idaho

Filed Sept 5 –, 19[illegible] Mary H Felder

Registrar.

713 106 035 432

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 2 1941

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John G. Galloway being first duly sworn says that he is the father (Relationship of child)* of Lloyd Harold Galloway born July 6, 1919 (Date of birth) at Myrtle, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lloyd Harold Galloway hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. D. C. McKay--midwife M. D. was the Midwife medical attendant at the birth of said Lloyd Harold Galloway and that the said medical attendant is None (Now deceased (or) cannot be located)

Name of Affiant John G Galloway

P. O. Address Myrtle, Idaho

Subscribed and sworn to before me this 30 day of Aug. 1941, 19

John L. Phillips
Notary Public.

Residing at Lewiston, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

154 110 026 812

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 6 1941

State File No. **319225**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County JEFFERSON (b) City RIRIE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home NO days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County JEFFERSON
(c) City RIRIE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address RIRIE IDAHO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD ARTHUR EUGENE ANDERSON

5. Date of Birth (Month, day year) NOV. 10 - 1919

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME ARCH ANDERSON

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace RIRIE (City or town) Idaho (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE ELINE CHRISTIANSEN Haskell

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace SJALLAND · DENMARK (City or town) (State or foreign country)

20. Exact Occupation HOUSE KEEPER

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4:00 P M. on the date and at the place stated above, and that personal particulars were furnished by MARIE E. Haskell (First name) (Last name), who is related to this child as MOTHER (Mother, etc)

26. (a) SEP 6 1941 (Date received) (b) Mabel H. Eller (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of IDAHO } ss.
County of JEFFERSON }

I, MARIE E. Christensen Haskell, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) ARTHUR EUGENE ANDERSON (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. SAM PRICE (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marie E Line Christensen Haskell Signature

RIRIE IDAHO P. O. Address

Subscribed and sworn to before me on this 5 day of SEPTEMBER 1941

(SEAL) Elmer P. Teller Notary Public, residing at RIRIE, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-8-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 19-82601

419-116-021-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Douglas Moran Martin			2. Date Of Birth (month) October (day) 16, (year) 1919
	3. Color or Race	4. Sex: male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Edward M. Martin			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Stephens			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Douglas M. Martin		11. Present Address of Registrant: P.O. Box 1043 Nampa, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1982	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record	By whom issued and signed: Bureau of Census		Date Issued: Sept.1981	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 3mo.	Birth Place: Idaho	Full Name of Mother: Emma Martin	Name of Father: Edward M. Martin	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the U. S.		Date Issued: Nov.12,1945	Date Orig. Entry: Enlisted Sept 26,1941
	Date of Birth: Oct.16,1919	Birth Place: Preston, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Transcript - School	By whom issued and signed: University of Idaho		Date Issued: Dec.30,1949	Date Orig. Entry: May 27,1939
	Date of Birth: Oct.16,1919	Birth Place: Preston, Idaho	Full Name of Mother: Emma Stephens Martin	Name of Father: Edward Moran Martin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: per [illegible]	Evidence reviewed by: Florence Curtright	Date Filed: Dec.2,1982

FORM BH 56067

DEC 2 1982

DELAYED DUP OF 1919-73324

dup of 1919-73324

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-16021-235

United States Department of Commerce SEP 6 1941 Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319233
Local Reg. No. 42
Reg. Dist. No. 540

1. PLACE OF BIRTH
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Douglas Moran Martin

5. Date of Birth (Month, day year) Oct 16, 1918

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward M Martin
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Beaver City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Stephens
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10: P M. on the date and at the place stated above, and that personal particulars were furnished by Emma Martin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sept 5, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Martin, being first duly sworn, say that I am related (Related to (or) acquainted with) as Mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Curtis Bland (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emmma Martin Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September, 19 ....
(SEAL) [signature] Notary Public, residing at Preston, Idaho

JUL 1 3 1976

1-6-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1919-7332

243 104039 238

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319236
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Family Residense
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address American Fal

3. RESIDENCE of FATHER (city, state) American Falls Id

4. FULL NAME OF CHILD Albert Julius Kuck.

5. Date of Birth (Month, day year) 7 - 4 - 19

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christiana Kuck.

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Cogelack (City or town) Romainia (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebeca Schattle

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Cogelack (City or town) Romania (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 5 (d) Stillborn One

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 8-1941 (Date received) (b) Maud M Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Power }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rebeca Schattle Kuck, being first duly sworn, say that I am the mother (Related to (or) acquainted with)
Albert Julius Kuck (Name of person on certificate above) as - - - (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noth (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rebeca Schattle Kuck (Signature)
American Falls, Idaho (P. O. Address)

Subscribed and sworn to before me on this 3d day of September 19 41

(SEAL) Nicholas Bourouis Notary Public, residing at American Falls, Idaho

My commission expires Dec. 6, 1941.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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319265

United States Department of Commerce
Bureau of Census

SEP - 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D.No. Big Wood River
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 5 years 5 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D.No. Big Wood River
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address R.F.D. Shoshone

3. RESIDENCE of FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD David Manuel Perry

5. Date of Birth (Month, day year) October 2, 1919

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Manuel Afonso Perry
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cervaes, Portugal (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary C. Correia
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Cervaes, Portugal (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 3 -1941 (Date received) (b) Manuel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of New Jersey
County of Middlesex } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Manuel Afonso Perry, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Manuel Perry (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no professional (Name of attendant at birth) attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Manuel Afonso Perry Signature
352 Keene St. Perth Amboy, N.J. P. O. Address

Subscribed and sworn to before me on this 26th day of August, 19 41

(SEAL) Samuel R. Young xxxxxxx, residing at Perth Amboy, N.J
An Attorney at Law of New Jersey

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

155-105 022. 249

United States Department of Commerce Bureau of Census — SEP 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319287

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No. R.F.D.#2
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 34 years 6 month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton, Idaho, R.F.D.#2
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.
   (f) Mother's mailing address St. Anthony, Idaho

3. **RESIDENCE of FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Quentin Jenkins

5. Date of Birth (Month, day year) 9-5-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William E. Jenkins
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nanny Bell Smith
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tazewell County (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Nanny Bell Jenkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 3 1941 (Date received) (b) Maud Heed (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Fremont }

I, Nanny Bell Jenkins, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Quentin Jenkins (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. G. Hurst (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nanny Bell Jenkins Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of September 1941

(SEAL) ..... Notary Public, residing at St. Anthony

1-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-125 00-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319292**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. 255 Second St
(d) Name of Hospital or Maternity Home: Bonneville County Hospital
(e) Mother's stay **BEFORE** delivery: 2 5 5 Second St
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years 1 months 25 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 124 S. La. Blvd
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Idaho Falls 124 S La Blvd

3. **RESIDENCE OF FATHER** (city, state) not living

4. **FULL NAME OF CHILD** Robert Emmett Keller

5. Date of Birth (Month, day, year) Feb 25-1941

6. Sex. Male

7. Twin or Triplet Second If so—born 2nd 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian G. Keller
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation Collector
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elmira Dewey
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Grass Creek (City or town) Missouri (State or foreign country)
20. Exact Occupation Home Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7-25 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elma Keller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 4 1941 (Date received) (b) Maud M. Edel (Registrar's signature) or 25. Attendant's **OWN signature** H. L. Wilson M.D. or (D.O., Midwife, etc.)
and address Idaho Falls, Ida. Date Aug. 28, 1941

27. Given name added on.....by.....
(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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#319328

United States Department of Commerce SEP 1 [illegible]
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319328
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Aberdine
(c) Street Address or R.F.D. No. Between Aberdine
(d) Name of Hospital or Maternity Home: American Falls
At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Aberdine
(d) Street Address or R.F.D. No. Between Aberdine & American Falls
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Max Dale Dalton

5. Date of Birth (Month, day year) March 21, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Leroy Dalton

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Montpelier (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Elvira Andersen

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Joetown (City or town) Utah (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Un Known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Leroy Dalton, being first duly sworn, say that I am Related (Related to (or) acquainted with) Max Dale Dalton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McKinnon (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Leroy Dalton Signature
Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 6th day of September, 1941.

(SEAL) My Commission expires December [illegible], 194[illegible]

Notary Public, residing at Los Angeles

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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714-213 037 249

319349

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 9 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owhyee (b) City Homedale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owhyee
(c) City Homedale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Homedale Ida.

3. RESIDENCE of FATHER (city, state) Homedale Ida.

4. FULL NAME OF CHILD James William Padgett Jr.

5. Date of Birth (Month, day year) 10-13-1919

6. Sex Male

7. Twin or Triplet X No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Padgett
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Home construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Burns
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Meriden (City or town) Connecticut (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Padgett (Last name), who is related to this child as Mother (Mother etc.)

26. (a) SEP 9 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon } ss.
County of Multnomah }

I, Martha Padgett, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) of James William Padgett Jr. (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha A. Padgett Signature

5833 S.E. Flavel St. Portland Ore. P.O. Address

Subscribed and sworn to before me on this 9th day of September 1941

(SEAL) Geo. M. Leovel Notary Public, residing at Portland, Ore.

My Commission Expires Dec. 25-1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-113 022 437

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319396

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 3 yrs.
(f) Mother's mailing address Ashton Idaho

3. RESIDENCE of FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Marion Ellsworth Pence

5. Date of Birth (Month, day year) July 13. 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elden Ellsworth Pence

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Huntington (City or town) Indiana (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie M C Gavin

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Basin (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Sept 12-1919 (Date received) (b) Mary E Eder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nettie Pence, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marion Ellsworth Pence (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Meacham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nettie Pence Signature

Ashton Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of Sept. 1919

(SEAL) Theresa Vargas Notary Public, residing at Ashton Idaho

4-12-4

JAN 10 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-117034-212

319397

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 186
Reg. Dist. No. 550

1. PLACE OF BIRTH
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. RFD 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. RFD 3
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Rupert, Idaho

3. RESIDENCE of FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Harold Baker Greene

5. Date of Birth (Month, day year) Aug. 17, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orlando Randolph Greene
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Rogersville, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Baker Greene
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sheedville, Tenn. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Alice Greene (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept. 6 1941 (Date received) (b) C. O. Shane (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature W. H. Brown M.D. (D.O., Midwife, etc.) and address Powell Date 8/30/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-23/010-314

319410

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 593
Reg. Dist. No. 610

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. RFD No 4
   (d) Name of Hospital or Maternity Home: Was in her own home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 8 years 3 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.
   (f) Mother's mailing address (For registration notice): Rupert, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** Lois Artelle Clemens

5. Date of Birth (Month, day, year) Dec. 31, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Clyde Clemens

11. Color or Race W

12. Age at time of THIS birth 43 yrs.

13. Birthplace Crawfordsville, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Apairist

15. Industry or Business Apairist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Margaret Laub

17. Color or Race W

18. Age at time of THIS birth 40 yrs.

19. Birthplace Chapman, Nebraska
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 p. M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Clemens (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) Aug 16-1941 (Date received) (b) Anna Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** G. A. Appenzeller M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Ida. Date 8/15, 41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

867107-010-464

319508

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP - 4 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. # 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 15 years 8 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. # 1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Charles-Earl-Hogan

5. Date of Birth (Month, day year) Feb-7-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½ M8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles-Frank-Hogan
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace ? (City or town) State-USA. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah-Celestia-Dodge
17. Color or Race White
18. Age at time of THIS birth 15 yrs.
19. Birthplace Idaho-Falls-Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 12: P. M. on the date and at the place stated above, and that personal particulars were furnished by Hannah - Hogan (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) SEP - 4 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's OWN signature ? G.A. Applerle M.D. (D.O., Midwife, etc.) and address Ida. Falls, Ida. Date 9/11, 41

State of Idaho } ss.
County of Jerome }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hannah-Celestia-Hogan-Erwin being first duly sworn, say that I am Mother - of (Related to (or) acquainted with) Charles-Earl-Hogan (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. [redacted] (Name of attendant at birth), who attended said birth Can-Not-Be-Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hannah Celestia Hogan Erwin Signature

..... P. O. Address

Subscribed and sworn to before me on this 23rd day of August 1941

(SEAL) [signature] Notary Public, residing at Jerome Idaho

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-118-028-262

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319520
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Blackwell Add
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 9 years 1 month 15 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Blackwell Add
(e) How long has **MOTHER** lived in Idaho? Since 1918 yrs.
(f) Mother's mailing address Box 544 C. d'A. Ida

3. **RESIDENCE of FATHER** (City, state) Coeur d'Alene, Ida

4. **FULL NAME OF CHILD** Earl Lawrence Jessick
5. Date of Birth (Month, day year) Sept. 18, 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Jessick
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Belci Verh (City or town) Austria (State or foreign country)
14. Exact Occupation Handyman
15. Industry or Business Mill Work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Bosanac
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bosanci (City or town) Austria (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Dahl (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) ——— (Date received) (b) Mabel Y. Fowler (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN** signature Anna Dahl M.D. (Dr., Midwife, etc.)
and address 1106 - 2nd St Date Sept 4 1941

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Kootenai }

I, Jacob Jessick, being first duly sworn, say that I am Related & (Related to (or) acquainted with) Earl Lawrence Jessick (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Dahl (Name of attendant at birth), who attended said birth ~~is now deceased (or) cannot be located~~ and that this birth **has not been previously recorded.**

Jacob Jessick Signature
Box 544, Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me on this 13th day of Sept, 1941
(SEAL) Notary Public, residing at Coeur d'Alene, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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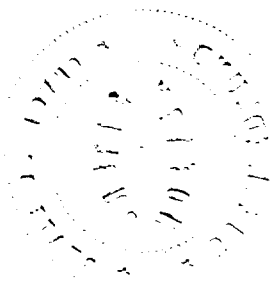
SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



863-107 039 766

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP - 1 1917

319558

1. PLACE OF BIRTH

County of Power

City of Coy

No. ..... Geo. St.

Private Home (Is this correct?)

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stanley Powell Holloway

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature Yes Full term .....

7. Legitimate? Yes

8. Date of birth Nov. 7, 1917 (Month, Day, Year)

FATHER

9. Full name Clyde Sterling Holloway

10. Residence (usual place of abode) (If non-resident, give place and State) Roy Ida

11. Color or race White 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Rhea Springs Tenn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Up to Present, 19.....

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Leda Margaret Powell Holloway

19. Residence (usual place of abode) (If non-resident, give place and State) Roy Idaho

20. Color or race White 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Oconomowoc Waukesha Co. Wis.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work June 21, 1917

26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6:00 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. F. Logan, M. D.

or ..... Midwife

Address Cameron Falls Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Sept 18-1917 Marie F. Eaton

Registrar.

843-228 003-269

319593

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. Star Rout
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ruth Pearl Hulse

5. Date of Birth (Month, day year) 10/28/1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Weaver Hulse

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Millville (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Pear Rosella Sorenson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Mantua (City or town) Utah (State or foreign country)

20. Exact Occupation HouseWife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....

26. (a) SEP 16 1941 (Date received) (b) (Mother, etc.) Walter H Calder (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address ....Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Weaver Hulse, being first duly sworn, say that I am related (Related to (or) acquainted with) Father (Name of person on certificate above) as Ruth Pearl Hulse (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Weaver Hulse Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of September 1941

(SEAL) Notary Public, residing at Grace, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285 120 037 693

319613

319613

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

SEP 27 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319613

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City On a farm
(c) Street Address or R.F.D. No. Jordan Valley, Ore.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City On farm
(d) Street Address or R.F.D. No. Jordan Valley Ore
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Jordan Valley, Ore.

3. RESIDENCE of FATHER (city, state) Jordan Valley, Ore.

4. FULL NAME OF CHILD Jeremiah Harold Shea

5. Date of Birth (Month, day year) Feb. 20, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Cornelius Shea

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Cow Creek (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Williamson

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Phillips, Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvol

23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 27 1941 (Date received) (b) Mabel M. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. J. C. Shea, being first duly sworn, say that I am related (Related to (or) acquainted with) Jeremiah Harold Shea (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Steele (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. J. C. Shea Signature

Jordan Valley, Ore. P. O. Address

Subscribed and sworn to before me on this ..... day of Sept 18 — 1941

(SEAL) ..... Notary Public, residing at Jordan Valley

SEP 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 107 032. 269

319617

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319617**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: C. F. Borden residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 3 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address 2709 E Noble Tucson, Ariz.

3. RESIDENCE of FATHER (city, state) Richfield, Ida.

4. FULL NAME OF CHILD John Truman McMahon

5. Date of Birth (Month, day year) Sp. 7, 1919

6. Sex M. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Truman McMahon
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Shoshone (City or town) Ida. (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Anita Borden
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Salt Lake City (City or town) Ut. (State or foreign country)
20. Exact Occupation Stenographer.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Truman McMahon (first name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone Ida Date Sept 27/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....
(SEAL) .....Notary Public, residing at.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 120 016 753

319637

319637

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH SEP 23 1941
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home 0 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-7 yrs.
(f) Mother's mailing address Elba Idaho

3. RESIDENCE of FATHER (city, state) Elba Idaho

4. FULL NAME OF CHILD Orl Elihu Parish

5. Date of Birth (Month, day year) Feb 20 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alonzo Franklyn Parish

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Willard (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Louisa Pettingill

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Elba (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Louisa Parish (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Mary V Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alonzo Franklyn Parish, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orl Elihu Parish (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Alonzo Franklyn Parish Signature
Elba Cassia County, Idaho. P. O. Address

Subscribed and sworn to before me on this 20 day of September 1941

(SEAL) Mary Thompson Notary Public, residing at MALTA IDAHO.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319648

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City SandPoint
(c) Street Address or R.F.D. No. 1007 Church St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years – month – days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 1007 Church St
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address 1007 Church St.

3. RESIDENCE of FATHER (city, state) Sanpoint, Id

4. FULL NAME OF CHILD Alvin Ingward Johnson

5. Date of Birth (Month, day year) May 24, 1919.

6. Sex Male

7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Victor Abraham Johnson

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Finland (City or town) (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Sandra Oman

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Finland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11:00 P M. on the date and at the place stated above and that personal particulars were furnished by Sandra Oman (First name) (Last name), who is related to this child as Mother.

26. (a) SEP - 6 1941 (Date received) (b) Mabel M. Geeder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Alma Ross [redacted], Midwife

and address 526 So. Florence Sandpoint, Ida. Date 9/4/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Copy.

SEP 15 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319691

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Spaulding
No. ~~~~~ St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Reed Anderson

3. Sex boy.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes X

8. Date of birth Jan 21, 1919 (Month, Day, Year)

FATHER

9. Full name Nils Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Stockholm Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Jan, 1919 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Edith Mae Stubbs

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Farmington Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. home keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Jan, 1919 | 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) William H Habel M.D., M. D.
or ....., Midwife
Address Fort Thompson - N.D.

Give name added from a supplemental report .....
(Date of)

Filed Sept 19-, 1941 Mabel H Euler
Registrar.

Registrar.

DELAYED

483 219-040-695

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 19 1941

State File No. 319752

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Burke Road
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Burke Road
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Frances Ruth Uhlman

5. Date of Birth (Month, day year) Dec. 19, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Uhlman

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Exact Occupation unemployed

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wiegele

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Austria (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Maud H Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513-119-010-614

320959

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Idaho Falls
(d) Name of Hospital or Maternity Home: In my own house
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Lorin Lavern Eaton

5. Date of Birth (Month, day, year) Dec 15. 19-19

6. Sex Boy

7. Twin or Triplet .....

If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vern Eaton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Vernal Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business .....

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Myrtle Waddle
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Vernal Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Myrtle Eaton (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Mark H Foster (Registrar's signature)

25. Attendant's OWN signature F E Roberts M.D. (D.O., Midwife, etc.) and address Shelley Idaho Date 9/19/41.

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dr. F. E. Roberts, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Lorin Lavern Eaton (Name of person on certificate above) as attending Physician (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F E Roberts MD Signature

Shelley Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of September, 1941

(SEAL) L. Dorothy Olsen Notary Public, residing at Shelley Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 26 1941

386 212001669

321026

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH
(a) County ADA COUNTY (b) City Kuna
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Kuna

3. RESIDENCE of FATHER (city, state) Kuna Idaho

4. FULL NAME OF CHILD Laura May Thompson

5. Date of Birth (Month, day year) Feb. 12 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Oscar Thompson

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Everton Mo
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby May Forney

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Burr Oak Kansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ruby May Thompson (First name) (Last name), who is related to this child as Mother.

26. (a) SEP 20 1941 (Date received) (b) Mabel A Eeles (Mother, etc.) (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN** signature Nora Z. Graham M.D. (D.O., Midwife, etc.)
and address Marsing Idaho Date Feb 12, 1919

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as.....
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this.....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 249 128-029 622

321031

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 22 1941 RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Wyoming (b) County Teton
(c) City Jackson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Leon Smith

5. Date of Birth (Month, day year) July 28, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Elias Smith
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Knox County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Auto mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Mae Osborn
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Meaker County, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 22 19 (Date received) (b) Mabel Heeler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Mae Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Leon Smith (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Foss (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Mae Smith Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of September 1941

(SEAL) Frederick Hughes Brook Notary Public, residing at Salmon, Idaho.

NOTARY PUBLIC FOR STATE OF IDAHO
RESIDING AT SALMON, IDAHO
MY COMMISSION EXPIRES SEPT. 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 19-70568

DELAYED

769 101 026-319

321061

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 17 1941

1. PLACE OF BIRTH
(a) County Jefferson (b) City Ririe
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home:
—
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 1 years 10 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Ririe
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Homer C. Porter

5. Date of Birth (Month, day year) January 1, 1919

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Melvin Homer Porter
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Orderville, Utah (City or town) (State or foreign country)
14. Exact Occupation Grain Elevator Operator
15. Industry or Business Grain Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME ADA Carlson
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Weston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Mabel F Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah E. Porter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Homer C. Porter (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Crum (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hannah E. Porter Signature

P. O. Address

Subscribed and sworn to before me on this 5 day of Sept. 1941

(SEAL) Howard H. Clay. Notary Public, residing at Ogden, Utah

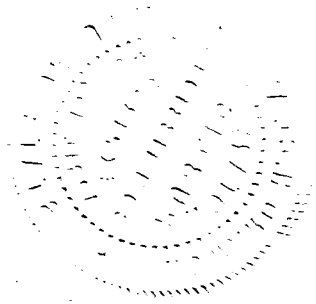
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



345-111-083-386

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321123

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Own home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home x days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Cleveland, Idaho

3. RESIDENCE of FATHER (city, state) Cleveland, Ida

4. FULL NAME OF CHILD JUNIOR THOMAS LUNDGREEN

5. Date of Birth (Month, day year) February 11, 19

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes 19

FATHER OF CHILD

10. FULL NAME victor Emelius Lundgreen

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Pocatello, (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia Thomas

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Preston, (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary J. Lundgreen (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mabel H. Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary L Lundgreen M.D. (D.O., Midwife, etc.)
and address 18 W. N. Temple Salt Lake City, Utah Date 9/17/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-101-006445

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 29 1941 RECEIVED

State File No. 321131

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Sterling
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham.
(c) City Sterling.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city) Sterling, Idaho.

4. FULL NAME OF CHILD Galyn Eldon Muirbrook,

5. Date of Birth (Month, day year) Aug. 1, 1919.

6. Sex Male. **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Arthur Muirbrook;
11. Color or Race White. **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Stockton, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Dunn.
17. Color or Race White. **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Tooele, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) SEP 29 1941 (Date received) (b) Maud H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho, } ss.
County of Bingham, }

I, James Arthur Muirbrook, being first duly sworn, say that I am related to (Related to (or) acquainted with) Galyn Eldon Muirbrook (Name of person on certificate above) as father, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Motes, (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Arthur Muirbrook Signature
Sterling, Idaho. P. O. Address

Subscribed and sworn to before me on this 29th day of September, 1941.
(SEAL) F. Bastian Notary Public, residing at Aberdeen, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-31-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 215039-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321142
Local Reg. No.
Reg. Dist. No.

SEP 22 1941 RECEIVED

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home (Grandmothers)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 30 days.
In **THIS** county years month 30 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Heglar Idaho

3. **RESIDENCE of FATHER** (city, state): Heglar, Idaho

4. **FULL NAME OF CHILD** Arline Belle PARR

5. Date of Birth (Month, day, year) Oct 15 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leslie Parr
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Minnesota Lake Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Wheat Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Denny
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stanton Minnesota (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6.30 A M. on the date and at the place stated above, and that personal particulars were furnished by William Parr (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Maud M Geelan (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Frances J Parr M.D., D.O., Midwife, etc.
and address American Falls Date Oct. 15, 1919

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1919-399658

396-228-003 666

321218

321218

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH — OCT 2 1941

County of Bannock.
City of Pocatello. Idaho.
No. 841 W. Whitman. St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Betty Marie Crouch.

3. Sex: Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth Mar. 28. 1919 (Month, Day, Year)

FATHER

9. Full name: Winney Elmer Crouch.
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho.
11. Color or race: White. 12. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Napoleon North Dakota.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Biological Survey.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Life.
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: Life.

MOTHER

18. Full maiden name: Lula May Fowler.
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho.
20. Color or race: White. 21. Age at last birthday: 22. (years)
22. Birthplace (city or place) (State or Country): Idaho.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Life.
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate three %.

28. Number of children of this mother (At time of this birth and including this child): One.
(a) Born alive and now living ____ (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

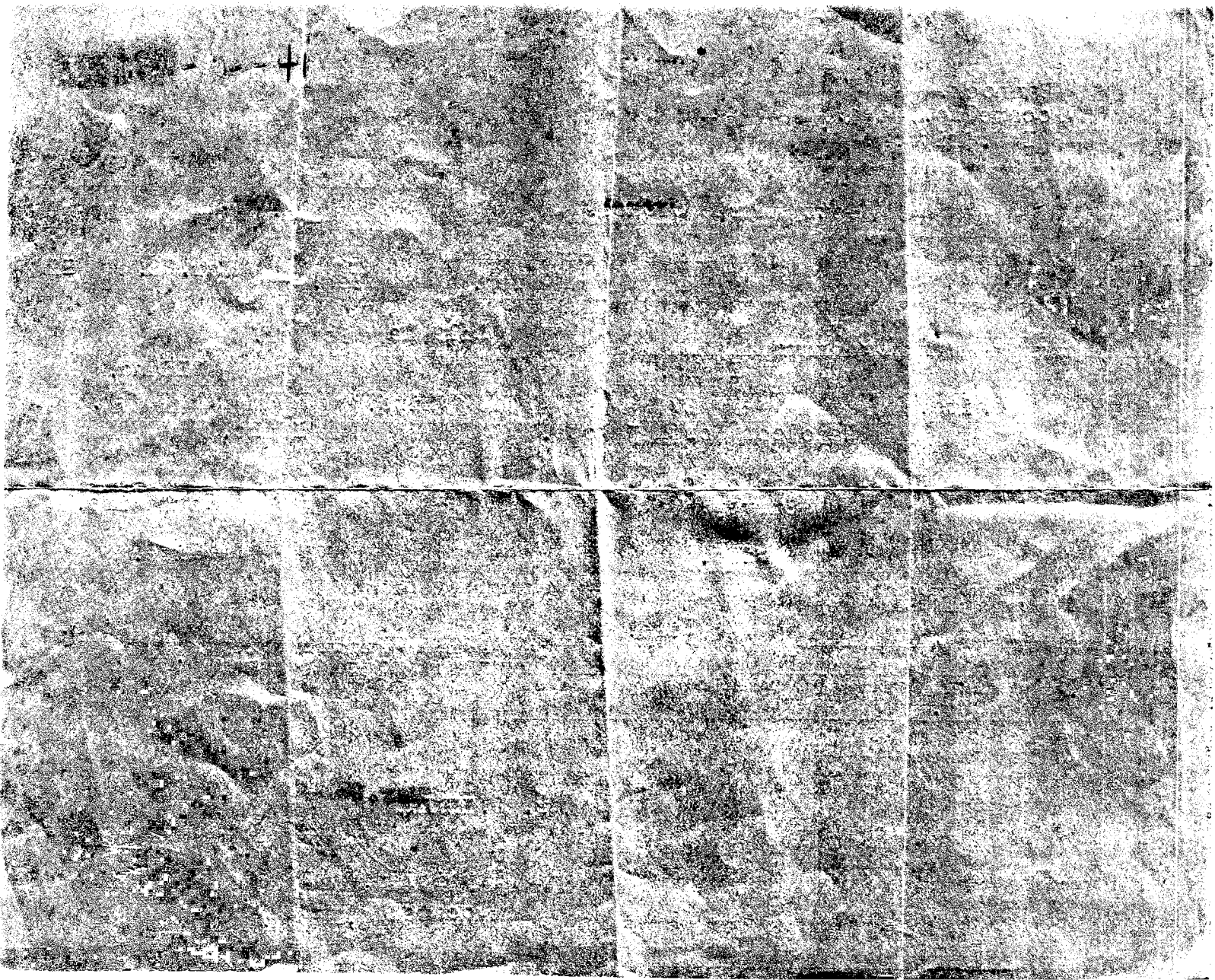
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Mar. 28. 1919. at 4P m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. N. Flynn, M. D.
or Physician., Midwife
Address Pocatello, Idaho.
Filed OCT 2 1941, 193 Maird H Keeler
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report ____
(Date of) ____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. NB.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.



819-213015-897

United States Department of Commerce
Bureau of the Census

SEP 14 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321306
Local Reg. No. 816
Reg. Dist. No. 521

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City or town Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Ranch Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Sprgs.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice): R. 3 Nampa, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Laura Gwendolin Hartley

5. **DATE OF BIRTH** (Month, day, year) Aug. 13, 1919

6. Sex Fe

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Hartley

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Rockland Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Eurenna Higley

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Soda Springs Ida
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Bailey Creek at M. on the date Higley Ranch
and at the place stated above, and that personal particulars were furnished by Richard Hartley (First name) (Last name), who is
related to this child as Father (Mother, etc.)

26. (a) 9-24-41 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs Ida Date 8/19/41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

321310

589 105015-154

United States
Department of Commerce
Bureau of the Census

SEP 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 98
Hand Reg. Dist. No. 520

1. PLACE OF BIRTH:

(a) County Caribou (b) City Soda Springs

(c) Street Address or R.F.D. No.

(d) Name of Hospital of Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home ..... Days
In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Caribou

(c) City Soda Springs

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 32 yrs.

(f) Mother's mailing address (For registration notice):

Soda Springs
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Earl Fred Verham

5. DATE OF BIRTH (Month, day, year) Aug. 5, 1919

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate yes

FATHER OF CHILD

10. FULL NAME Henry Verham

11. Color or Race W

12. Age at time of THIS birth 37 yrs.

13. Birthplace Amsterdam, Holland
(City or Town) (State or foreign country)

14. Exact Occupation farmer, shoemaker

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Amelia Anderson

17. Color or Race W

18. Age at time of THIS birth 32 yrs.

19. Birthplace Soda Springs
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Verham (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept. 15, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D.
Ellis Kackley, M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 9/15/41

27. Given name added on ..... by .....
(Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

815-120-2006-815

Amended 7-17-64

(Be sure the information is complete and accurate)

State File No. 321314

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Kenneth b. (Middle): c. (Last): Hanks

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) August (Day) 20, (Year) 1919

FATHER OF CHILD

7. FULL NAME a. (First): Edward b. (Middle): A. c. (Last): Hanks

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Charleston, Utah

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY: At Home

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Hannah b. (Middle): Edith c. (Last): Hanks

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Salem, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Hannah Edith Hanks Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Edwin Cutler

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Shelley

18d. DATE SIGNED: 9-28-41

19. DATE REC'D BY LOCAL REG.: Sept. 30, 1941

20. REGISTRAR'S SIGNATURE: Mabel F. Elder

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

CK Record typewriter ribbon in completing this certificate. This certificate MUST be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

321314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: At home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 28 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address (For registration notice): Shelley Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kenneth Hanks

5. **DATE OF BIRTH** (Month, day, year) 5-20, 1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward A. Hanks

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Charleston, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Edith Hanks

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Salem, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Edith Hanks (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) SEP 30 1941 (Date received) RECEIVED (b) Mabel F. Edlefsen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 9-28-41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

JUL 17 1964

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

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MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

Edwin Edwards

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 9 1964
Bureau of Vital Statistics

State of IDAHO
County of BINGHAM } ss.

Certificate No. 321314

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Hanks (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20, 1920 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Aug. 20, 1920	August 20, 1919

Subscribed and sworn to before me this 15 day of June, 1964

Notary Public, residing at 3737 Poleine Poca. Ida.
My commission expires 3 June 1968
(Seal)

Signed Mrs. Edith Hanks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1964

Notary Public, residing at Pocatello, Idaho
My commission expires 3 June 1968
(Seal)

Signed Lawrence B. Hanson
(Signature of Any Credible Person)

Box 425 Shelley Ida Clerk Shelley 1st ward
(Street Address, City, State)

FORM DH 60-155 CL 5-27-64. nm

Photo Copy of Military Record and Report of Separation, Certificate of Service, U.S. Army, date of Separation Feb. 14, 1946 gives full name as Kenneth Hanks, born Aug. 20, 1919 in Idaho - date of entry on active duty-Dec. 5, 1943 - viewed by V.S.

Separation Qualification Record, U.S. Army, dated Feb. 18, 1947 gives full name as Kenneth Hanks, born Aug. 20, 1919 - viewed by V.S.

239-218028-113

321369

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Warley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
Born on farm near Warley
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county — years 6 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Warley
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 months
(f) Mother's mailing address Warley Idaho

3. RESIDENCE of FATHER (city, state) Warley Idaho

4. FULL NAME OF CHILD Myrtle Jane Straight

5. Date of Birth (Month, day year) May 18-1919

6. Sex Girl

7. Twin or Triplet? no

If so—born 1st, 2nd, 3rd? no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Waldo Straight
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sedan (City or town) Kansas-U.S.A (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Jorgine Jacobsen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at P M. on the date and at the place stated above and that personal particulars were furnished by Mrs Ralph Strait (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) OCT 1 1941 (Date received) (b) Mary K Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature L Blanton M.D. (D.O., Midwife, etc.)
and address Rockford Wa Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

392-114 029 493

321399

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: North Potlatch Sanitarium
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days.
IN **THIS** county 9 years 11 month 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch,
(d) Street Address or R.F.D. No. R-2-
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Potlatch,

3. **RESIDENCE of FATHER** (city, state) Potlatch

4. **FULL NAME OF CHILD** Roy Harold Libey

5. Date of Birth (Month, day, year) Dec. 14- 1919

6. Sex Male

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Harold V. Libey

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Hillsdale, Mich. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Miller

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Nowatta, Okla. (City or town) (State or foreign country)

20. Exact Occupation House wife,

21. Industry or Business

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 - a. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Libey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Ida Mae LePard, M.D. (D.O., Midwife, etc.) and address R-1 - Potlatch, Date Dec. 14-1919

26. (a) Dec 7-1941 (Date received) (b) Mabel H Eeder (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Nez Perce } ss.

I, Mrs. Elsie Libey, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Roy Harold Libey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Ida Mae LePard (Name of attendant at birth), who attended said birth is living My Made above statement (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Elsie Libey Signature
Rural Route 2 Box 15 2 Clarkston P. O. Address

Subscribed and sworn to before me on this 20th day of September 19 42

(SEAL)

Notary Public, residing at Lewiston Idaho

My Commission Expires Aug 15-1945

JAN 29 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 619 106 028 917

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County KOOTENAI (b) City WORLEY
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: NONE - AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City WORLEY
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address SAME

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD PAUL EDWARD WARNKE

5. Date of Birth (Month, day year) AUG. 6, 1919

6. Sex MALE

7. Twin or Triplet ONE

If so—born 1st, 2nd, 3rd 1ST.

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME EDWARD WARNKE

11. Color or Race WHITE

12. Age at time of THIS birth 29 yrs.

13. Birthplace NUNICA, MICH. (City or town) (State or foreign country)

14. Exact Occupation AUTO MECHANIC

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLA DOROTHY ZAPEL

17. Color or Race WHITE

18. Age at time of THIS birth 29 yrs.

19. Birthplace CHICAGO, ILLINOIS (City or town) (State or foreign country)

20. Exact Occupation HOME MAKER

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 3:00 A. M. on the date and at the place stated above and that personal particulars were furnished by ELLA D. WARNKE (First name) (Last name), who is related to this child as MOTHER (Mother, etc)

26. (a) OCT 7 1941 (Date received) (b) Mary Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT

To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of ILLINOIS
County of COOK } ss.

I, Ella D. Warnke, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul Warnke (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fred Bartram (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella D. Warnke Signature
4744 W. St. Louis Ave. P. O. Address

Subscribed and sworn to before me on this 6th day of October, 1941

(SEAL) Alma C. Thornton Notary Public, residing at 4606 N. Central Ave. Chicago Ill.

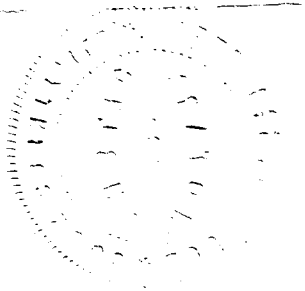
my commission expires April 26-1945

OCT 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



957-129-027-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 321442

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 1 1941

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 10 years — month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** James Wilbur Ingle

5. Date of Birth (Month, day, year) Sep 29 1919

6. Sex Male

7. Twin or Triplet

If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Evan Elmer Ingle
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Colorado (City or town) (State or foreign country)
14. Exact Occupation Freighting
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Green
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kemmerer (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Maud H Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington }
County of Clarkson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Green Ingle, being first duly sworn, say that I am The Mother of (Related to (or) acquainted with) James Wilbur Ingle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Edw. Piper (Name of attendant at birth), who attended said birth Now Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Green Ingle Signature

P. O. Address

Subscribed and sworn to before me on this 29th day of Sept, 1941

(SEAL) J. A. Heelan Notary Public, residing at Lewiston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

JUN 27 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 8 1941

437/104 025-298

321482 234

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Idaho (b) City Winona
(c) ~~Street Address~~ or R.F.D. No. one
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 21 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) ~~Street Address~~ or R.F.D. No. one
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Winona, Idaho

3. RESIDENCE of FATHER (city, state) Winona, I

4. FULL NAME OF CHILD Marion Stanley McGuire

5. Date of Birth (Month, day year) 10/4/1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Marion McGuire

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Sandlake, Oregon (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Lenor Bryant

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Virginia City, Montana (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Charlotte (First name) McGuire (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept. 21, 1941 (Date received) (b) Buetah V Brown (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Kamiah Date 9/19/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DEC 10 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 116 022 - 294

321514

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Fremont (b) City Squirrel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home 10 days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Ladoga Ind

3. RESIDENCE of FATHER (city, state) Dubois, Ind

4. FULL NAME OF CHILD John Robert White

5. Date of Birth (Month, day, year) 10 / 16 / 19

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emery Claude White

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace ~~Yankton~~ Yankton (City or town) S Dak (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ann Simonds

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Jerseyville (City or town) Illinois (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Barker (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Mary E Eggers (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Indiana
County of Monroe } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Eggers, being first duly sworn, say that I am Related to (Related to (or) acquainted with) of L John R White (Name of person on certificate above), as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Jessie Barker (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Eggers Signature

1235 Blodgett Indianapolis Ind P. O. Address

Subscribed and sworn to before me on this 23 day of Sept, 1941

(SEAL) Commission Expires Jan 1 1944

Ward D Fisher Notary Public, residing at Ladoga

Town Clerk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the district where the birth occurred, and the proceedings prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-101003613

321528

United States Department of Commerce Bureau of Census

OCT 7 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Lynn Bros. Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county no years -- month 30 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Leslie
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Leslie, Idaho

3. RESIDENCE of FATHER (city, state) Leslie, Ida

4. FULL NAME OF CHILD Sherman Francis Furey

5. Date of Birth (Month, day, year) June 1, 1919

6. Sex male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sherman Francis Furey
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer & Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Bartlett Falls
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at one P. M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Furey (Last name), who is related to this child as mother (Mother, etc)
26. (a) OCT 7 1941 (Date received) (b) Maud Heeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature A. W. Lynn M.D.
and address 418 E. Compton Blvd. (D.O., Midwife, etc.) Compton, Cal Date 10-1-41

RECEIVED

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

OCT 4 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 6 1951

893 103014-697

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321564
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gardner Maternity Home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county years month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 days yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Earle Hildebrant

5. Date of Birth (Month, day year) 11-3-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9 mo. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Kyle C. Hildebrant

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Brown Town (City or town) Wisc. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche E. Wright

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace Hartford City (City or town) Ind. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) OCT 9 1941 (Date received) (b) Maud H Eder (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address ....Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kyle C. Hildebrant, being first duly sworn, say that I am the Father (Related to (or) acquainted with) Earle Hildebrant (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Farris (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kyle C Hildebrant Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of October, 1941

(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-21 3031819

United States Department of Commerce Bureau of Census

OCT 13 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321601
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 8 years 9 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Kamiah, Idaho

3. RESIDENCE of FATHER (city, state) Kamiah, Ida.

4. FULL NAME OF CHILD Thyra Rose Mueller

5. Date of Birth (Month, day year) Jan. 13, 1919

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emil L. Mueller

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Springfield, Minnesota (City or town) (State or foreign country)

14. Exact Occupation Postmaster at Kamiah, Idaho

15. Industry or Business Postmaster

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive M. Harvey

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Varck, Cherokee County, Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Olive M. Mueller (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Mary T. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs Rose Renshaw M.D. (D.O. Midwife etc.)
and address Kooskia, Idaho Date Oct 1941

State of Oregon
County of Columbia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Olive M. Mueller, being first duly sworn, say that I am related to said (Related to (or) acquainted with) Thyra Rose Mueller (Name of person on certificate above) as as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Taylor (Name of attendant at birth), who attended with Mrs Rose Renshaw also said birth attending is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive M Mueller Signature
3627 S E Woodward St., Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 14th day of October 19 41

(SEAL) Edward T. Keeler Notary Public, residing at Clatskanie, Oregon

My commission expires Oct 29, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 124 039 765

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321606
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Power RECEIVED (b) City American Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Bethany Deaconess
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 12 days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address American Falls

3. RESIDENCE of FATHER (city, state) American Falls

4. FULL NAME OF CHILD Ralph J. Butler

5. Date of Birth (Month, day year) Dec. 24, 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dale Everett Butler
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Americus, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhenda C. Jones
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) OCT 13 1941 (Date received) (b) Mary I. Ecker (Registrar's signature)

27. Given name added RECEIVED on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Bingham } ss.

I, Violet I. Butler, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ralph J. Butler (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Schultz (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Violet I. Butler Signature
American Falls P. O. Address

Subscribed and sworn to before me on this 15th day of October, 1941.
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho

OCT 14 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 109 004 574

#321617

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 16 1941

State File No. 321617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Louis Joe Bermensolo

5. Date of Birth (Month, day year) Mar. 9, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Juan Bermensolo

11. Color or Race Wht

12. Age at time of THIS birth 29 yrs.

13. Birthplace Spain (City or town) (State or foreign country)

14. Exact Occupation Rooming House Prop.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Renita Eguia

17. Color or Race Wht

18. Age at time of THIS birth 31 yrs.

19. Birthplace Spain (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 16 1941 (Date received) (b) Maud H. Eagle (Registrar's signature)

25. Attendant's **OWN** signature Fred A. Fleming M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the ~~nearest of kin or guardian, or some person~~ having direct ~~knowledge~~ in the premises.

DELAYED

dup of 1919-673607

OCT 16 1941

632-10-0034-345

321627

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321627
Local Reg. No. 321627
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Minadoka (b) City Paul
(c) Street Address or R.F.D. No. –
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Paul
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Route 1, Paul

3. RESIDENCE of FATHER (city, state) Paul, Idaho

4. FULL NAME OF CHILD Lowell Herman Olson

5. Date of Birth (Month, day year) January 20, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Oscar Olson

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Wilson County, Kansas (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elmina Lundgren

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 13 1941 (Date received) (b) Mabel Heuer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna E. Olson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lowell Herman Olson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adams (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna E. Olson Signature
1240 Eastbrange St., Pasadena P. O. Address

Subscribed and sworn to before me on this 6th day of October, 1941

(SEAL) NOTARY PUBLIC Notary Public, residing at PASADENA, CALIF.
In and for the County of Los Angeles, State of California My Commission Expires Dec. 13, 1943

OCT 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
NOV 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minadoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Paul
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Idaho

4. FULL NAME OF CHILD Lowell Herman Olson

5. Date of Birth of Child (Month, day, year) January 20 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Oscar Olson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wilson County (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elmina Lundgren
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Dr. (First name) Adams (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alma E. Olson Signature
1240 E. Orange Grove P. O. Address
PASADENA, CALIF

Subscribed and sworn to before me this 4 day of November, 1942
My Commission Expires Nov. 18, 1942
(SEAL) Notary Public, residing at Pasadena, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 6 1942 by, Registrar.

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-114-010 359

321696

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 8th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 8th St.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Grant Ask Gundersen

5. Date of Birth (Month, day year) April 4, 1919

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orson Wilford Gundersen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake (City or town) Utah (State or foreign country)
14. Exact Occupation plasterer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ingeborg Johanna Terjesen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Arendal (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ingeborg Gundersen (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Maud M. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ingeborg Johanna Terjesen Signature
1914 E. J. Gundersen's B. L. C. P. O. Address

Subscribed and sworn to before me on this 11 day of October 1941

(SEAL) Grant Dempsey Notary Public, residing at Salt Lake City, Utah

Term exp 4/12-1944

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 108-022-381

321736

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 14 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ... days. IN **THIS** county 25 years 4 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Egin Idaho

3. RESIDENCE of FATHER (city, state) Egin Idaho

4. FULL NAME OF CHILD Leroy Chandler White

5. Date of Birth (Month, day year) Dec 8, 1919

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph F. White
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza May Chandler
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mabel H Eden (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN** signature ... M.D. (D.O., Midwife, etc.)
and address ... Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joseph F. White, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leroy Chandler White (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gray (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joseph F. White Signature
Stanleyburg Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of October, 1941.

(SEAL) O. D. Meservey Notary Public, residing at Probate Judge

OCT 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321758

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser

(c) ~~Street Address~~ or R.F.D. No. 2

(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home ..... days.

IN **THIS** county 7 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State ..... (b) County .....

(c) City .....

(d) Street Address or R.F.D. No. .....

(e) How long has **MOTHER** lived in Idaho? ..... yrs.

(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lester Milton Bagley

5. Date of Birth (Month, day year) 6-5-19

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Milton Bagley

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ellen Johnson

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Kansas City Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

25. Attendant's **OWN** signature Inez Richard Gilder M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

JUL 24 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

X819 122 042 516

32193

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Kimberly, Idaho

3. RESIDENCE of FATHER (city, state) Kimberly, Ida

4. FULL NAME OF CHILD Albert Edward Harper

5. Date of Birth (Month, day year) 7-22-1919

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Lieth Harper

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Edenburg, Scotland (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Belle Taff

17. Color or Race white

18. Age at time of THIS birth 44 yrs.

19. Birthplace Rockford, Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Frances B. Harper (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 20-1941 (Date received) (b) Maud I Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs Elsie Thompson M.D. (D.O. Midwife, etc.)
and address Twin Falls, Idaho midwife Date 10/17/41

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elsie Thompson, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Albert Edward Harper (Name of person on certificate above) as attendant at birth (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I, Elsie Thompson (Name of attendant at birth), who attended said birth knows (Is now deceased (or) cannot be located) ## that this birth **has not been previously recorded.**

Elsie Thompson Signature
Twin Falls, Idaho, Rt. 1 P. O. Address

Subscribed and sworn to before me on this 17 day of October, 1941
(SEAL) Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-12-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

437-112-22-365 #322923

322923

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322923
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Thomas Harold McGrath

5. Date of Birth (Month, day year) June 12-1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leo George McGrath
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Barnesville, Minn. (City or town) (State or foreign country)
14. Exact Occupation Manager Grain Elevator
15. Industry or Business Grain Business.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Agnes Conlin
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Sioux City, Iowa. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 27 1941 (Date received) (b) Mabel Heller (Mother, etc) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leo George McGrath, being first duly sworn, say that I am Father (Related to (or) acquainted with) Thomas Harold McGrath (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.C. Meecham (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leo George McGrath Signature

..... P. O. Address

Subscribed and sworn to before me on this 27th day of October 1941

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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*322931

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address SALMON, IDAHO

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD ELI SMITH

5. Date of Birth (Month, day year) JUNE 30, 1919

6. Sex male

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME PETE SMITH

11. Color or Race WHITE

12. Age at time of THIS birth 41 yrs.

13. Birthplace GLENA (City or town) YUGO SLAVIA (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME AMELIA RADONOVICH

17. Color or Race WHITE

18. Age at time of THIS birth 31 yrs.

19. Birthplace GLENA (City or town) YUGO SLAVIZ (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Oct 27-1941 (Date received) (b) Mattie F Eedy (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of IDAHO } ss.
County of LEMHI }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, AMELIA RADONOVICH SMITH, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ELI SMITH (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. O. F. HANMER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

AMELIA RADONOVICH SMITH-HER MARK X Signature

MAY, IDAHO P. O. Address

Subscribed and sworn to before me on this 23rd day of OCTOBER, 19 41

(SEAL) Maurice C. Mearle Notary Public, residing at SALMON, IDAHO

My commission expires December 1, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+533-102-029-394

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322991
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. R#2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 17 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. R#2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Juliaetta, R#2

3. RESIDENCE of FATHER (city, state) Juliaetta

4. FULL NAME OF CHILD Wilbert Paul Elliott

5. Date of Birth (Month, day year) Jan. 2, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eugene E. Elliott

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace (City or town) Council (State or foreign country) Idaho

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Kimberling

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace (City or town) Cereas, (State or foreign country) Virginia

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie May Kimberling (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Mary H Keefer (Registrar's signature)

25. Attendant's **OWN** signature Rose E Kimberling M.D. (M.D., Midwife, etc.)

and address Moscow, Ida. R2 Date Oct. 21 '41

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie May Elliott, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilbert Paul Elliott (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kelly (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie May Elliott Signature

910 East Sixth, Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of October, 1941

(SEAL) HARRY A. THATCHER, Co. Auditor Notary Public, residing at Moscow, Idaho

By Bessie Babcock Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 9 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-201-010-966

323027

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. at own home
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address Iona, Idaho

3. **RESIDENCE of FATHER** (city, state) Iona, Idaho

4. **FULL NAME OF CHILD** Donna Catherine Adamson

5. Date of Birth (Month, day year) July 1, 1919

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Leon Adamson
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Lowberry ~~Adamson~~
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:10 A M. on the date and at the place stated above, and that personal particulars were furnished by Florence (First name) Adamson (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Mabel E Eller (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Florence Lowberry Adamson being first duly sworn, say that I am Related to (Related to (or) acquainted with) Donna Catherine Adamson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson (Name of attendant at birth), who attended said birth can not be Located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Florence Lowberry Adamson Signature
851 - Edison St. Salt Lake City Utah P. O. Address

Subscribed and sworn to before me on this 21 day of October, 1941.
(SEAL) Hortence S Lewis Notary Public, residing at Salt Lake

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-283-003-695

323045

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323045
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 25 1941

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 6 days
IN **THIS** county 5 years 1 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 409 So. Grant
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Virginia Johnson

5. Date of Birth (Month, day year) Feb. 23, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Martin Johnson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Cumberland, Md (City or town) (State or foreign country)
14. Exact Occupation Route Agent
15. Industry or Business American Express Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Fay Winters
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Eagle Rock, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 2:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Bertha M. Winters (First name) (Last name), who is related to this child as Grand Mother (Mother, etc.)

26. (a) OCT 25 1941 (Date received) (b) Mabel H. Edelen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature and address W. A. Wright, Deceased M.D. (D.O., Midwife, etc.) Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joseph Martin Johnson, being first duly sworn, say that I am Father (Related to (or) acquainted with) Gertrude Virginia (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nurse, Name not known (Name of attendant at birth) who attended said birth Whereabouts not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joseph Martin Johnson Signature
355 South 10th Avenue Pocatello Ida. P. O. Address

Subscribed and sworn to before me on this 23 day of Oct P., 1941.
(SEAL)
Notary Public, residing at Pocatello, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942
JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-117-024-155

323056

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 22 1941

State File No. 323056
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gooding County
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ——days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Jerome Ida.

3. RESIDENCE of FATHER (city, state) Jerome Ida

4. FULL NAME OF CHILD Stanley Milton Fritzler

5. Date of Birth (Month, day year) Apr 17-1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry C. Fritzler
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Arapaho (City or town) Neb. (State or foreign country)
14. Exact Occupation Steel Commissioner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Jenkins
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Grand Junction (City or town) Colo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary E Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harry C. Fritzler being first duly sworn, say that I am the father (Related to (or) acquainted with) (Name of person on certificate above) Stanley M. Fritzler as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lamm (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Stanley M Fritzler Signature

P. O. Address

Subscribed and sworn to before me on this 24 day of October 1941

(SEAL) William G. Ernstrom Notary Public, residing at Jerome Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

536-175-010459

323093

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 22 1941

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Not known
(d) Name of Hospital or Maternity Home: Not known
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
IN **THIS** county 0 years 8 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 Mos. yrs.
(f) Mother's mailing address Idaho Falls, Idaho

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD John Vernon Sconberg

5. Date of Birth (Month, day year) October 15, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Vernon Sconberg

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Shoe Salesman

15. Industry or Business Hirschman Shoe Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Meikle

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Peoria, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____.

26. (a) OCT 22 1941 (Date received) (b) M. Albert M.D. (Mother, etc.) (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Albert Vernon Sconberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Vernon Sconberg (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hollister (Name of attendant at birth), who attended said birth deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Vernon Sconberg Signature

Woods Cross Utah P. O. Address

Subscribed and sworn to before me on this 21st day of October, 1941

(SEAL)

Notary Public, residing at Salt Lake City, Utah

OCT 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-118-002-435

323095

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 25 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD ELZY CHARLES McVEY

5. Date of Birth (Month, day year) Oct. 18-1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9-Months

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** JAMES McVEY
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Forysthe (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie McVey
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace TANEY (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 25 1941 (Date received) (b) Mabel H Fuller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Council Ida Date

State of California } ss.
County of Tehama }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, lottie McVey, being first duly sworn, say that I am Related To (Related to (or) acquainted with) James McVey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bowen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lottie McVey Signature

Dudley Calif. P. O. Address

Subscribed and sworn to before me on this 20 day of October, 1941

(SEAL) M Johnson Notary Public, residing at Dudley Butte County

My Commission Expires July 2, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-1541-006-369

323105

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 27 1941

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address Firth, Idaho

3. **RESIDENCE of FATHER** (city, state) Firth, Ida.

4. **FULL NAME OF CHILD** William John Ramsey

5. Date of Birth (Month, day year) Aug. 4, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Fern Ramsey
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Solomon (City or town) Kansas (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Emma Cormack
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Abilene (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel H. Eckler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon } ss.
County of Yamhill }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leo Fern Ramsey, being first duly sworn, say that I am related to (Related to (or) acquainted with) William John Ramsey (Name of person on certificate above) as the father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Quick (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leo Fern Ramsey Signature

McMinnville, Ore. P. O. Address

Subscribed and sworn to before me on this 23 day of Oct 1941

(SEAL) Anne Seidler Notary Public, residing at McMinnville Ore.

MY COMMISSION EXPIRES DEC. 10, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-123-006-435

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1941 RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Sterling
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at the family home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Sterling
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Sterling, Idaho

3. RESIDENCE of FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Nilsson, William Donald

5. Date of Birth (Month, day year) Oct. 23rd. 1919

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Edwin Nilsson,
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Sterling (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Elizabeth McNaughton
17. Color or Race white **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Sterling, (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child II (b) Born alive and now living II (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 25 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Oscar Edwin Nilsson, being first duly sworn, say that I am the father (Related to (or) acquainted with) William Donald Nilsson (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary O'Connor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Oscar E Nilsson Signature
Sterling, Idaho. P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1941

(SEAL) H. S. Dickerson, Notary Public residing at Blackfoot, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-101-025-514

#323223 A

323223

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. lived on farm
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. live on farm
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Ferdinand, Idaho

3. RESIDENCE of FATHER (city, state) Ferdinand, Id

4. FULL NAME OF CHILD Clifford Albert Kuther

5. Date of Birth (Month, day year) June 1, 1919

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Kuther

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Keuterville, Idaho (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Nau

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Perham (City or town) Minnesota (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 4 1941 (Date received) (b) Mary E. Eder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose Kuther Riedinger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clifford Albert Kuther (Name of person on certificate above) as I am his mothert (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cora Alcorn (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Kuther Riedinger Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me on this 3rd day of November, 1941

(SEAL) Notary Public, residing at Clarkston, Wash

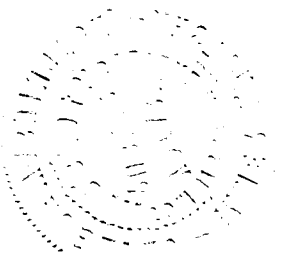
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-005022-141

323234

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323234

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address St. Anthony, Idaho

3. RESIDENCE of FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Katheryn Helen Ritzhaupt

5. Date of Birth (Month, day year) July 5, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emil Arthur Ritzhaupt

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilet Ruth Adams

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Cleveland (City or town) Ohio (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Nov 6-1941 (Date received) (b) Maud F. Elder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lilet Adams Ritzhaupt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Katheryn Helen Ritzhaupt (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Evans (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lilet Adams Ritzhaupt Signature

St. Anthony, RFD#1, Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of November 1941

(SEAL) ..... Notary Public, residing at St. Anthony, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-112-010-365

United States Department of Commerce Bureau of Census

(Before the information is as of date of birth of THIS child)

OCT 29 1941 RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Ririe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ririe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address Ririe, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mark James Freeman

5. Date of Birth (Month, day year) 8/12/1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harold Heber Freeman
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Josephine Lovell
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Ririe (Then Shelton) Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living eight (c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 o'clock A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary J. L. Freeman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature Mother M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Josephine Lovell Freeman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mark James Freeman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sam F. Price (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Josephine Lovell Freeman Signature
Ririe, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 19 41

(SEAL) L. J. Miller Notary Public, residing at Ririe, Idaho

My Commission expires October 23rd., 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V57-129-035-819

323359

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county no years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE of FATHER (city, state) Lewiston, Ida

4. FULL NAME OF CHILD Roland Le Roy Megenity

5. Date of Birth (Month, day year) April 29 1919

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fredric Allen Megenity

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Vollmer (City or town) Idaho (State or foreign country)

14. Exact Occupation Taxi Driver

15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Jeanette Hart

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Denver (City or town) Colorado (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lewis Irel Megenity, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Roland Le Roy Megenity (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O. C. Carsson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lewis Irel Megenity Signature

1114-12th ave Lewiston Ida P. O. Address

Subscribed and sworn to before me on this 21 st day of October, 19 41

(SEAL) A W Jump Notary Public, residing at Lewiston, Ida.

11-4-41

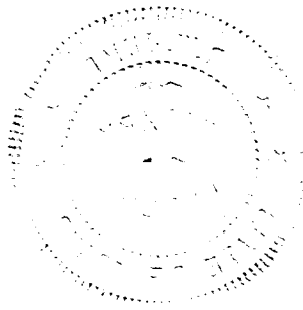
MAY 11 1942

JUN 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-225-822-386

323365

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 9 yrs.
   (f) Mother's mailing address R 1 St Anthony

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Beatrice Howard

5. Date of Birth (Month, day, year) 4/25 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alfred Howard
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Chester (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Elnora Thompson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by William A Howard (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 31 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Juniettaf Brown M.D. (R.N., Midwife, etc.) and address St Anthony Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

11-7-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

85-119-035-715

323397

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323397
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 1 1941

1. PLACE OF BIRTH
(a) County Nez Perce (b) City 8 miles West Genesee Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Genesee Idaho - 8 miles West R.F.D.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Genesee Idaho

3. RESIDENCE of FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD John William Theissen

5. Date of Birth (Month, day, year) Oct 19 - 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Theissen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Gaertner
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace U. S. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Walter A Burg M.D. (First name) (Last name), who is related to this child as Family Physician (Mother, etc.)

26. (a) NOV 1 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Walter A. Burg M.D. (D.O., Midwife, etc.)
and address Winchester Wash Date Oct 27-41

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 120 001 163

323479

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1941

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323479

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 924 Hays Sts.
(d) Name of Hospital or Maternity Home: St Alphonsus
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home one days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 924 Hays St.
(e) How long has **MOTHER** lived in Idaho yrs.
(f) Mother's mailing address 612 N 17th St.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Richard Randolph Mathison

5. Date of Birth (Month, day year) Oct 20, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Mathison

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Placerville Idaho (City or town) (State or foreign country)

14. Exact Occupation Deceased

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pellah Johnson

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Fort Madison Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) NOV 6 1941 (Date received) (b) (Mother, etc.) (Registrar's signature)

RECEIVED

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Louise Ashley Childs R.N., M.D. (D.O., Midwife, etc.)

and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCalla (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of November 1941.

(SEAL) Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

YEAR: 1919

FILE # 323480

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1919-323480A NOT TWINS

777 126 033 437

323480

United States Department of Commerce Bureau of Census

NOV 8 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323480A
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Rexburg

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thomas Henry Priest

5. Date of Birth (Month, day year) Jan 26 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Priest
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Taylorville Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret McGarry.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rexburg Idaho Route #1 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Margaret Priest (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature G. G. Kesler M.D. (D.O., Midwife, etc.) and address Burley, Ida Date 11/4/41

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

368-231044-395

#323497

323497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323497

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 3rd & Commercial St.
   (d) Name of Hospital or Maternity Home: child born at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 3rd & Commercial
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address Box No. 3332 Portland, Oregon

3. **RESIDENCE of FATHER** (city, state): Portland, Or

4. **FULL NAME OF CHILD** Frances Ellen Loyd

5. Date of Birth (Month, day, year) Jul. 31, 1919

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Robert Loyd
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mitchell, Oregon (City or town) (State or foreign country)
14. Exact Occupation Custodian of school
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Katherine Creathbaum
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Valpraisa, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Eleanor Loyd (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) Nov 12-1941 (Date received) (b) Mabel H Eisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eleanor Loyd, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Ellen Loyd (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eleanor K Loyd Signature

Box 3332 Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 12th day of November, 19 41.

(SEAL) Fred M Taylor Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1947 Session Laws, Chapter 130, Section 2)

Where the birth of a child born prior to the effective date of Chapter 130, 1947 Session Laws, has not been recorded, or in case of failure to report any birth which had occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2 THOUGH Living Laws Annotated, when such report is supported by a certificate of the attending physician or midwife or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

DUPLICATE ORIGINAL
CERTIFICATE
PUBLIC
STATE OF OHIO

DUP-DE-19-71590

X 154117022-264 323506

323506

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323506
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 10 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City or Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 3 yrs.
(f) Mother's mailing address Gooding Idaho

3. RESIDENCE of FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Rixie John Anderson

5. Date of Birth (Month, day year) 7-17-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lucien Clef Anderson

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Gunnison (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leah Mary Southam

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name ~~prophylactic used to prevent Ophthalmia Neonatorum~~ None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) Mrs. M. Keleher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leah Mary Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rixie John Anderson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Measan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leah Mary Anderson Signature

Gooding Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of November 19 41.

(SEAL) Gilbert Benton Notary Public, residing at Gooding

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-220006 132

323655

United States Department of Commerce
Bureau of the Census

OCT 29 1941 RECEIVED

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS** county 27 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address (For registration notice) Shelley Idaho
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lorraine Jensen

5. **DATE OF BIRTH** (Month, day, year) 8-20-1941

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Jensen

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Denmark
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Albertina Albertson

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace Hyrum Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Albertina Jensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 29 1941 RECEIVED (Date received) (b) Mabel H. Fehler (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 10-16-41

27. Given name added on ..... by .....
(Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

K

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? no

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

DECEASED Edwin Cutler M.D.

X 364 210-022-555

323770

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Montana (b) County Gallatin
   (c) City West Yellowstone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 mo. yrs.
   (f) Mother's mailing address Ashton, Idaho

3. **RESIDENCE of FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Losee Hope Counter

5. Date of Birth (Month, day year) March 10, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Earl Counter
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Belville (City or town) Kansas (State or foreign country)
14. Exact Occupation Freighting
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Nevin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Big Timber-rural- Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child # 3 (b) Born alive and now living 3. (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

State of Montana } ss.
County of Sweet Grass }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Nevin Counter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Losee Hope Counter (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Meachum (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mary Nevin Counter Signature

Big Timber, Montana P. O. Address

Subscribed and sworn to before me on this 10th day of November, 1941.

(SEAL) Addie D. Lowry Notary Public, residing at Big Timber, Montana

My Comm. expires Jan. 8, 1943

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-126-006-381

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323899
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Shelley R # 2

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Dean C. Johnson

5. Date of Birth (Month, day year) 6-26-1919 26 June

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hayrum Parley Johnson
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ovid Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Chapman
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Basalt on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Johnson Jorgensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Elizabeth J. Wadsworth (B.C. Midwife, etc.)
and address R 5, Idaho Falls Date Nov 13 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X ..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 3rd day of November 19 41

(SEAL) Delbert H. Graberg Notary Public, residing at Idaho Falls Ida

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-109-025-761

323902

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Kinsona
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City R.D. Kinsona
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Kinsona

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lester Ray Lamb

5. Date of Birth (Month, day year) Jan. 9, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Leroy Lamb
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Palouse, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer & Live stock raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Pfannebecker
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Spencer Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Mina Feller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Leroy Lamb, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Ray Lamb (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. J. Alcorn (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Leroy Lamb Signature

..... P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1941.

(SEAL) Opal Jesse Notary Public, residing at Grangeville, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-112-006-748

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323906
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ... Days
   In **THIS** county 20 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City St Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice)
   St Anthony Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Guymon Erickson

5. **DATE OF BIRTH** (Month, day, year) 1-12-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Yes

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Antina Erickson

11. Color or Race White

12. Age at time of THIS birth ... yrs.

13. Birthplace Rijhavik Iceland
(City or Town) (State or foreign country)

14. Exact Occupation Miller

15. Industry Business Shelley Flour Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Guymon

17. Color or Race White

18. Age at time of THIS birth ... yrs.

19. Birthplace Alamosa Colorado
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Ida G. Erickson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cuba M.D. (D.O., Midwife, etc.)
and address Shelley Date Idaho

JAN 13 19[illegible]

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, ~~shall be fined not less than $10 nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutler M.D.

285-22-7022-799

325035

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Freemont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home of parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Marysville, Idaho

3. RESIDENCE of FATHER (city, state) Marysville, Ida.

4. FULL NAME OF CHILD Donna Blanche Sheppard

5. Date of Birth (Month, day year) Jan. 27, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Thomas George Sheppard
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Newton, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorene Gribble
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Gunnison, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lorene Cummins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov 26-1941 (Date received) (b) Mabel Heider (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana } ss.
County of Toole }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lorene Cummins, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donna Blanche Sheppard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Meachem (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Lorene Cummins Signature
Chinook Mont. P. O. Address

Subscribed and sworn to before me on this 15th day of November, 1941

(SEAL) ..... Notary Public, residing at Shelby, Montana.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

7/14 104 001 315

325059

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Warren Duane Paul

5. Date of Birth (Month, day year) Sept 4, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ward S. Paul

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Red wood Falls Minn. (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business Automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Cannon

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Marion Co (City or town) Arkansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Mabel E. Eglen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Ventura }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ward S Paul and Ella Paul each, being first duly sworn, say that I am {related to (or) acquainted with} Warren Duane Paul (Name of person on certificate above) as father or mother respectively (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name of attendant at birth), who attended said birth is unknown (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

× Ward S. Paul Signature

Ella Paul 1561 Santa Ynez St Ventura, Calif P. O. Address

Subscribed and sworn to before me on this 10th day of November, 1941

(SEAL) Robert M Thornburg Notary Public, residing at Box 449 Ventura, Calif

My Commission Expires September 19, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-128038 418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

325070
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Payette (b) City Payette
(c) Street Address or R F D No. 224 7th St.
(d) Name of Hospital or Maternity Home: Father's house
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county one years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 224 7th St.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address 224 7th St.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Darrell Samuel Attebery

5. Date of Birth (Month, day, year) Dec. 28, 1919

6. Sex. Male

7. Twin or Triplet: Twin — If so—born 1st, 2nd, 3rd: Yes

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Laurence Marshall Attebery
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace La Plata (City or town) Missouri (State or foreign country)
14. Exact Occupation Camp Tender
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura A. Mayfield
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Payette (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Payette M. on the date and at the place stated above, and that personal particulars were furnished by Laura Attebery Carner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** who is sister who helped M. D. Mary E. Jones (D.O., Midwife, etc.) and address 215 So Columbia Seaside, Oregon Date Nov 21, 1941

State of Oregon
County of Clatsop } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Attebery Carner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Darrell Samuel Attebery (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O. H. Avey (Name of attendant at birth), who attended said birth and is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Attebery Carner Name
3014 Pershing Way, Longview, Washington P. O. Address

Subscribed and sworn to before me on this 21st day of November

(SEAL) Thomas T. Chart, Jr. Notary Public, residing at Oregon
My Commission expires August 1, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and now prescribed by Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

413 210 026 714

Delayed Report

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325101
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 9
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Ida.

4. FULL NAME OF CHILD Mary Elizabeth (Betty) Matney

5. Date of Birth of Child (Month, day, year) Dec. 10, 1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Thomas B. Matney
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Independence (City or town) Mo. (State or foreign country)
14. Exact Occupation Teacher (P. schools)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Paulson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Stanford (City or town) Colo. (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvol (argyrol)

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Violet P. Matney (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M. D. M.D. ~~Midwife~~ Address Rigby, Ida. Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1941 by Maud M. Edlefsen Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-64-11

X 643-130-005-395

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 27 1941

State File No. 325208
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Near Jennet Ida.
(c) Street Address or R.F.D. No. Star Route Labor Work
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Near Jennet Idaho
(d) Street Address or R.F.D. No. Star
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Star Route Labor Work

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lewis Harold Fulkerson

5. Date of Birth (Month, day year) May 30-1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lloyd Franklin Fulkerson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Grantsburg (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Lindstrom
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace New Ulm (City or town) Minnesota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum N. C.

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn One

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 27 1941 (Date received) (b) Maud M. Feller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon } ss.
County of Clatsop }

I, Lloyd Franklin Fulkerson, being first duly sworn, say that I am related to Lewis Harold Fulkerson as father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mosier (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lloyd Franklin Fulkerson Signature

..... P. O. Address

Subscribed and sworn to before me on this 21st day of November 1941

(SEAL) Carl Helm Notary Public, residing at Astoria, Oregon

My commission expires Nov. 9th, 1942.

K

SEP 16 1964
SEP 6 1972

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

615-125-003-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 29 1941

State File No. 325244
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Lago
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 7 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lago
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lago, Idaho

4. **FULL NAME OF CHILD** Dallas A. Hansen

5. Date of Birth of Child (Month, day, year) April 25-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Peter Hansen
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelia Dubois Bassett
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lago (City or town) Idaho (State or foreign country)
20. Exact Occupation Lived on Farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 22 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lutie Swenson Signature

P. O. Address

Subscribed and sworn to before me this NOV 26 1941 day of ____, 19____

(SEAL) Jack Mitchell Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1941 by Maud I. Eelen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23/-107-003-629

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325276
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Inkom
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Inkom Idaho

4. FULL NAME OF CHILD John Reed Staley

5. Date of Birth (Month, day year) March 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Hans Christian Staley

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Logan (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Obray

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Paradise, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Obray (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. C. Harbertson M.D. (D.O., Midwife, etc.)
and address Pocatello, Ida., Date 11-25-41

26. (a) NOV 28 1941 (Date received) (b) Mary V. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hans Christian Staley, being first duly sworn, say that I am ~~Father~~ related to John Reed Staley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995 -101-039-863

325324

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of [redacted] child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325324
Local Reg. No.
Reg. Dist. No.

MAY 22

1. **PLACE OF BIRTH**
(a) County Payette (b) City Ray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Payne
(c) City Ray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Ray, Ida

4. **FULL NAME OF CHILD** Harold Adolph Reiman

5. Date of Birth (Month, day, year) March 1, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Reiman

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Parkston (City or town) S.D. (~~State or foreign country~~)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Hochbaum

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace West Brook (City or town) Minn. (State ~~or foreign country~~)

20. Exact Occupation home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead. (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) Mabel H Felker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Amy A. Hadley M.D. (D.O., Midwife, etc.)
and address Rockland Ida Date Oct. 10. 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-226-022-189

DEC 5 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325487
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Helen Bergman

5. Date of Birth of Child (Month, day, year) Dec 24-1919

6. Sex Girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Walter Bergman
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Lecandia Mo (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Abrenachild
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Edna Mo (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth 12 deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Bergman Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 4 day of December, 1941.
(SEAL) Paul Robins Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Mabel Fowler, Registrar.

NOV 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-216-E44-361

325575

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: At Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ✓ years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. R F D #2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Weiser R F D #2

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Lena Minnie Jones

5. Date of Birth (Month, day year) Feb. 16, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer McKinley Jones

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Weiser, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Conte

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Springfield, Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lena (First name) Jones (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) Maud E. Elder (Registrar's signature)

25. Attendant's **OWN** signature Ida A. Jones M.D. (D.O., Midwife, etc.)
and address Weiser Idaho Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 0 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685-12-040-569

325637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Earle St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. Earle
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Harold Mossop Wheatley

5. Date of Birth (Month, day, year) March 24, 1919

6. Sex boy

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Wheatley

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace ..... England
(City or town) (State or foreign country)

14. Exact Occupation Quartz Millman

15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth North

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Anaconda, Mont.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum Artyrol 10% Sol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Clem F. Wheatley (First name) (Last name), who is related to this child as uncle (Mother, etc.)

26. (a) DEC 10 1941 (Date received) (b) Mabel Kessler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** F. W. Rolfs F. W. Rolfs M.D. (D.O., Midwife, etc.)
and address Mullan, Idaho Date Dec. 5 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-124-039-493 325678

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325678
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alvin Henry Kranzler

5. Date of Birth of Child (Month, day, year) December 24, 1919

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Kranzler
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Miller
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Henry Kranzler (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Christina Seefried M.D. Midwife Address American Falls, Ida. Date Dec. 13, 1941

State of Power, Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 1/2 years, and that Christina Seefried (First name) (Last name), who attended this birth has certified above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Kranzler Signature

AMERICAN FALLS, IDAHO. P. O. Address

Subscribed and sworn to before me this 13th day of December, 19 41.

(SEAL) Notary Public, residing at AMERICAN FALLS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15 - 1941 by Mabel H Elder, Registrar.

12-15-71

APR 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344-130-001-344

325693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Kenneth Cummings

5. Date of Birth of Child (Month, day, year) April 30 - 1914

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Le Roy Cummings
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Farmer City (City or town) Nebraska (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Lenora Cummings
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Farmer City (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Owyhee }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 yrs. 7 mo. years, and that Dr. (First name) Coleman (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clara L. Cummings Signature
Hammdale Idaho, P. O. Address

Subscribed and sworn to before me this 6th day of December, 1941.
(SEAL) J. H. Rankin Notary Public, residing at Caldwell, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel Tucker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

12-12-41

X875 231 025-765

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325740
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Ida

4. **FULL NAME OF CHILD** Delphine-Katherine-Marie-Haener

5. Date of Birth of Child (Month, day, year) 31 January - 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Albert Haener.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kansas. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia-Caroline-Goeckner
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bishop - Illinois. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Cora (First name) Alcorn (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia C. Haener Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941.
(SEAL) Paul S. Timmes Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15 - 1941 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1966

12-15-141

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-114 005-955 325804

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325804

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LAVA HOT SPRINGS, (b) City ~~State~~ IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA or (BANNOCK)
(c) City LAVA HOT SPRINGS
(d) Street Address or R.F.D. No GEN'L DELIVERY
(e) How long had **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address SACRAMENTO CAL 3241 - 3C ST. STREET

3. RESIDENCE of FATHER (city, state) OAKLAND CAL.

4. FULL NAME OF CHILD Lewis Lesslie Reese

5. Date of Birth (Month, day year) July 14, 1919

6. Sex MALE

7. Twin or Triplet

If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WARREN L. Reese

11. Color or Race WHITE

12. Age at time of THIS birth 44 yrs.

13. Birthplace LAVA HOT SPRINGS, IDAHO (City or town) (State or foreign country)

14. Exact Occupation FARMER at time of BIRTH

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME GLADYS MYRTLE Lewis Reese

17. Color or Race WHITE

18. Age at time of THIS birth 21 yrs.

19. Birthplace LAVA HOT SPRINGS IDAHO (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I ~~HEREBY CERTIFY~~ That I attended the birth of this child, who was ~~born alive, stillborn~~ at M. on the date and at the place stated above, ~~and that personal particulars were furnished by~~ (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec 17-1941 (Date received) (b) Maud H. Eddy (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of CALIFORNIA } ss.
County of SACRAMENTO }

I, Gladys Reese DARBY, being first duly sworn, say that I am MOTHER of (Related to (or) acquainted with) Lewis Lesslie Reese (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Noah Reese Midwife, (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gladys Reese Darby Signature

P. O. Address

Subscribed and sworn to before me on this 10th day of December, 19 41

(SEAL) May Reese Notary Public, residing at 2217 - 11th St. SACRAMENTO, CALIF.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713 104 006-417

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 10 1941

State File No. 325820
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. Shelley
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county Two years nine months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. Shelley
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Paul Enoch Galloway

5. Date of Birth of Child (Month, day, year) Dec 4th 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Curtis Galloway
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Meadow Creek (City or town) Millard Co Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Maples
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cameron (City or town) North Carolina (State or foreign country)
20. Exact Occupation Home Keeper
21. Industry or Business or house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child. Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above and that personal particulars were furnished by Sarah Ann Galloway (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Arthur Utt M.D. Midwife Address Shelley Date 12-5-41

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel H Eddleman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 0 8 1992

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339 108 010 244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 15 1941
STATE OF IDAHO

State File No. 325871
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Antelope
(c) Street Address or R.F.D. No. Antelope P.O.
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Antelope
(d) Street Address or R.F.D. No. Antelope P.O.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state) Antelope, Idaho

4. FULL NAME OF CHILD Ralph Thomas Clifford

5. Date of Birth of Child (Month, day, year) Aug. 8, 1919

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Emmett Clifford
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Labelle, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie Eliza Summers
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Roxburg, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not available
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr. Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer E. Clifford Signature

2214 N. W. Lovejoy St. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 13th day of Dec., 1941

(SEAL) J. R. Edwards Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 17, 1945

Received for filing on DEC 15 1941 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325936

325936

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Burnell Bates

5. Date of Birth of Child (Month, day, year) Oct. 30, 1919

6. Sex made

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Edwin Bates

11. Color or Race white

12. Age at time of THIS birth 54 yrs.

13. Birthplace Richmond (City or town) Utah (State or foreign country)

14. Exact Occupation Rock Mason

15. Industry or Business business for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Caroline Finn

17. Color or Race white

18. Age at time of THIS birth 35 yrs.

19. Birthplace Lehigh Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Malheur }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 22 years, and that Dr. Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lansing E. Bates Signature

Vale, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of December, 19 41

(SEAL) Charles W Burton Notary Public, residing at Vale Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan 10 42

Received for filing on Dec 20-1941 by Mabel E Eelfes, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

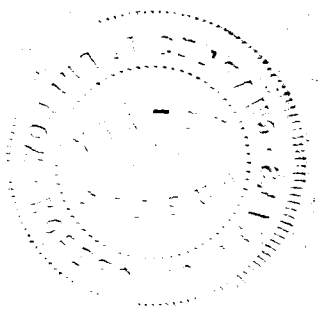
DEC 20 1941

JAN 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325946
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 337 River St.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 8 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 337 River St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Alfred Jack Hartung

5. Date of Birth of Child (Month, day, year) May 18, 1919

6. Sex male **7.** Twin or Triplet nil If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Hartung
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Halbur, Carroll County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Mail Clerk
15. Industry or Business nil

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Mae Keele
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Near Payette, Payette, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business nil

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elsie (First name) Hartung (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho, County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Oliver H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Mae Hartung Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941.
(SEAL) B. V. Lamereaux Notary Public, residing at Payette, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 22-1941 by Mabel R Eccles, Registrar.

DEC 2 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Clayton
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: — Idaho
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Hailey Idaho

3. RESIDENCE of FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Hazel Clara Young

5. Date of Birth (Month, day year) Oct 23 1919

6. Sex — Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Bruce Young

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Carver Crossing (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Belle Palmer

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Hastings (City or town) Nebr. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Clara Young (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Dec 22-194 (Date received) (b) Mabel Keeler (Registrar's signature)

25. Attendant's **OWN** signature x Pearl D. Young M.D. (D.O., Midwife, etc.) and address Marion Idaho Date Oct 23

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) DEC 22 1941 .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Nectarine, Kirby add
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No Nectarine St. Kirby add.
(e) How long has **MOTHER** lived in Idaho? 8-11 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Daniel David Parsons

5. Date of Birth of Child (Month, day, year) Apr. 1 1919

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mos 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wlm. Dewees Parsons
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Chatsworth, Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter & farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jannie May Jack
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace County of Bruce, Ontario, Can. (City or town) (State or foreign country)
20. Exact Occupation school teacher & housewife
21. Industry or Business after marriage

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] 1 Oz

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mr. & Mrs. W. D. Parsons (First name) (Last name) who is related to this child as father & mother (Mother, etc.)

25. Attendant's **OWN** signature J. B. Smith M.D. Midwife Address Portland Ore.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mary E. Tyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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385-209 015-791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326022
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Henry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Henry Idaho

4. FULL NAME OF CHILD Marjorie Chester

5. Date of Birth of Child (Month, day, year) 10/9/19

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Walter James Chester
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Soda Springs (City or town) (State or foreign country)
14. Exact Occupation storekeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Pratt
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Oxford Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2P M. on the date and at the place stated above, and that personal particulars were furnished by Virginia Chester (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Hackley M.D. Midwife Address Soda Springs Ida Date 12-16-41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 19-1941 by Mabel H Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

DEC 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 104 S Second
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ——— Days
   In **THIS** county — years — months — days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 104 S Second
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address (For registration notice):
   104 S Second
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Homer Clayton Knight

5. **DATE OF BIRTH** (Month, day, year) August 24, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Homer Clayton Knight

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace St. Clair County Minnesota
(City or Town) (State or foreign country)

14. Exact Occupation Plumber

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Lucy Veronica Faulkner

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Dwight, Illinois
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1yrs
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Homer (First name) Knight (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 18 1941 (Date received) (b) Mabel F Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J W Lynn M.D. (D.O., Midwife, etc.)
and address 4158 E Compton Blvd Compton Calif. Date 12-16-41

DEC 19 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon ~~conviction~~ thereof, shall ~~be~~ fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

546-123 029-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326052
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Tuomys Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, Genesee, Idaho

4. FULL NAME OF CHILD William Archie Edwards

5. Date of Birth of Child (Month, day, year) Oct. 23, 1919

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leo Joseph Edwards
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Genesee, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rural Letter Carrier
15. Industry or Business U. S. P. O. Dept.

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret M. Kane
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Glascow, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum doesnt know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature C. F. Tuomy cannot be located Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for since birth years, and that Dr. C. F. Tuomy (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo Joseph Edwards Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941.
(SEAL) [signature] Notary Public, residing at Genesee, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 19 - 1941 by Mabel Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-126-014-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326063
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 216 Maple
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 216 Maple
(e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Earl A. Wollenbeck

5. Date of Birth of Child (Month, day, year) Dec 26, 1919.

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman E. Wollenbeck
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Nampa Idaho (City or town) (State or foreign country)
14. Exact Occupation Student
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Retta Pearl Hopkins
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Bennington Kansas (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Thos E. Marquam M.D. Midwife Address Nampa Date Dec 12/15/41

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 19

MAY 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 106-040-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 326077
Local Reg. No.
Reg. Dist. No.

DEC 15 1941

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Mullan Idaho

4. **FULL NAME OF CHILD** Albert Clay Ditch

5. Date of Birth (Month, day, year) Apr. 6. 1919.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Ditch
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Blue Earth (City or town) Minnesota (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Clay Ditch
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Austin (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel H Geer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** F.H. Rolfe M.D. (D.O., Midwife, etc.)
and address Mullan Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 56, Idaho Code Annotated. When such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-217 019 239

326078

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen Lena Bassick

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Jan. 12, 1919 (Month, Day, Year)

FATHER

9. Full name Pete Bassick
10. Residence (usual place of abode) (If non-resident, give place and State) Mackay, Ida
11. Color or race W | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Perusic Austria

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Annie Stimac
19. Residence (usual place of abode) (If non-resident, give place and State) Mackay, Ida
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Perusic Austria

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 8 P. m. on the ~~date~~ above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) W. H. Farnell, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed DEC 15 1941, 193... Mabel F. Fletcher Registrar.

AUG 25 1942

779-117006864

326147

United States Department of Commerce
Bureau of the Census

DEC 22 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Burgham (b) City Taylor
   (c) Street Address or R.F.D. No. 1 Shelley
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 19 years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Burgham
   (c) City Taylor
   (d) Street Address or R.F.D. No. 1 Shelley
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.
   (f) Mother's mailing address (For registration notice):
   Shelley (Street or R.F.D.) R.1. Ida (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Wilmer Glen Priest

5. **DATE OF BIRTH** (Month, day, year) 12-17-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm E. Priest

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Ogden (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer.

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel J. Young

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Kanara (City or Town) Utah (State or foreign country)

20. Exact Occupation Housekeeper.

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
   (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel J. Priest (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mabel J. Priest (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
   and address Shelley Ida Date 12-18-41

Subscribed before me this 18th day of Dec 1941.
L. Swanessen, notary Public, Shelley, Idaho

JAN 12 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

695-120-710-815

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Gen Delivery
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? 9 mo. ~~yrs~~

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Robert Sherman Wren

5. Date of Birth of Child (Month, day, year) Dec. 20 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Earle Wren
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Neillsville (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Rollerman
15. Industry or Business Paving

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hansen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr J E Rogers D.O. ~~M.D.~~ ~~Midwife~~ Address Pocatello Ida Date 12/18/41

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 21 years, and that Dr. Rogers (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Hansen Wren Signature
Washougal Wash. P. O. Address

Subscribed and sworn to before me this 29 day of November, 1941.
(SEAL) L. J. Moody Notary Public, residing at Washougal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel V. Eddy, Registrar.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FILE # 327182

YEAR 1919

IDAHO BIRTH CERTIFICATE

[X] DELAYED CERTIFICATE

[X] VOID DUP OF 1919-70090

381-111-026-764

327185 327185

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Ririe
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ... days.
IN THIS county -- years 6 month ... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jeffer son
(c) City Ririe-Rigby,
(d) Street Address or R.F.D.No. Rigby
(e) How long has MOTHER lived in Idaho? 1 (9 yrs.
(f) Mother's mailing address Rigby

3. RESIDENCE of FATHER (city, state) Rigby

4. FULL NAME OF CHILD Raymond Lowe Chapman

5. Date of Birth (Month, day year) Mar. 11, 1919.

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? y

FATHER OF CHILD

10. FULL NAME Ether Robert Chapman
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Frnaklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business carppnter

MOTHER OF CHILD

16. FULL MAIDEN NAME Leah Lowe Poulsen
17. Color or Race white
18. Age at time of THIS birth 19 yrs
19. Birthplace Grace, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead one (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... at ... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) Mabel H Eelen (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's OWN signature ... M.D. (D.O., Midwife, etc.)
and address ... Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leal Lowe Chapman, being first duly sworn, say that I am related (Related to (or) acquainted with)
Raymond Lowe Chapman (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sam Price (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Leah Lowe Chapman Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 26 day of December 19 41

(SEAL) Boots R. Bennett Notary Public, residing at Rigby, Idaho.

SEP 17 1943

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

436-209-022-264.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327234
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County FREMONT (b) City ASHTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: MY OWN HOME
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County FREMONT
   (c) City ASHTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? EIGHTEEN yrs.
   (f) Mother's mailing address (For registration notice): ASHTON, IDAHO
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) ASHTON, IDA.

4. **FULL NAME OF CHILD** OMA McOMBER

5. Date of Birth (Month, day, year) DEC. 9, 1919

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES RAY McOMBER
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace MONTPELIER IDAHO (City or Town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VADIS BAUM
17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace PROVO, UTAH (City or Town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Cetrus Isonate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Vadis McOmber (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** E. L. Sharp M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 11-13-41

26. (a) DEC 26 1941 (Date received) (b) Acting Lloyd G. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

DEC 26 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

866-114-031-2 81

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

State File No. 327295

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Rural home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Stanley John Hood

5. Date of Birth (Month, day year) Sept. 14 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alva Fredrick Hood

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Ogden Michigan (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Shaughnessy

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Seneca Wisconsin (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Edyth A Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Stevens }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alva Fredrick Hood, being first duly sworn, say that I am related to (Related to (or) acquainted with) Stanley John Hood (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kelley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alva Fredrick Hood Signature

Colville Washington P. O. Address

Subscribed and sworn to before me on this 22 day of December 1941.

(SEAL) Leland R. Scales Notary Public, residing at Colville Wash.

FEB - 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-213-001-331

327298 327298

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327298
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Five
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lucille Lois Lillie Elizabeth Bishop

5. Date of Birth of Child (Month, day, year) June 13, 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lloyd Bishop

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Malvern (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Fern Clark

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Edmonds (City or town) Neb. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that R E Shirts (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Fern Bishop Potter Signature

Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) Louis Martin Jr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Maud E Felder, Registrar.

SEP 29 1941

AUG 12 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-131-042-155 327302

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** Loren Lee Sligar

5. Date of Birth of Child (Month, day, year) Jan. 31 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earnest David Sligar
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Burden (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emmazett Annis
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Arkansas City, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for about 23 years, and that Maude Thompson (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E D Sligar Signature
Twin Falls Idaho Route #2 P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.

(SEAL) Wardella M. Gray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 29 - 1942 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

APR 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 719-16-010-434

327320

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327320
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Coltman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Coltman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mark Martin Gann

5. Date of Birth of Child (Month, day, year) Feb. 16, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Martin Gann

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Park City (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Actalia Verna McMillan

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Murray (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Verna McMillan (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Harry L. Wilson M.D. ~~Midwife~~ Address Idaho Falls, Ida Date Dec. 17, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Mabel F Edlefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-122034 244

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

327458

CERTIFICATE OF BIRTH

DEC 18 19[illegible]

Registration District No. _____ State File No. _____

Prim. Registration District No. 450 Local Registrar's No. _____

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. _____ St.
(If born in hospital or institution, give name.)

2. FULL NAME OF CHILD Charles Edgar Messerole

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth March 22 1918 (Month, Day, Year)

FATHER

9. Full name Elvie Delphine Messerole

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert Ida

11. Color or race white | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Starksville Mississippi

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Business

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Anna Lorene Smith

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert Ida

20. Color or race white | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Albion Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ars Silver 15%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10:30 A m. on the date above stated.

(Signed) E. K. Elmore, M. D.

or _____, Midwife

Address Rupert, Idaho

Filed 12/16, 1941 E. K. Elmore Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar.

DEC 3 0 1941

DECEASED

+ 231 18 006 346

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 24 1941

State File No. 327509
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bawden Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days at home

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Star Blackfoot R 1
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dean Lufkin Stalworthy

5. Date of Birth of Child (Month, day, year) 3-18-1919

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 2 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm. D. Stalworthy
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Orderville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer + Stockman
15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Savera Lufkin
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P. M., on the date and at the place stated above, and that personal particulars were furnished by Savera S. Stalworthy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Culter M.D. ~~Midwife~~ Address Shelley Ida Date 12-19-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1941 by Mabel H. Culter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

327550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327550
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. R 7 B 2
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. R. 7 B 2
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) R 7 B 2

4. **FULL NAME OF CHILD** Elvira Christina Hillegard

5. **DATE OF BIRTH** (Month, day, year) Mar 17 - 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Hillegard

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Elso (City or Town) Denmark (State or foreign country)

14. Exact Occupation farmer

15. Industry Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hesteina Paulsen

17. Color or Race W

18. Age at time of THIS birth 36 yrs.

19. Birthplace Ulstrup (City or Town) Denmark (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bornalive (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Hillegard (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Dec 31 1941 (Date received) (b) Mabel F Eelen (Registrar's signature)

25. Attendant's **OWN signature** John Beck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 12-31-41

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

K Send to 1820 Bellevue Ave. Hayward Cal. Mrs Ralph Nevins.

DEC 31 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

619-214-016-239

#6 ADDED 11/20/93TLC

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 327582

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 15 1941

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Heglar
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 11 months 1 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Heglar

3. **RESIDENCE OF FATHER** (city, state) Heglar

4. **FULL NAME OF CHILD** Mary Elizabeth Farwell

5. Date of Birth (Month, day, year) June 14, 1919

6. Sex. **FEMALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

Entire 9 Months Birth

FATHER OF CHILD

10. **FULL NAME** Bert Farwell
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Cassville Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wanda Strother
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace near Paris, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 15 1941 (Date received) (b) Maud Fielder (Registrar's signature)

27. Given name added on .....by..... (Registrar's signature)

25. Attendant's **OWN signature** as Mrs Emma Batterton M.D. or (D.O., Midwife, etc.)
and address Heglar Idaho Date June 14/19

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics [illegible] upon prescribed forms. Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, midwife, or by the affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

11/20/98

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. #327582
Date Filed JULY 15, 1941

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MARY ELIZABETH FARWELL (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JUNE 14, 1919 (Date of Event)

in HEGLAR, IDAHO (CASSIA) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#6 SEX OF CHILD	OMITTED	FEMALE

Subscribed and sworn to before me this 20 day of November, 1998

Notary Public, Lesa Quimby

Residing at Boise, Idaho

My commission expires April 3, 2003

(Seal)

x Mary E. Bronson
Signature of Applicant

x 1159 W 8th Meridian Id 83642
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

16

SON'S IDHAO BIRTH RECORD #47-439041 GIVES NAME AS MORRIS LEON BRONSON BORN JUNE 18, 1947 IN RUPERT, IDAHO. MOTHER'S NAME LISTED AS MARY ELIZABETH FARWELL AND FATHER'S NAME AS ELDON LINDSAY BRONSON. VIEWED BY VS

DRIVER'S LICENSE FOR MARY ELIZABETH BORNSON ISSUED JUNE 24, 1996 LISTS SEX OF PERSON AS FEMALE. BORN JUNE 14, 1919. VIEWED BY VS

X+33 103 004 955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327591
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Shays Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Patrick McCarty

5. Date of Birth of Child (Month, day, year) Feb. 3, 1919

6. Sex Male **7.** Twin or Triplet ---------- If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William James McCarty
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Janeswille Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Sawyer, Sawmill.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Metta Jeanette Reem
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Princeton Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Thurston }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 22 years, and ~~that~~ Dr. McKinnon (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William J McCarty Signature
1421 West Bay P. O. Address

Subscribed and sworn to before me this 26 day of December, 1941.

(SEAL) P. W. Clark Notary Public, residing at Olympia Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Mabel F. Eaton, Registrar.

JAN 12 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-22503-414

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327594
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parent's Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 21 years 11 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannonk
(c) City Swan Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Evelyn Denney

5. Date of Birth (Month, day year) Dec. 25th, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lester Moore Denney

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Swan Lake, (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zella May Maddox

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Clifton (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 17 1941 (Date received) (b) Mary Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Zella May Maddox Denney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Evelyn Denney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Barker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Zella Denney Signature
Sandy Utah R.D.1 Box 8 P. O. Address

Subscribed and sworn to before me on this 13 day of December 1941

(SEAL) R. Waite Notary Public, residing at Sandy, Utah.

2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4 312-126-001-362

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327615
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Michigan St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 22 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Michigan St.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Bremerton Wash

4. FULL NAME OF CHILD Norman Manuel Casada

5. Date of Birth of Child (Month, day, year) Oct 26 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilburn O Casada

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Green County (City or town) Missouri (State or foreign country)

14. Exact Occupation Electric Welder

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Pearl Coble

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Boi Ada County (City or town) Idaho (State or foreign country)

20. Exact Occupation None

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Wilburn O Casada (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Kitsap }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. Schurtz (First name) (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilburn O Casada Signature

Bremerton Wash 137 Burwell Blvd P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 41

(SEAL) E M J [illegible] Notary Public, residing at Bremerton Apt H Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by [illegible], Registrar.

AUG 7 1972

JAN 2 1942

MAY 21 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 2 1952

355-104 012 249 327704 327704

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327704
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No. general delivery
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) arco, Idaho

4. **FULL NAME OF CHILD** Orel Lee

5. Date of Birth of Child (Month, day, year) July 4, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Carter Lee
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rena Victoria Burgess
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ora (First name) Jenson (Last name), who is related to this child as dad (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of CEM }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 21 years, and that ORA JENSEN (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

T. A. Lee Signature

EMMETT, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of January, 1942

(SEAL) Thos. H. Swensen Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Maud Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 19[illegible]

JAN 30 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-109 03-365

327887

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 15 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Pleasant Valley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 2 years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Pleasant Valley
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Pleasant Valley, Ida

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Ludwig Louie Hoffer.

5. Date of Birth (Month, day year) June 9, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ludwig Louie Hoffer
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Neudorf (City or town) Russia (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Longhenry
17. Color or Race White
18. Age at time of THIS birth ~~XX~~ 35 yrs
19. Birthplace Byrn (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel T. Hoffer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho,
County of Bingham, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie L. Hoffer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ludwig Louie Hoffer (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Rast, (Name of attendant at birth) who attended said birth can not be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marie L. Hoffer Signature

Aberdeen, Idaho. P. O. Address

Subscribed and sworn to before me on this 13th day of December, 1941.

(SEAL)

F. R. Straker Notary Public, residing at Aberdeen, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327897
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Boise
(c) Street Address or R.F.D. No. Washington St.
(d) Name of Hospital or Maternity Home: at my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. Washington St.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) 3 yrs. Boise Ida.

4. FULL NAME OF CHILD Marie Virginia Wallin

5. Date of Birth of Child (Month, day, year) Sept. 22 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Grant Roland Wallin

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Quincy (City or town) Ill. (State or foreign country)

14. Exact Occupation Bookkeeper

15. Industry or Business Lumber company

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Vera Bolger

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Rutland (City or town) Vermont (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:50 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Wallin (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Brayton M.D. M.D. Midwife Address Boise Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mamie M. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-713 616-375 JAN 2 1942 327931 327931

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R #1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R #1
(e) How long has **MOTHER** lived in Idaho? 2 2/3 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Charles Edward Kelsey

5. Date of Birth of Child (Month, day, year) July 13, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Raymond Kelsey
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Creer
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Ben (First name) Schultz, MD (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Creer Kelsey Signature
R #1, Burley, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 41

(SEAL) [signature] Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel H Eelen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328178
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Crooks
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Crooks
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23½ yrs.

3. RESIDENCE OF FATHER (city, state) Crooks, Idaho

4. FULL NAME OF CHILD EVA HELEN RALLS

5. Date of Birth of Child (Month, day, year) March 1, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Ralls
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Knox County, (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Fuller
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Marshalltown, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22½ years, and that Dr. (First name) Snyder (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Ralls Signature
Route 1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942.

(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 10 - 1942 by Mabel Fredon, Registrar.

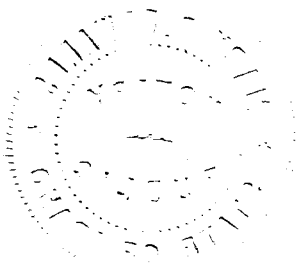
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. E. Idaho St. 732
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Marshall Clay Dillon

5. Date of Birth of Child (Month, day, year) April 6, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME John B. Floyd Dillon

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Carrickpost (City or town) Virginia (State or foreign country)

14. Exact Occupation Stock Man

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Estella Cook

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace Salem Massachusetts (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Dr. Marshall (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John B Floyd Dillon ✓ Signature

952 W. 5th St. Phone, Weiser, Ida. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL) Mason E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H. Coulson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

SEP 21 1950

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328259
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Melvin Miller

5. Date of Birth of Child (Month, day, year) Oct 14 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melvin Clinton Miller
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dovey Leta Ryda
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Centerville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Mrs. Arlene (First name) Jackson (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dovey Leta Miller Signature

Clarkston Wash R1 Box 44 P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941

(SEAL) Phil Merigales Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

EX-OFFICIO AUDITOR AND RECORDER

Received for filing on DEC 31 1941 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 19 1941

State File No. 328273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Iona St. Bear Ave.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Iona St. Bear Ave
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD [redacted] Florence Alena Dutton

5. Date of Birth of Child (Month, day, year) March 9, 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John McConnell Dutton
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cedar City (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Manilla Kelley
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Storm Lake (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Mrs Jane Halverson M.D. Midwife Address Box 874 Idaho Falls, Ida. Date

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

328274

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) JAN 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: neither
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Bardenia Green

5. Date of Birth of Child (Month, day, year) Oct. 31, 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lester Abraham Green
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Plain City, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Victoria Briggs
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Lewisville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (None)

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Victoria Green (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. O. E. Bellor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria Green Signature
R. F. D. #5, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 41
(SEAL) Paul T. Peterson Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Maud H. Keefer, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328281
Local Reg. No.
Reg. Dist. No.

DEC 29 1941 Franklin

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Oneida~~ Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Calvin J Hansen

5. Date of Birth of Child (Month, day, year) Oct 11 1919

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Samuel Nephi Hansen

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Preston (City or town) Idaho (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Ann Jenkins

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Preston (City or town) Idaho (State or foreign country)

20. Exact Occupation farming

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 - P M. on the date and at the place stated above, and that personal particulars were furnished by Rhoda Ann Hansen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Rhoda Ann Hansen M.D. Midwife Address R.F.D. Jerome Idaho Date 12/26/41

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for ~~10 years~~ 29 years, and that Rhoda Ann Hansen (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Ann Hansen Signature

Jerome Idaho R.F.D. P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941.

(SEAL) Geo. A. Tellis Notary Public, residing at Jerome Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DEC 29 1941

Received for filing on by Mabel H. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 5 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Mary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Mary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Perry Gilman Martiny

5. Date of Birth of Child (Month, day, year) 6-11-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Perry Martiny
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Big Rapids (City or town) Michigan (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Virginia Wiggins
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Stromsburg (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at one A. M. on the date and at the place stated above, and that personal particulars were furnished by Kate (First name) Martiny (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Mrs C J. Gilman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate V Martiny Signature

Mary Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941

(SEAL) Vina Thompson Notary Public, residing at Mary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such~~ date, such report may ~~be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13

JAN 6 1942

328296

United States 132-101 OK - 655 (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. R.F.D. 7
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. R.F.D. 7
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS, IDAHO

4. **FULL NAME OF CHILD** ANTON RICHARD ASCHENBRENER

5. Date of Birth of Child (Month, day, year) MARCH 1, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH ASCHENBRENER
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace EISENSTEIN (City or town) GERMANY (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARM

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELIZABETH WENZEL
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace EISENSTEIN (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO } ss.
County of CANYON }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 22 years, and that DR. HOLLISTER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Joseph Aschenbrener Signature

Box 805 NAMPA IDAHO P. O. Address

Subscribed and sworn to before me this 5 day of January, 1942

(SEAL) ____ Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel H. Gilson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942 154 10905 815

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Alexander
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Alexander
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Alexander, Ida

4. **FULL NAME OF CHILD** Edwin Irvin Anderson

5. Date of Birth of Child (Month, day, year) May 9 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jens M. Anderson
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Jetsmark, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Marie Hansen
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Ostrup, (City or town) Denmark. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 22 years, and that Dr John Hubbard (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline M Andersen Signature
Central Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Dec, 1941.
(SEAL) Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

328299

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH APR 11 1941 now Butte
(a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 23 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Arco (now Butte)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Arco, Idaho

3. RESIDENCE of FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD Elizabeth Emily Duke

5. Date of Birth (Month, day, year) March 26, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Percy Duke
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Santiquin (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Amaryllis Ravenor
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sandy, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Amaryllis Ravenor Duke (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mabel T. Edelen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature E. W. [illegible] M.D. (D.O., Midwife, etc.)
and address Hailey, Idaho Date 3/28/41

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942

United States Department of Commerce
Bureau of the Census 86-105-028 219 mk

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328300
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No. R.F.D. 1
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No. R.F.D. 1
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida.

4. **FULL NAME OF CHILD** Clifford Deam Howell

5. Date of Birth of Child (Month, day, year) May 5, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? (Yes)

FATHER OF CHILD

10. **FULL NAME** Andrew Henry Howell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hardaile (City or town) Illinois (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Roberta Bailey
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hancock (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Roberta (First name) Bailey (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Mary Howell M.D. Midwife Address Rathdrum Date Jan 15 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel H. Euler, Registrar.

JAN 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 3 1942

328312

United States 695
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah Ida

4. FULL NAME OF CHILD Myron Alexander Holmes

5. Date of Birth of Child (Month, day, year) Aug. 10 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marshall A. Holmes
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Conklin (City or town) N.Y. U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada M. Fredlund
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Maryland, (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that Anna Fredlund, (First name) my mother (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ada M Holmes Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1941

(SEAL) [signature] Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census — JAN 6 1942 — (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328314
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Orchards. Rt 2
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Robert, Coleman, Sammons.

5. Date of Birth of Child (Month, day, year) July 23, 1919.

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John, Robert, Sammons.
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Sibley, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business Timber

MOTHER OF CHILD

16. FULL MAIDEN NAME NAOMIA, MEEK.
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Dimond Lake, Washington. (City or town) (State or foreign country)
20. Exact Occupation House, Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Naomia Sammons (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature X Sarah Cunningham M.D. Midwife Address X Bandon, Oregon Date 1/2/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

242-11-2025842

328326

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Keuterville
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Keuterville
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state) Keutervill Idaho

4. FULL NAME OF CHILD Leo Bernard Bushue

5. Date of Birth of Child (Month, day, year) Nov 12/ I9

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph A Bushue
11. Color or Race Ang9Saxon
12. Age at time of THIS birth 25 yrs.
13. Birthplace Coldwater (City or town) Ohio (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie E [illegible] Hussman
17. Color or Race Anglo saxon
18. Age at time of THIS birth I9 yrs.
19. Birthplace Sigel (City or town) Illinois (State or foreign country)
20. Exact Occupation Teaching
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 PM M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as Attending Physician Dr H Blake (Mother, etc.) now deceased

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that Dr. H. Bla ke (First name) (Last name), who attended this birth Is now deceased (Is now deceased, or Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Bushue Signature

Brewerton Wash. P. O. Address

Subscribed and sworn to before me this 29th day of December, 19 41

(SEAL) [signature] Notary Public, residing at Notary Public in and for the State of Washington, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 223044-493

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 22 1941

State File No. 328329

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Mullan

3. RESIDENCE of FATHER (city, state) Mullan

4. FULL NAME OF CHILD Billie Leona Holden

5. Date of Birth (Month, day year) Sept 23, 1919

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Ernest Holden

11. Color or Race white **12.** Age at time of THIS birth 46 yrs.

13. Birthplace Joplin Mo. (City or town) (State or foreign country)

14. Exact Occupation electrician

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Belle Miller

17. Color or Race white **18.** Age at time of THIS birth 27 yrs.

19. Birthplace Yates Center Kansas (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Sol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 2 a. M. on the date (born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by Leona Holden who is (First name) (Last name) related to this child as Mother. (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mary E. Ralfs (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature A W Rolfs M.D. (P.O. Midwife, etc.)

and address Mullan Date Dec 3 (19 41)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13

JAN 12 1942 25-712 035-693

328363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth),
   (a) County Nez Perce (b) City Lewiston
   (c) ~~Street Address or~~ R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: St Joseph
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Id

4. **FULL NAME OF CHILD** Bernard Wilson Beaver

5. Date of Birth of Child (Month, day, year) Oct 12 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elton Elmer Beaver
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Leland Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Hazel Wilson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of ~~this~~ mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (Hazel) Wilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John H Alley M.D. Midwife Address Lewiston Ida Date 12-31-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H Eckles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

328392

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Hagerman
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years no months no days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Hagerman
   (d) Street Address or R.F.D. No. Gen. Del
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hagerman Ida

4. **FULL NAME OF CHILD** Ethel M. Hendrickson

5. Date of Birth of Child (Month, day, year) Feb 2 1917

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** B L. Hendrickson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Moorhead (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes B Fawsett
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ruby Valley (City or town) Nevada (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Wash. } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Barnetta Allen (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes E. Hendrickson Signature

..... P. O. Address

Subscribed and sworn to before me this 6th day of January, 19 42

(SEAL) Mabel E. Nichols Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel E. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 1 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544/130 OA 459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328436
Local Reg. No. 233
Reg. Dist. No. 6-44

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Labelle
(c) Street Address or R.F.D. No. R. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Labelle
(d) Street Address or R.F.D. No. R. #1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD ELMER MEIKLEJOHN EDDINS

5. Date of Birth of Child (Month, day, year) July, 30, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Eddins
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sandy, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Meiklejohn
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Arg Nit
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Eddins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date 12/31/41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 31 1941 by Mrs A B Cokenell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942 394-226 010-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328520
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls.
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: Home place near Sweden
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 3 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls.
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10

4. **FULL NAME OF CHILD** Bertha Violet Crumley.

5. Date of Birth of Child (Month, day, year) 4-26-19

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alva Wilson Crumley.
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Belton Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Schneidegger.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Strasburg N. Dak. (City or town) (State or foreign country)
20. Exact Occupation Farm Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at eight A.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Schneidegger (First name) (Last name) who is related to this child as Grandmother. (Mother, etc.)

25. Attendant's **OWN** signature Bertha Schneidegger M.D. Midwife Address Idaho Falls, Ida. Date 12-10-41.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel H. Fleher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942

328556

United States 595-203 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce 015-867 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Wayan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Wayan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Wayan, Idaho

4. FULL NAME OF CHILD Gladys May Nielsen

5. Date of Birth of Child (Month, day, year) 12/3/1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frantz Fredrick Nielsen
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Elizabeth Hopkins
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Trenton (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Nielsen (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 22 years, and that Mrs. John Soderman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud E. Nielsen Signature

Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 7 day of Jan, 19 42

(SEAL) Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Maud E. Nielsen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-214-006-819

328568

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Vera Beatrice Jones

5. Date of Birth of Child (Month, day, year) July 4th 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Coleman Jones
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lonoke (City or town) Kentucky (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Isabell Harrison
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Kent Iowa (City or town) (State or foreign country)
20. Exact Occupation None Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Arg No 3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. E. Roberts M.D. Midwife Address Shelley Ida Date Dec. 13-41

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that Dr. F. E. Roberts (First name) (Last name), who attended this birth cannot now be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Isabelle Jones Signature

Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of December, 1941.

(SEAL) L. Vail Jensen Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 266-105 028673

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328581
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Pendoreille
(c) City Tigar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1900 to 1913

3. **RESIDENCE OF FATHER** (city, state) Tigar Wash.

4. **FULL NAME OF CHILD** Leon G. Jeffre Bowns

5. Date of Birth of Child (Month, day, year) June 5, 1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd single

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Gambetta Bowns
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Isabella County, Michigan (City or town) (State or foreign country)
14. Exact Occupation Sawmill operator
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Jane Wilkinson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Independence Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Deschutes }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since 1904 years, and that Dr. David D. Drennen (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Jane Bowns Signature
57 Hawthorne Ave. P. O. Address

Subscribed and sworn to before me this 6 day of January, 1942

(SEAL) Leland G. Burke Notary Public, residing at Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGO
MY COMMISSION EXPIRES FEB. 5

Received for filing on JAN 8 1942 by Mabel M. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1942

MAY 26 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

348-1.7 026-2-5

328592

328592

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 3 1942

State File No. 328592
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho.

4. FULL NAME OF CHILD Veerl Charles Crystal

5. Date of Birth of Child (Month, day, year) May 29, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Vernon Crystal
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Holiday (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie V. Randall
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grant, (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House keeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho, County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. Earl D. Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie V Crystal Signature

Rigby, Route #1 Idaho. P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 41

(SEAL) Louise M. Lyman Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel H Edlefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

JAN 27 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 154-206-022-862

328730

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City SALEM Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 16 months 1 days 28

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County FREMONT
   (c) City Salem Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem Idaho

4. **FULL NAME OF CHILD** Edith Anderson

5. Date of Birth of Child (Month, day, year) June 6, 1919

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonel Anderson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace HERON (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Hokanson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Coalville (City or town) Utah (State or foreign country)
20. Exact Occupation Mother + House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leonel Anderson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Parley Nelson Date Jan 6/1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel B. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN
FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT TO CORRECT CERTIFICATE OF BIRTH

STATE OF CALIFORNIA) ss
County of San Diego)

On this 27th day of January, 1942, before me, the undersigned, a Notary Public in and for the County of San Diego, State of California, personally appeared EDITH MATNEY, known to me to be the person whose name is subscribed to the within instrument, who, being by me duly sworn, deposed and said:

I was born June 6, 1919 at Salem, Idaho. On my registration of birth my married name is also given. The name is listed as "Edith Anderson (Matney)" and it should have been "Edith Anderson".

Edith Matney

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Edna M Raine

Notary Public for San Diego County, State of California.

866-122-014-845 328906

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328906
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa-Idaho

4. **FULL NAME OF CHILD** Lyall Frank Howard

5. Date of Birth of Child (Month, day, year) May 22-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Portman Howard
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Jefferson City (City or town) Missouri (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mahailey Gertrude Huntley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 23 years, and that Dr. Lyall (First name) (Last name), who attended this birth Do not know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Edith Maughan Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 17 day of January, 1942.

(SEAL) O M Kamp Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

NOV 25 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-62-0-459 328928

JAN 12 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328928
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Peoples Hospital
(e) Mother's stay **BEFORE** delivery: 4 weeks
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rodger Francis Hanson

5. Date of Birth of Child (Month, day, year) Nov. 27, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Nels Gustave Hanson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Brigham City (City or town) Utah (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Clotilde DeRome

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Chicago (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argoral

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, ~~and that~~ personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for Life years, and that Mc Donald (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle DeRome Hanson Signature

Rigby Idaho P. O. Address

Subscribed and sworn to before me this 10th day of Jan., 19 42

(SEAL) A. Lamm Notary Public, residing at Rigby, Idaho

Commission Expires Feb. 3, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1951

JAN 22 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V45-107-022-962 328949 328949

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JAN 21 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City St. Anthony
(d) Street Address or R.F.D. No. 0
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony Ida

4. FULL NAME OF CHILD David Albert Dunn

5. Date of Birth of Child (Month, day, year) aug. 7 1919

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milton Charles Dunn
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Philadelphia (City or town) Penn. (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Roberts
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Harrison (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Wasco }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. (First name) Clark (Last name) Davis, who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cora Dunn Signature
901 Case St. The Dalles, Ore. P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL) L. Schassen Notary Public, residing at The Dalles, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

for Oregon

MY COMMISSION EXPIRES SEPT. 24, 1945

Received for filing on JAN 21 1942 by M C [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1939

JAN 2 8 1939

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

.125-126-025-869

328956

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 31 months 9 days 26

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah Ida

4. FULL NAME OF CHILD Ben. Franklyn Abell

5. Date of Birth of Child (Month, day, year) May 26. 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin H. Abell
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Spencer, Iowa U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva May York
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Indian Territory (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Benjamin H Abell (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature C. F. Bergman M.D. Midwife Address Kamiah Ida Date 1/12/42

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mabel E Eddie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-22-8:034-238

328960

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Paul,
(c) Street Address or R.F.D. No. in country
(d) Name of Hospital or Maternity Home: at parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Minidoka
(c) City Paul,
(d) Street Address or R.F.D. No. in country
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Ida.

4. FULL NAME OF CHILD Martha Knopp

5. Date of Birth of Child (Month, day, year) Dec. 28, 1919.

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Knopp
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Frank, (City or town) Russia. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Amalie Schneider.
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Nau Weimer, (City or town) Russia. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature X Jacob Knopp M.D. Midwife Address Heyburn, Idaho. Date Dec. 12, 1942

State of Idaho }
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Jacob (First name) Knopp (Last name), who attended this birth am alive (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Knopp Signature

R.F.D. No. 1, Heyburn, Idaho. P. O. Address

Subscribed and sworn to before me this 12 day of Jan., 19 42.

(SEAL) Paul A. Freeman Notary Public, residing at Rupert, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel E. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-109-003-766

329131

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No. # 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lava Hot Springs Idaho

4. **FULL NAME OF CHILD** Wayne Richard Godfrey

5. Date of Birth of Child (Month, day, year) October 9, 1919

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence William Godfrey
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Red Rock, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Lucina Goodey
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clarkston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Rosalinda Godfrey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Goodey Godfrey Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of January, 19 42

(SEAL) M. Kaniska Notary Public, residing at Lava Hot Springs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 296-119-004-947

329231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No. 1 Box 66
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No. 1 Box 66
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Liberty Ida

4. FULL NAME OF CHILD Keith Bernard Brown

5. Date of Birth of Child (Month, day, year) Jan. 19, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Martin Brown

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Liberty (City or town) Idaho (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Lenore Pugmire

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace St Charles (City or town) Idaho (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie P. Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature L. J. Sutton M.D. ~~Midwife~~ Address Oakley Ida Date 1/23/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

JUL 1 8 2005

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1919-6588.11

DELAYED

+ 319-104-022-617

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Farnum Ida.

4. FULL NAME OF CHILD Marcus Montgomery Cazier

5. Date of Birth of Child (Month, day, year) April 4 1919

6. Sex Male **7.** Twin or Triplet **If so born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Smith Cazier
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace North Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Mozelle Wade
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Pleasant View Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Edna Cazier (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ed Compton M.D. Midwife Address Farnum Ida Date 1-19-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Vital Statistics Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-12-022-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329271
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City MARYSVILLE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City MARYSVILLE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HARVEY D. HESS

5. Date of Birth of Child (Month, day, year) 9/26/1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LAGRAND WILSON HESS
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace FIELDING (City or town) UTAH (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ALICE SALISBURY
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace GRANGER (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ointment Solution
23. Number of children of this mother: (a) At time of birth and including this child 9. (b) Born alive and now living 24.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Hess (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature D. L. Davis M.D. ~~Midwife~~ Address Ashton Idaho Date 1-15-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 19 - 1942 by Mabel H Eller, Registrar.

APR 1 8 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 669-105-02 X-955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 330421
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. RFD No. 1
(d) Name of Hospital or Maternity Home: None--at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No. RFD No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Sidney Edwin Ford

5. Date of Birth of Child (Month, day, year) May 5, 1919

6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Burton Ford
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Crystal Lake, (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace May Reed
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ridgefield, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Grace (First name) Ford (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. (Midwife) Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 24 1942 by Maud Felder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DEC 2 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-20-014-713

330490

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 15 1942 STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City MELBA
(c) Street Address or R.F.D. No. MELBA
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City MELBA
(d) Street Address or R.F.D. No. MELBA
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD BASIL-LON-IVIE

5. Date of Birth of Child (Month, day, year) 3/20/19

6. Sex M

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHAS EVERETT IVIE
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace GREENCASTLE (City or town) MO (State or foreign country)
14. Exact Occupation MAIL CARRIER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADAH ETHEL GATES
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace STAHL (City or town) MO. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at MELBA IDA M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) GATES (Last name), who is related to this child as GRANDMOTHER (Mother, etc.)

25. Attendant's **OWN** signature Emma Mates M.D. Midwife Address MELBA IDAHO Date 1/13/42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary F Eldon Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+285-213-010-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 26 1942

State File No. 330497
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 509 E. Street
(d) Name of Hospital or Maternity Home: Stayed at the home of mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 4 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 12 th Street
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Nellie Bernice Shearer

5. Date of Birth of Child (Month, day, year) September 13, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Martin Shearer
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lewis (City or town), Iowa (State or foreign country)
14. Exact Occupation Contractor and Builder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Alice Smith
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Rigby (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Ella McClure M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

861-105-039-815

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330608
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Stayed at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls Idaho

4. **FULL NAME OF CHILD** Richard ~~Mac~~ Hoagland

5. Date of Birth of Child (Month, day, year) May 5 1919

6. Sex Male. 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham L Hoagland
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Do not know Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Contractor Hy Road Work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elsie Hansen
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for since birth years, and that Myrtle McCutchins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elsie Hoagland McCarty Signature

Ellis apartments Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942

(SEAL) M. Shattuck Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 21 1942 by Mabel F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

MAR 2 1942

JAN 12 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-127-022-2 19

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330653

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene B. Packer			2. Date Of Birth (month) July (day) 27 (year) 1919
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: ~~Mary M~~ George Franklin Packer			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Melinda Barnes			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene B. Packer		11. Present Address of Registrant: 5625 E. Mexico Ave. Denver, Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 1968	12. Signature of Notary: Jane M. Lucks		13. Notary Commission expires: [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, St.Anthony Ward W.W.Spiers, Bishop		Date Issued: ---	Date Orig. Entry: blessed May 6,1920
	Date of Birth: July 27,1919	Birth Place: St.Anthony,Idaho	Full Name of Mother: Mary Barnes	Name of Father: F. Packer	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge paper	By whom issued and signed: U.S. Army, Charles McNair Lt. Col., Air Corps		Date Issued: Aug.4,1942	Date Orig. Entry: inducted June 4,1941
	Date of Birth: Age 21years 10 mos.	Birth Place: St.Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Sidney Nielsen, Bishop, St.Anthony 2nd Ward		Date Issued: Feb.27,1942	Date Orig. Entry: baptized Aug.6,1927
	Date of Birth: Jul.27,1919	Birth Place: St.Anthony, Idaho Fremont County	Full Name of Mother: Mary Barnes	Name of Father: Frank Packer	

QUALIFYING INFORMATION: Certified copy of own child's birth certificate from State of Louisiana for child born Sept.23,1943 gives age of father at time as 24 years and birthplace as St.Anthony,Idaho

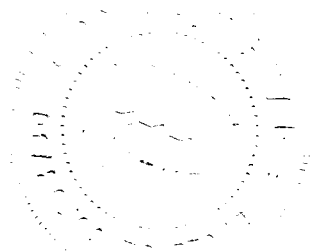
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 21, 1968

FORM BH 56067

FEB 2 1 1963



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330653
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene B. Packer

5. Date of Birth of Child (Month, day, year) July 20, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Frank Packer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Foreman of Picking Room
15. Industry or Business Seed Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Barnes
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace South Cottonwood, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature This certificate issued in accordance with Chapter 139, Section 2, of the 1937 Idaho Session Laws. M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Adopted Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 22 years, and that I do not know (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Barnes Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Jan., 1942.

(SEAL) D. Greenwood, Probate Judge, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by [illegible], Registrar.

JAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C53-126-003-255

330845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dns. parents home
(e) Mother's stay BEFORE delivery: IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho.

4. FULL NAME OF CHILD Douglas Ross Nelson

5. Date of Birth of Child (Month, day, year) 26-Dec. 1919

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Hyrum R. Nelson
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Bear River City (City or town), Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta Bevins
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Hooper (City or town), Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55½ years of age, that I have known this person for 22 years, and that Charlott (First name) Walton (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum R. Nelson Signature
Cleveland, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Jan., 19 42

(SEAL) Fred H. Vanderhoef Notary Public, residing at Cleveland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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789-1802-005-7339 JAN 31 1942 331041 331041

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331041
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Ida

4. FULL NAME OF CHILD Glen Alvin Phillips

5. Date of Birth of Child (Month, day, year) 5-2-19

6. Sex Male **7.** Twin or ~~Triplet~~ **If so—born** ~~1st, 2nd, 3rd~~

8. No. months of Pregnacy 9mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edward Phillips
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Black-Smith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ema Eliza Street
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Park City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Edward Phillips (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M. H. Farrell M.D. ~~Midwife~~ Address Mackay Ida. Date Jan. 27/1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by ....., Registrar.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-206-001-414 331060

United States Department of Commerce Bureau of the Census

FEB 2 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida

4. FULL NAME OF CHILD Rebecca Thiel

5. Date of Birth of Child (Month, day, year) May 6, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Thiel
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Colp (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Dautfest
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Colp (City or town) Russia (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 29 years, and that Katie (First name) Thiel (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Thiel ✓ Signature

RFD 1 Kuna, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942

(SEAL) Samaritan Notary Public, residing at Kuna, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1949

JAN 23 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 235/120 710-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 458 H Street
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, I.

4. FULL NAME OF CHILD Homer Stanley Steele

5. Date of Birth of Child (Month, day, year) Dec. 20, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Stanley Steele

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Iona, (City or town) Idaho (State or foreign country)

14. Exact Occupation Automobile Salesman

15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Marie Van Sickle

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Bedford, (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Hazel (First name) Van Sickle (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature A. L. Willson M.D. ~~Midwife~~ Address Idaho Falls, Ida. Date Jan. 21, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel Thelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

JUN 27 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+455 104 038 666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Country
(c) Street Address or R.F.D. No. ←
(d) Name of Hospital or Maternity Home: Home. Born on the farm home
(e) Mother's stay IN THIS county ____ years ____ months ____ days BEFORE delivery

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) ~~City~~ Mora near Emmett Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Co Idaho

4. FULL NAME OF CHILD George Harold Mendenhall

5. Date of Birth of Child (Month, day, year) Feb 4 - 1919

6. Sex Male **7.** Twin or Triplet no no If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Patton Mendenhall
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Elkins (City or town) West Virginia (State or foreign country)
14. Exact Occupation Retired Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Victoria Woofe
17. Color or Race White **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Elkins Post (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Male born alive at no physician Midwife long dead M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by no attending doctor Midwife now dead, who is related to this child as Post
(First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Midwife now dead Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 22 years, and that Mrs Malinda Berry (First name) (Last name), who attended this birth no now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Patton Mendenhall Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January, 1942

(SEAL) Ed P Rowell Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

+ 349 119 003-297

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331195
Local Reg. No.
Reg. Dist. No.

now Carlson FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Horsley Maternity Home
(e) Mother's stay **BEFORE** delivery: ✓ IN **THIS** county years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Lago, Idaho
(d) Street Address or R.F.D. No. 326 h Hammond
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Lago, Ida.

4. FULL NAME OF CHILD Lovell James Turner

5. Date of Birth of Child (Month, day, year) Oct 19, 1919

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate yes

FATHER OF CHILD

10. FULL NAME Alma Leslie Turner

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Lago (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Venice Emma Bigler

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Nephi (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Venice (First name) Turner (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kinsley M.D. Midwife Address Soda Springs Ida Date 1-28-42

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Fuller, Registrar.

APR 28 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 415-701-027-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331200
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Shoshone~~ (b) City Jerome
(c) Street Address or R.F.D. No. West Jerome
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Shoshone~~ Jerome
(c) City ~~Jerome~~ Jerome
(d) Street Address or R.F.D. No. West Jerome
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome

4. FULL NAME OF CHILD Harvey Carver Davis

5. Date of Birth of Child (Month, day, year) 4-1-1919

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Elmer Davis
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Eunice Carver
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Myrtle Point, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Coos }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 --- years of age, that I have known this person since Apr. 1, 1919, and that Dr. Piper (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augusta Eunice Powell Signature
164 No. 4th St. Marshfield, Ore. P. O. Address

Subscribed and sworn to before me this 27th day of January, 19 42

(SEAL) Annie Smith Notary Public, residing at Marshfield, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires

Received for filing on JAN 30 1942 By Mabel Fiedler 7/14/45 Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-112-006 FEB 4 1942 331237

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 9 days 13

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Clarence Earl Thornton

5. Date of Birth of Child (Month, day, year) July 12, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence C. Thornton
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Russell
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Gooseberry, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that F. E. Roberts, Dr. (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Thornton Signature
226 Idaho Ave Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of Feb, 1942

(SEAL) my com. exp. 7-17-42 Libby O. Cudiville Notary Public, residing at Star Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Elder, Registrar.

FEB 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1054 W. 5th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -5- years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser,
(d) Street Address or R.F.D. No. 1054 W 5th
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida.

4. FULL NAME OF CHILD Audrey Irene Walters

5. Date of Birth of Child (Month, day, year) Jan. 8, 1919

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvin James Walters
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Springdale (City or town) Arkansas (State or foreign country)
14. Exact Occupation Clerk, Groceries
15. Industry or Business Groceries

MOTHER OF CHILD

16. FULL MAIDEN NAME Dessa Burnham
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Ellington, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Dr. O. E. Finney (First name) (Last name), who attended this birth is deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvin J Walters Signature

1054 W 5th St., Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942.

(SEAL) Henry P. Cumsack Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942 **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No. 331302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 14th & Curtis
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 14th & Curtis
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Charles Francis Feuerstein

5. Date of Birth of Child (Month, day, year) Oct. 24 - 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank S Feuerstein
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mankato (City or town) Minnesota (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Lumber-Retail

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace G. Ostenberg
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mead (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Frank (First name) S. Feuerstein (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Idaho Falls Date 1-10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 19[illegible] by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 1 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mack Newel Winters

5. Date of Birth of Child (Month, day, year) Mar 26, 1919

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur A. Winters
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda P. Howard
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Wakefield (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Matilda P. Winters (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Juniella Brown ~~M.D.~~ Midwife Address St Anthony Ida Date 2/4-'42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel Heller, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-223-009 213

331432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331432
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City
(d) Street Address or R.F.D. No. R.F.D
(e) How long has **MOTHER** lived in Idaho? 2-9 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho R.F.D

4. FULL NAME OF CHILD Verna Lee Taylor

5. Date of Birth of Child (Month, day, year) Oct. 23-1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wallace Thad Taylor
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Omaha (City or town) Texas (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith May Satterlee
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Millen (City or town) Neb. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:50 P. M. on the date and at the place stated above and that personal particulars were furnished by Wallace Thad (First name) Taylor (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Wallace Thad Taylor M.D. Midwife Address Sandpoint, Idaho Date Oct. 23-1919

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Wallace Thad (First name) Taylor (Last name), who attended this birth is alive (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace Thad Taylor Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942.
(SEAL) Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mary E. Colson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331468

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331468
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 5 month 11 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Sweet Idaho Star Route

3. **RESIDENCE of FATHER** (city, state) Same as Mother

4. **FULL NAME OF CHILD** Robert Edwin Badley

5. Date of Birth (Month, day, year) Aug. 31, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Henry Badley

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Woodville (City or town) Oregon (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Harrington

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Provo (City or town) Utah (State or foreign country)

20. Exact Occupation house wife

21. ~~Industry or~~ Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living [redacted]
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 8 30 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Velma Badley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Edwin Badley (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Byrd (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Velma Badley Signature

Rt. 2, Grants Pass, Ore. P. O. Address

Subscribed and sworn to before me on this 22 day of January, 1942

(SEAL) Ben W. Conant, Co. Clerk ~~Notary Public, residing at~~
By Elizabeth Holcomb, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, if either father or mother of the child is living or accessible, or the nearest of kin or guardian, or some person having direct knowledge of the premises.

235 116 09 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331470
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Goldburg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 0 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Goldburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Goldburg, Idaho

3. **RESIDENCE OF FATHER** (city, state) Goldburg Idaho

4. **FULL NAME OF CHILD** Denzel Hyrum Stevens

5. Date of Birth (Month, day, year) 11/16/19

6. Sex. male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Smith Stevens
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Farren (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Mavity
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Bayhorse, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

JAN 21 1942 (Date received) (b) Mavity (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

26. (a) ..... (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho }
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Martha Ann Stevens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Denzel Hyrum Stevens (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. J. Gilman (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Ann Stevens Name
Goldburg, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of January, 1942

(SEAL) Ida L. Boyd Notary Public, residing at Challis, Idaho.
Custer County Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 150, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 116 019-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

331471

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Goldburg
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 50 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Goldburg
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Goldburg, Idaho

3. **RESIDENCE OF FATHER** (city, state) Goldburg Idaho

4. **FULL NAME OF CHILD** Denton James Stevens

5. Date of Birth (Month, day, year) 11/16/19

6. Sex. male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Smith Stevens
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Farren (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Mavity
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Bayhorse (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 21 1942 (Date received) (b) Mrs. M. Hayden (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Ann Stevens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Denton James Stevens (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. J. Gillman (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Ann Stevens Name

Goldburg, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of January, 1942

(SEAL) J. L. Boyd Notary Public, residing at Challis, Idaho

Custer County Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be accepted and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed by Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lloyd Edgar Scott

5. Date of Birth of Child (Month, day, year) Aug. 19, 1919

6. Sex Male 7. Twin or Triplet . If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Newell Edgar Scott
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Millville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vira Hone
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Benjamin (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 43 years of age, that I have known this person for 22 years, and that Dr. Howard Simmons (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Newell E. Scott Signature
Firth, Idaho, P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942.
(SEAL) Geo. W. Smithson Notary Public, residing at Firth, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mabel Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent ~~to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 19-71618

DELAYED

355-22-1003-955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331501
JAN 30 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 805 N. Garfield
(d) Name of Hospital or Maternity Home: City Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 805 N. Garfield
(e) How long has MOTHER lived in Idaho? ½ yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD HULETT VIRGINIA LEEPER

5. Date of Birth of Child (Month, day, year) April 21, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Calvert Washington Leeper
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bell County, (City or town) Texas (State or foreign country)
14. Exact Occupation Telegrapher
15. Industry or Business O.S.L. Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Onie Elizabeth Reeves
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace White House, (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Texas
County of Dallas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 22 years, and that C C (First name) Cassol (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Onie E. Leeper Signature

2619 Grand Ave. Dallas, Texas P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942.

(SEAL) O. J. Rothermel Notary Public, residing at Dallas, Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mark Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

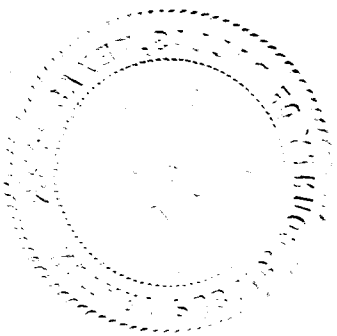
FEB 5 1942

MAR 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331506
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Newdale, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Newdale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Samuel McDowell Maupin, Jr.

5. Date of Birth of Child (Month, day, year) July 29, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel McDowell Maupin
11. Color or Race White
12. Age at time of THIS birth 47 ½ yrs.
13. Birthplace Marshall, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Elinor Gray
17. Color or Race White
18. Age at time of THIS birth 31 ½ yrs.
19. Birthplace Omaha, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 ½ years, and that Dr. (First name) Gray (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Elinor Maupin Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of February, 19 42

(SEAL) [illegible] Notary Public, residing at St. Anthony, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel H. Elsner, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 702033 155

331521

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton,
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Thornton, Idaho, RFD

3. RESIDENCE of FATHER (city, state) Thornton, Idaho

4. FULL NAME OF CHILD Dell Sylvin Hansen

5. Date of Birth (Month, day year) 9/2/1919

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans M. Hansen
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Hjurin, Denmark, Europe (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jensen
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Redman, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Hans M. Hansen (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature Joseph Walker M.D. (D.O., Midwife, etc.) and address Rexburg, Ida Date 9-2-19

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Madison }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hans M. Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dell Sylvin Hansen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Joseph Walker (Name of attendant at birth), who attended said birth cannot be located (Is now deceased or) cannot be located) and that this birth **has not been previously recorded.**

Hans M Hansen Signature
Thornton, Idaho, RFD #1 P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1942.
(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

FEB 5 1942

MAY 25 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262-227-016-699

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331545
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Cassia County, Ida.

4. FULL NAME OF CHILD Helen Luella Kosanke

5. Date of Birth of Child (Month, day, year) August 27, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Kosanke
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Paris (City or town) Russia (State or foreign country)
14. Exact Occupation Automobile Dealer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Frieske
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Paris (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Mrs. Henry (First name) Hoersch (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Kosanke Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942

(SEAL) Notary Public residing at American Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Eden, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-209 028817

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 931547
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake Ida

4. FULL NAME OF CHILD Frances Marie Maines

5. Date of Birth of Child (Month, day, year) April 9th 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME D B Maines
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Hagen
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Toronto (City or town) So. Dak. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Now Dead M.D. Midwife Address Not Living Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs D B Maines Mother Signature
Saint Paul Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942.
(SEAL) Rieka M Leach Notary Public, residing at Priest River
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com Expire 5/15/42.

Received for filing on JAN 26 1942 by Mabel H Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 701-006846

331555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home at home Days
   In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address (For registration notice)
   Shelley (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Cyrus Colfax Davis

5. **DATE OF BIRTH** (Month, day, year) 9-1-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cyrus Colfax Davis

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Milan (City or Town) Missouri (State or foreign country)

14. Exact Occupation Lumberman

15. Industry Business Boise Payette

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maudetta Huffaker

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Weiser (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Cy. C. Davis (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** Edwin Curtis M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date 2-30-42

26. (a) (Date received) (b) M. L. Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

FEB 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, the householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and cause to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be required.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

315 706003 653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331590
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Fort Hall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Fort Hall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Edward LaVatta

5. Date of Birth of Child (Month, day, year) May 6, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Full 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Phillip LaVatta
11. Color or Race ½ Indian
12. Age at time of THIS birth 24 yrs.
13. Birthplace Fort Hall (City or town) Idaho (State or foreign country)
14. Exact Occupation Field Agent
15. Industry or Business Indian Service, Interior Dept.

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Florence Welch
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Cambridge, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr. Henry Wheeler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George P. LaVatta Signature

224 2214 N.E. 37th, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL) R.G. Henderson Notary Public, residing at Chemawa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

8/5/44

Received for filing on JAN 24 1942 by Mabel Heiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 110 031 863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 31 1942

State File No. 331591
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 4 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Francis Dale Duncan

5. Date of Birth of Child (Month, day, year) July 10, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reese George Duncan
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Benton County, (City or town) Arkansas (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Valentine Holliday
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Avon, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Dr. Kelly (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reese George Duncan Signature

4643 Board man St Klamath Falls Ore. P. O. Address

Subscribed and sworn to before me this 27 day of Jan, 1942

(SEAL)

Ida M Odell Notary Public, residing at NOTARY PUBLIC FOR OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) MY COMMISSION EXPIRES AUG. 20, 1944.

Received for filing on JAN 31 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

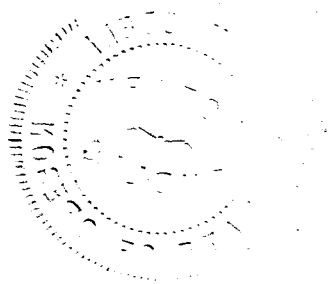
FEB 6 1942

FEB 3 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 493-123006-715

331676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Was at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Henry H. Miller

5. Date of Birth of Child (Month, day, year) May 23, 1918

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrich F. Miller

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Dro prutcha (City or town) Rumania (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emmilia Ganske

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Caucasas (City or town) Russia (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr. Davis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emmilia Miller Signature

R#2 Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 42

(SEAL) Jack Pierce Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mark Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

OCT 29 1953

DELAYED REGISTRATION

(1937 Session Laws, Chapter [illegible] Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1921 Session Laws, has not been recorded or in which failure to record such birth which has occurred subsequent to such date, such report may be prepared and filed by [illegible] record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter [illegible] Title 39, Idaho Code Annotated, which such report is accompanied by the certificate of the attending physician or midwife, or by affidavits of the father or mother or the child or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-229-028-443

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 2 1942
STATE OF IDAHO

State File No. 331767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Naomi Jane Allison

5. Date of Birth of Child (Month, day, year) Sept 29-1919

6. Sex Girl **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Cheslek Allison
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Trumbull (City or town) Mont. U.S.A. (State or foreign country)
14. Exact Occupation Candy Maker
15. Industry or Business Harts Sugar Bowl

MOTHER OF CHILD

16. FULL MAIDEN NAME Audra Naomi Dutton
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Belding (City or town) Mich. (State or foreign country)
20. Exact Occupation Chocolet Dipper
21. Industry or Business Candy.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Shelan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that James Cheslek Allison (First name) Doctor (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Cheslek Allison Signature
Holden Wash P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942

(SEAL) M. Keith Kingman Notary Public, residing at Holden

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766 105 001 655 331971

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home in South Boise
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. R # 3
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Elmer Curtis Goodman

5. Date of Birth of Child (Month, day, year) Aug. 5, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Delbert Goodman
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace State of Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Edith O'Neill
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace State of Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum doesn't know

23. Number of children of this mother: (a) At time of birth and including this child 7. (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ____ years, and that Dr. Boothe (First name) (Last name), who attended this birth is dead (Is now deceased) or (I am informed) (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Edith Goodman Signature

R # 3, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of February, 19 42

(SEAL) Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 11/5/43

Received for filing on FEB 2 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

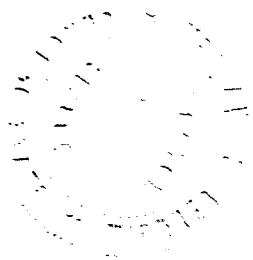
FEB 13 1942

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



383-126-001-791

331972

331972

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No. 331972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 711 N. 21 St.
(d) Name of Hospital or Maternity Home: St. Luke's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 711 N. 21
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Adin Parker Tyler, Jr.

5. Date of Birth of Child (Month, day, year) Nov. 26, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Sure

FATHER OF CHILD

10. FULL NAME Adin Parker Tyler

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Crystal Lake, Minn. (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business Sporting Goods Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Gray

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace S. Dak. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 23 years, and that Dr. Carl Hill (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adin Parker Tyler Sr. Signature

..... P. O. Address

Subscribed and sworn to before me this 16 day of Jan, 19 42.

(SEAL) ..... Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1942

JUL 26 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-220003-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332032
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Larue Thomas

5. Date of Birth of Child (Month, day, year) Apr. 20, 1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Thomas
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Matilda Thompson
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 or since birth years, and that Hyrum Hubbard M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Matilda Thomas Signature
Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942.
(SEAL) L. Dalgleish Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332093
Local Reg. No.
Reg. Dist. No.
FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Ann Hunter

5. Date of Birth of Child (Month, day, year) Sept. 11, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edgar Hunter
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Mexico (City or town) Ordrain (State or foreign country) Missouri
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Lowther
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) West Va. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Maude L. Hunter (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address [signature] Date 2/5/42

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-221-034-495

United States
Department of Commerce
Bureau of the Census FEB 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332103
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Rupert Idaho

3. RESIDENCE of FATHER (city, state): Rupert Idaho

4. FULL NAME OF CHILD Clara Magdaline Schenk

5. Date of Birth (Month, day, year) Oct. 21, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Gottlieb Schenk Jr.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Dietz
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Katie Schenk (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 5 1942 (Date received) (b) Mabel Hyde (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Karolina Schenk M.D. (D.O., Midwife, etc.)
and address Rupert Idaho Date 2/4/1942

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with), as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

OCT 04 2013
OCT 17 2013

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-124-036-165

332157

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 6 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. North Main, Malad
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years 0 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. North Main, Malad
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Daniel (De) Roy Thomas

5. Date of Birth of Child (Month, day, year) May 24, 1919

6. Sex Male

7. ~~Twin or~~ ~~Triplet~~ Single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Roy Thomas
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Malad, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Raechal Elizabeth Jones
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 5 15 a M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. [redacted] Address Pocatello Idaho Date 2-4-1942

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mark H Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-22-035-655 332180

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 332180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home - Apt. Main St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville, Idaho
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bonnie Rae Chase

5. Date of Birth of Child (Month, day, year) Nov. 22, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Douglas Chase
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Aileen O'Neill
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Little Centre Nebraska (City or town) (State or foreign country)
20. Exact Occupation School teaching
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 yrs years, and that Bryant (First name), Doctor (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia C. Chase Signature
Longview, Washington P. O. Address

Subscribed and sworn to before me this 3 day of Jan. 1942

(SEAL) A. P. Fedzyk Notary Public, residing at Longview, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-124-FEB 14 1942 332182

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332182
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Bowmont
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Bowmont
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glenn Cuenal Brown

5. Date of Birth of Child (Month, day, year) April 24 - 1919

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ora Vincent Brown
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Cliffman Falls (City or town) Wis. (State or foreign country)
14. Exact Occupation Ditchrider
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Leota Holloway
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Conway Springs (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 yrs years, and that Dr. Fink (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Leota Brown ..... Signature
RFD#3 Nampa, Idaho ..... P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942

(SEAL) ____ Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-129-006-815

332246

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 6 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days. at home
   In **THIS** county 20 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2/ yrs.
   (f) Mother's mailing address (For registration notice):
   Shelley Ida
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Monte Hanson Gulke

5. Date of Birth (Month, day, year) 3-29-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Valpernus Gulke

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Smithfield (City or Town) Utah (State or foreign country)

14. Exact Occupation Druggist

15. Industry or Business Dean Drug Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Hanson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Hyrum (City or Town) Utah (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia Gulke (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) FEB 6 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Edwin Gulke M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date 1-28-42

JUN 24 1963

FEB 1 [illegible]

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

AUG 15 1963

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

463-208-0 34-569

332253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

FEB 3 1942 STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Paul, Idaho

3. **RESIDENCE of FATHER** (city, state): Paul, Idaho

4. **FULL NAME OF CHILD** Doris Arlene Watson

5. Date of Birth (Month, day, year) May 6, 1919

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Verner L. Watson

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Belgrade (City or town) Nebraska (State or foreign country)

14. Exact Occupation Civil engineer

15. Industry or Business U.S. Reclamation Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice E. Watson Nordyke

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Dawson (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) FEB 3 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beatrice E. Watson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Doris Arlene Watson as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Beatrice E. Watson Signature

1405 - East 70th, Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 2 day of February, 1942

(SEAL) Estelle Hopkins Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-108 (039-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Otto William Mayer

5. Date of Birth of Child (Month, day, year) January 8, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Daniel Mayer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Schweigert
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace South Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Henry (First name) Mayer (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Henry Mayer M.D. Midwife Address American Falls, Ida. Date February 2, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Power } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that Mrs. George Rast (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Mayer Signature

AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942.

(SEAL) [illegible] Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-105-031-249

332308

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Ida.

4. FULL NAME OF CHILD Lealand Wallace Martin

5. Date of Birth of Child (Month, day, year) Feb. 5, 1919

6. Sex male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bert W. Martin

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Beaver City, Nebraska (City or town) (State or foreign country)

14. Exact Occupation Stationery Engineer

15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Smith

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Berry, Illinois (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Smith Martin (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature John H. Eist M.D. ~~Midwife~~ Address Lewiston Date 1/23/42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-129-024-132

United States Department of Commerce Bureau of the Census

*(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332358
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. City
(d) Name of Hospital or Maternity Home: Lower Dry Lands Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. City 28
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. RESIDENCE OF FATHER (city, state) Gooding Idaho

4. FULL NAME OF CHILD Franklin Thomas Bowers

5. Date of Birth of Child (Month, day, year) 8/29/19

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Curtis William Bowers
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Yampa (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marguaret Atkin
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rock Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that H E Lamb (First name) (Last name), who attended this birth cannot be located (~~Is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Curtis William Bowers Signature
Kimberly Idaho R.F.D. 2 P. O. Address

Subscribed and sworn to before me this 28 day of January 1942.

(SEAL) F M Black Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan. 18 1944

Received for filing on JAN 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-224-016-236

332396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Zella Smith

5. Date of Birth of Child (Month, day, year) 24 July 1919

6. Sex A

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henry Smith

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Willard (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Stokes

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Provo, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr. J. C. Patterson deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 22+ years, and that Dr. J. C. Patterson (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Stokes Smith Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mark Heuer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

dup of 1919-71150

281-120-026-165

332405

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332405
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby-1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby-#1 Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alvin Rennald Sharp.

5. Date of Birth of Child (Month, day, year) Sept. 20-1919.

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Parley Sharp

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Union, Utah. (City or town) (State or foreign country)

14. Exact Occupation farmer.

15. Industry or Business Agriculture.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elisa Jones.

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Rigby-1, Idaho. (City or town) (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business Domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr. Sam Price (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Parley Sharp Signature
Rigby—1, Idaho. P. O. Address

Subscribed and sworn to before me this 11 day of February, 19 42

(SEAL) Basil R. Bennett Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

JAN 29 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X

386-21-0044-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332523

Local Reg. No.

Reg. Dist. No.

FEB 16 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Midvale

(c) Street Address or R.F.D. No. Gen. Del.

(d) Name of Hospital or Maternity Home: Own home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

(c) City Midvale

(d) Street Address or R.F.D. No. Gen. Del.

(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD Velma M. Thomason

5. Date of Birth of Child (Month, day, year) April 10, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William R. Thomason

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace (City or town) Harrison (State or foreign country) Arkansas

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel E. Clayton

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town) Columbia Co. (State or foreign country) Washington

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by W R Thomason (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Fa Johnnie M.D. ~~Midwife~~ Address Weiser Ida Date

State of ..... } ss:
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark H Elsaesser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 221 026 495 Delayed Report.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332546
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. Rt. 1
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. Rt. 1
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Bertha Matilda Call

5. Date of Birth of Child (Month, day, year) Nov. 21, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Omer Call
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Matilda Linsdale
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Call (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature H. A. Anderson M.D. ~~Midwife~~ Address Rigby Idaho Date Feb 13, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

FEB 14 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1944

JAN 13 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 15 008 253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 9 1942

State File No. 332592
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOISE (b) City GARDENA
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City GARDENA
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) GARDENA. IDA.

4. FULL NAME OF CHILD FORREST WAYNE HILL

5. Date of Birth of Child (Month, day, year) OCT. 15, 1919

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd 1ST **8.** No. months of Pregnacy 9 **9.** Legitimate? YES.

FATHER OF CHILD

10. FULL NAME LAWSON HILL
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace STAR (City or town) IDAHO (State or foreign country)
14. Exact Occupation R.F.D. LETTER CARRIER
15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME EDNA BELLUS.
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace BOISE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO, County of GEM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that LUCRETIA (First name) Hill (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawson Hill Signature
Sweet Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942.
(SEAL) Caroline E. Douglas Notary Public residing at Sweet, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

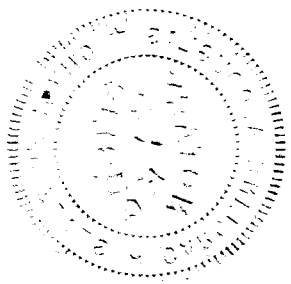
Received for filing on FEB 9 1942 by Maud Keeler, Registrar.

FF[illegible]342

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168 119 042-285

332688

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332688
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R 3 R F D
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R F D # 3
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vincent Lyle Johnson

5. Date of Birth of Child (Month, day, year) March 19 - 1919

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jay Henry Johnson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kearney (City or town) Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Leona Spencer
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace - (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 23 years, and that Dr John E. White (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jay Henry Johnson Signature

Box 701 Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Ella Bailey Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 20 1942 by Mary F Feder, Registrar.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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332762

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) 10.

4. FULL NAME OF CHILD Melvin Howard Bedsaul
5. Date of Birth of Child (Month, day, year) 1.25.1919
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry Thomas Bedsaul
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Glen Rock (City or town) Wyo. (State or foreign country)
14. Exact Occupation Labor at C.W.&M. Warehouse
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Agnes Underwood
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise (City or town) Ida. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Underwood (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sabra A Roberts M.D. Midwife Address 70 E Avenue D Idaho Falls Date 1/5/42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 195-728 010-764

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332781
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 418 - 13th St.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 418-13th St
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Arnold Leroy Prestgard

5. Date of Birth of Child (Month, day, year) 10-28-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Torjus Arnold Prestgard
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rotdal (City or town) Norway (State or foreign country)
14. Exact Occupation Warehousemans
15. Industry or Business Idaho Wholesale Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virgie Clereice Poulter
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Taylor (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child ~~first child~~ (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:45 P M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature L E Rogers M.D. Midwife Address Pocatello Ida Date Jan 6 42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mark H Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332784
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho.

4. **FULL NAME OF CHILD** Jennie Marie Woodall

5. Date of Birth of Child (Month, day, year) July 17, 1919

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Woodall
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Selby, England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business –

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Elmina Gransbury
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Sterling, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business –

22. Name prophylactic used to prevent Ophthalmia Neonatorum –

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ..... years, and that Lura Elmina Gransbury (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Elmina Woodall Signature

Declo, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of February, 19 42

(SEAL) A. E. DeMary Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Maud Heiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215 109 022-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 13 1942

State File No. 332816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Otto Handler

5. Date of Birth of Child (Month, day, year) May 9, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Louis Handler
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Waraney
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address Ashton, Idaho Date Feb 9-1942

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that L L Meacham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Handler Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 11 day of February, 1942

(SEAL) Paul Palmer Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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415-12 00 22-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No. 332846
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Ctr Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St anthony
   (d) Street Address or R.F.D. No. 5
   (e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Joe Austin Davis

5. Date of Birth of Child (Month, day, year) Nov. 20. 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Da Ka Davis Jr.
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bountiful Ut. (City or town) (State or foreign country)
14. Exact Occupation Pro. Baseball
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Holbrook Davis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chesterfield Idaho (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Davis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sarah H. Davis (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Dr (First name) Gray (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah H. Davis Signature

Bountiful Utah P. O. Address

Subscribed and sworn to before me this 16 day of Feb, 1942.

(SEAL) Wendell B Hammond Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary Ethelin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be ~~received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-212 005-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 10 1942
STATE OF IDAHO

State File No. 332946
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City
(c) ~~Street~~ Address ~~or R.F.D. No.~~ Tekoa, Wash.
(d) Name ~~of Hospital or Maternity Home:~~ Farm House
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer (nearest town)
(d) ~~Street~~ Address ~~or R.F.D. No.~~ Tekoa, Wash.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ella Marie Harnisch

5. Date of Birth of Child (Month, day, year) 7-12-1919

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Phillip Gerrold Harnisch
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Yankton (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Margaret Harms
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Cuba (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Harnisch (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Mary Harms ~~M.D~~ Midwife Address Tekoa, Wash Date Feb 9, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1919-72334

DELAYED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332963
Local Reg. No.
Reg. Dist. No.

FEB 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. N. 11th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. N 11th St.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Robert Quayle Shupe

5. Date of Birth of Child (Month, day, year) Aug. 22, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Dr. James Riley Shupe
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lewiston, Utah (City or town) (State or foreign country)
14. Exact Occupation Doctor
15. Industry or Business Physician & Surgeon

MOTHER OF CHILD

16. FULL MAIDEN NAME Elnora Lydia Dalton
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elnora Lydia Shupe (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 22 years, and that Dr. James Riley Shupe (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora Lydia Shupe Signature

701 West Willetta P. O. Address

My Commission Expires: May 17, 1943

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL) Vera G. Bath Notary Public, residing at Phoenix

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 364 123 031-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 234
Local Reg. No. 332967
Reg. Dist. No.

FEB 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In THIS county years 9 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD Bryan Winston Lomax

5. Date of Birth of Child (Month, day, year) December 23, '19

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Lomax
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Wilsonville, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Baking

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Josphine Brown
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Liberty, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Mayhew (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature A. L. Bryan M.D. Midwife Address Kamiah Ida Date 1/31/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

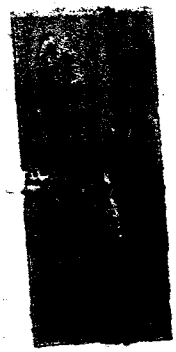
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

FEB 6 1942



JUL 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-12-1022-555

333090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital of Maternity Home: At residence of family
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 12 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice):
   St. Ignatius, Montana
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ashton Ida

4. **FULL NAME OF CHILD** Garr Emery Webb

5. **DATE OF BIRTH** (Month, day, year) Oct 21 1919

6. Sex M

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy full term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Leroy Webb

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Richmond (City or Town) Utah (State or foreign country)

14. Exact Occupation farming

15. Industry Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Neeley

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Franklin (City or Town) Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7.15 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Webb (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 24 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Ashton, Idaho. Date .....

27. Given name added on ..... by ..... (Registrar's signature)

FEB 25 1942

MAR 26 1974

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

296-230-025695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Ida.
(c) City Kooskia
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Ida

4. FULL NAME OF CHILD Opal Clara Brown

5. Date of Birth of Child (Month, day, year) Dec. 30-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cuggar Brown
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Round Valley (City or town) Nebr. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Wren
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lewiston (City or town) Ida. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Flora Kyle (First name) (Last name), who attended this birth at Kooskia Idaho (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cuggar Brown Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 42.
(SEAL) S F Cleveland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

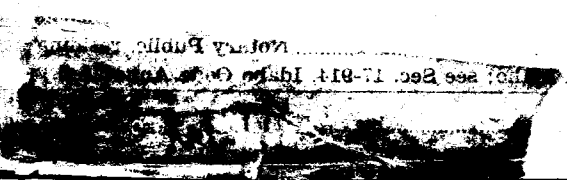
Received for filing on FEB 20 1942 by Mabel Hatch, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1921 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for signed in the Bureau of Vital Statistics for the purpose and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.



319 116 006-FEB 27 1942 291 333283 333283

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jay Raphael Larsen

5. Date of Birth of Child (Month, day, year) May 16, 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Raphael Larsen
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming & Sheep
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Bradley
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Moroni, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 12:15 A M. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by J. Raphael Larsen (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature Edwin Cutler M.D. Title Midwife Address Shelley, Ida Date 2-21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

879/206028-231

334254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1801 Davidson Ave.
(d) Name of Hospital or Maternity Home: Parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1801 Davidson Ave.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Grace Marjorie Harmon

5. Date of Birth of Child (Month, day, year) Dec. 6, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Victor Lee Harmon
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Parisburg, (City or town) Virginia (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Etta Blair
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Newburn, (City or town) Virginia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name), who is related to this child as [illegible] (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the ~~undersigned~~, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 22 years, and that W. H. (First name) Holden (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Harmon Signature
Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942.

(SEAL) [illegible] Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm exp 3/19/45

Received for filing on FEB 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144 210038 445

334259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 10 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 649 N. 6th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 649 N 6th.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Margaret Della Judd

5. Date of Birth of Child (Month, day, year) 6-10-1919

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James De Mont Judd
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wenona, (City or town) Illinois (State or foreign country)
14. Exact Occupation orchardist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Merna Leah Dunn
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Holland, (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Merna Leah Dunn Judd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Dr. O.H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Merna L. D. Judd
Signature

Payette, Idaho
P. O. Address

Subscribed and sworn to before me this 4th day of Feby, 19 42

(SEAL)

E. W. Martin
Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mary E. Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 125035417

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334382
FEB 19 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Lawrence Taylor

5. Date of Birth of Child (Month, day, year) April 25, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Taylor
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Genesee (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Maxwell
17. Color or Race Indian **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Asotin (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that James Lawrence Taylor (First name) (Last name) who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Maxwell Taylor Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42.

(SEAL) Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mabel Weiler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

317-21-003-745

334389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Robin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin Idaho

4. **FULL NAME OF CHILD** ZELLA CAPELL

5. Date of Birth of Child (Month, day, year) March 11 1919.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Edward Seth Capell
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Robin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Cordelia Gunter
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Yellow Creek (City or town) North Carolina (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Capell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all life years, and that Anna B. Jensen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Cordelia Capell Signature
Arimo, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42

(SEAL) Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mabel Heiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-117040-331

334475

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or ~~R.F.D.~~ No. 416 W. Mullan Ave.
   (d) Name of ~~Hospital~~ or ~~Maternity Home~~: Home Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or ~~R.F.D.~~ No. 416 W. Mullan
   (e) How long has **MOTHER** lived in Idaho? 4 yrs+

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida.

4. **FULL NAME OF CHILD** Dexter Delvin Williams

5. Date of Birth of Child (Month, day, year) May 17-1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** D Williams
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Norfolk (City or town) Nebraska (State or foreign country)
14. Exact Occupation Foreman on Construction
15. Industry or Business Bunker Hill Smelter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Livia Viola Clark
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Shelbyville (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X Argyrol - 25%
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M L Lindsay M.D. Address Kellogg Idaho Date 2/16-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334481

FEB 9 1942

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Jerome, Idaho

4. **FULL NAME OF CHILD** Wallace Ray Partridge

5. Date of Birth (Month, day, year) July 17, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Partridge
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Father
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vilera Rebecca Terry
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Indianola (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... (M.D., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vitera R. Partridge, being first duly sworn, say that I am Related to (Related to (or) acquainted with) WALLACE RAY PARTRIDGE (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Piper (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously reported.

Vitera R. Partridge Signature

1073 West 3rd So. Salt Lake City, Utah Address

Subscribed and sworn to before me on this 6th day of February, 19 42

(SEAL)

[signature] Notary Public, residing at Salt Lake City, Utah

FEB 27 1942

FEB 28 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the office of vital statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 117 014 663

334484

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 19 1942 Local Reg. No.

JAN 29 1942 Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. King Aprtments
(d) Name of Hospital or Maternity Home: Mrs Mayhew Matrnity Home
(e) Mother's stay BEFORE delivery: 2 days
In Hosp. or Mat. Home 2 days.
In THIS county 8 years 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. King Aprtments
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address King Aprtments

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Amos Hodges Ross Jr.

5. Date of Birth (Month, day, year) Jan. 17, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Hodges Ross
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Madisonville, Texas (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business cattle & sheep ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Pansy Wolf
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oconto, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) JAN 29 1942 (b) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Texas
County of Lubbock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs A.H.Ross, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Amos Hodges Ross Jr. (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mayhew (Name of attendant at birth), who attended said birth canot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs A.H. Ross Signature

Box 454, Lubbock, Texas P. O. Address

Subscribed and sworn to before me on this 26 day of Jan., 19 42

(SEAL) Walter Davies Notary Public, residing at Lubbock, Texas

(WALTER DAVIES)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

JUN - 9 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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264 201 034 413

334516

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 211 - 8th
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 4 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 211 - 8th
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho.

4. FULL NAME OF CHILD William Francis Bouck

5. Date of Birth of Child (Month, day, year) April 1 - 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Wilford Bouck
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Canada (City or town) - Isle of Man (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Selina Maria Daly
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Princeton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mer. Silval 15%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Selina Bouck (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. H. Elmore M.D. Midwife Address Rupert. Ida Date 2-24-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 19[illegible]

MAY 2 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 113 036 699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 26 1942

State File No. 334557
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Cedar Hill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Cedar Hill
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cedarhill, Ida.

4. **FULL NAME OF CHILD** James William Timmons

5. Date of Birth of Child (Month, day, year) Mar. 13, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob W. Timmons
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wayne City (City or town) Nebraska (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Fritz
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Mrs. Clara Bright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Timmons Signature

R.F.D.# 2, Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942

(SEAL) Floyd Smith Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary E. Peterson, Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334625
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Leland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Leland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Doris Vivian Garoutte

5. Date of Birth of Child (Month, day, year) Oct 31 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Garoutte
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Indiana (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris Chancellor
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weaubleau (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22½ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dovie Chancellor Garoutte Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 32

(SEAL) By Notary Public, residing at Sunnyside

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 by Mary E Ledger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

AUG 31 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2 Miles East of
(d) Name of Hospital or Maternity Home: Ammon
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. East of Ammon
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Pearl Sedgwick

5. Date of Birth of Child (Month, day, year) April 28 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Baker Sedgwick
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Auto Service
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Pearl Law
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 23 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dan B. Sedgwick Signature
Arco Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942

(SEAL) J. D. Martin Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAR 3 1942 by Mary E Ellen, Registrar.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 334767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Harry Paffile

5. Date of Birth of Child (Month, day, year) Feb. 27, 1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Salvatore Paffile
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business U

MOTHER OF CHILD

16. FULL MAIDEN NAME Angeline Nardi
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business U

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 23 years, and that Mrs. Robinson (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angeline Paffile Signature
Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 17th day of Feb., 1942
(SEAL) John L. Chilcott Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334769
Local Reg. No.
Reg. Dist. No.

FEB 20 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Weippe
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Weippe
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weippe Ida

4. **FULL NAME OF CHILD** Edwin Cameron Ball

5. Date of Birth of Child (Month, day, year) July 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmond Joseph Ball
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dryfork (City or town) W. Va (State or foreign country)
14. Exact Occupation common labor
15. Industry or Business mill work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Snyder
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weippe (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business house work

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho }
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Mandy (First name) Jordan (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Snyder Ball Vandevender Signature
Weippe Idaho P. O. Address

Subscribed and sworn to before me this 17 day of Feb, 1942

(SEAL)

Notary Public for State of Idaho, residing at Weippe
My commission expires Oct. 5, 1944.

Notary Public, residing at Weippe

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

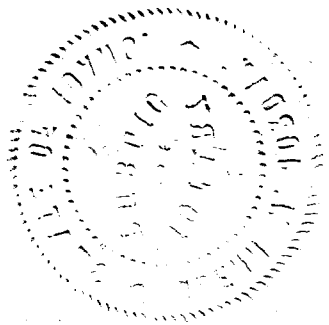
OCT 28 1944

OCT 30 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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335034

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Rural

4. FULL NAME OF CHILD Helen Hailey

5. Date of Birth of Child (Month, day, year) Jan. 2, 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John T. Hailey
11. Color or Race American **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Boise City (City or town) Idaho (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Mayne
17. Color or Race American **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Boise City (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs. D. A. Mingo M.D. ~~Midwife~~ Address Nampa, Ida. Date 2-26-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mark E. Tolson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

JUN 18 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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335059

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335059
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kemiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Ida.

4. **FULL NAME OF CHILD** Velma Venita Marsh

5. Date of Birth of Child (Month, day, year) June 20, 1919

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar A. Marsh
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Palmer, Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iona C. Wisdom
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Kirksville, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ C. Bryan

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Iona C. Marsh (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature C. H. Bryan M.D. ~~Midwife~~ Address Kamiah, Idaho Date 2/21/42

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr. C. H. Bryan (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iona C. Marsh Signature

Greer, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of February, 1942

(SEAL) Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 24 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

JUN 3 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

346-114 006-692

335084

United States Department of Commerce
Bureau of the Census

MAR 7 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hospital or Maternity Home ..... Days
In **THIS** county 6 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address (For registration notices):
Shelley (Street or R.F.D.) Idaho (Post Office)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Harold Wiser Lufkin

5. **DATE OF BIRTH** (Month, day, year) Sept 14, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Allen Lufkin

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Salt Lake City, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Venus Wiser

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Preston Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Venus W Lufkin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 7 1942 (Date received) (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date 3-2-42

27. Given name added on ..... by .....
(Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 4 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

128-113-022-755

FEB 25 1942

335132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 23 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Carl Merald Ashley

5. Date of Birth of Child (Month, day, year) Nov. 13, 1919

6. Sex Male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elihu R. Ashley.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Warrensburg (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter now.
15. Industry or Business former at time of birth.

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mary Penner.
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation House keeper.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Ashley (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. E. L. Barges M.D. Midwife Address Ashton Idaho Date 2-16-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington
County of Grays Harbor } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 22 years, and that Dr. E. L. Barges (First name) (Last name), attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Ashley Signature
Montesano Wash. P. O. Address

Subscribed and sworn to before me this 21st day of January, 19 42.

(SEAL) [illegible] Notary Public, residing at Montesano

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335158
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Vera Catherine Maurer

5. Date of Birth of Child (Month, day, year) Feb. 27, 19

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Foster Maurer
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Hopkins
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at Wendell M. on the date and at the place stated above; and that personal particulars were furnished by Rena Maurer, who is related to this child as Mother, etc. (First name) (Last name)

25. Attendant's OWN signature E L Sherrill M.D. Midwife, Address Wendell Date Feb 27

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-223-010-219

335174

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Menan Ida

4. FULL NAME OF CHILD Nellie Ann Watson

5. Date of Birth of Child (Month, day, year) June 23 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Farrell Shaw Watson
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Missouri (City or town) Idaho (State or foreign country)
14. Exact Occupation Barber and owner and
15. Industry or Business keeper of Confectionary Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Josie Virginia Bailey
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Charleston W. Va. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum A

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Jefferson }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. (First name) Hollister, (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie V. Watson Signature
Menan, Idaho. P. O. Address

Subscribed and sworn to before me this 21 day of February, 19 42.

(SEAL) Babb R. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel K. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893125026-533 Delayed Report 335192

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 27 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigb
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RAYMOND CARLOS HILL

5. Date of Birth of Child (Month, day, year) 11-25-19

6. Sex male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HENRY HILL
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELNORA ANN ELLIS
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace LaBelle, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1%

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elnora A Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. ~~Midwife~~ Address Rigby, Idaho Date Feb 2nd, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Dr. H. A. Anderson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Elnora Ann Hill Signature

C/o Bear Creek Ranch, Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL)

Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

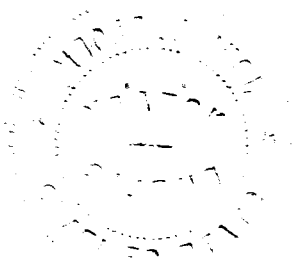
MAR 10 1942

JUL 5 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-217 025-396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335210
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Deceased (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edith June Boller

5. Date of Birth of Child (Month, day, year) 6/17/19

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 6th **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred J. Boller
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Brazil (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Maria Crook
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Shelton (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 23 years, and that Mrs (First name) Sheldon (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred J Boller Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 23 day of February, 1942.
(SEAL) E F Cleveland Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Maud Whelan, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

85-125-014-246

335218

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 25 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 11 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 17 yrs. 11 mos
3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Merle Elliott Healy

5. Date of Birth of Child (Month, day, year) July 25 1917

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Frank Healy

11. Color or Race White **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta Fay Buffington

17. Color or Race White **18.** Age at time of THIS birth 19 yrs.

19. Birthplace Caldwell Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Frank (First name) Healy (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Caldwell Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that the name of doctor (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank A. Healy Signature

Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of February, 1942

(SEAL) Louis F. Raine, Jr. Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark Heston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 0 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-111-002-719

FEB 25 1942 335224

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 116

Reg. Dist. No. 320

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD Raymond Mc Fadden

5. Date of Birth (Month, day year) Nov. 11, 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME F. L. Mc Fadden

11. Color or Race White **12.** Age at time of THIS birth 42 yrs.

13. Birthplace Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie ~~Mc Fadden~~ Parker

17. Color or Race White **18.** Age at time of THIS birth 31 yrs.

19. Birthplace Weiser (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4. (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Camp (First name) (Last name), who is related to this child as Sister.

26. (a) 1-20-42 (Date received) (b) (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Hazel Robertson M.D. (Dr., Midwife, etc.)
and address Council Ida. Date Feb. 19, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-126-026-819

Delayed Report

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 25 1942

State File No. 335352
Local Reg. No. 25
Reg. Dist. No. 6-48

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Rigby
(c) Street Address or R F D No. Mount St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 345 So. Hughes
(e) How long has **MOTHER** lived in Idaho? Born here
(f) Mother's mailing address Mrs. Brenda Esta

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dale Hanop Coughlin

5. Date of Birth (Month, day, year) Jan. 26. 1919

6. Sex Boy

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Coughlin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Canyon Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation Plumbers Helper
15. Industry or Business Plumbing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Brenda Adelia Hanop
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace LaBelle (Lorenzo) Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3:0 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Brenda Esta (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** H.A. Anderson M.D. M.D. or (D.O., Midwife, etc.) and address Rigby Idaho Date Feb 20-1942

26. (a) Feb 24 1942 (Date received) (b) Mrs. A B Eberhardt (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) .....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended (Name of attendant at birth) said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

FEB 25 1942

Use only BLACK Ink on BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

SEP 28 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 415-110-029-214

335428

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 4 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD Ormond John Manderfeld

5. Date of Birth of Child (Month, day, year) Aug 10, 1919

6. Sex male **7.** Twin or Triplet — **If so—born** 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 mos **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Henry A Manderfeld
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Genesee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Marie Kambitsch
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Genesee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Manderfeld (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Sophia Kambitsch M.D. Midwife Address Genesee Idaho Date 3/4/1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-130-075-687

335458

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City CAMERON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NEZ PERCE
   (c) City SOUTHWICK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** FRED WILLARD SCHOEFFLER

5. Date of Birth of Child (Month, day, year) May 30th 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM FRED SCHOEFFLER
11. Color or Race Wh
12. Age at time of THIS birth 26 yrs.
13. Birthplace CAMERON, (City or town) IDAHO (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADA BELL DyLEAR
17. Color or Race Wh
18. Age at time of THIS birth 18 yrs.
19. Birthplace LELAND, (City or town) IDAHO (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 23 years, and that A. ROTHWELL (First name) (Last name), who attended this birth dr (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Bell Schoeffler. Signature

SOUTHWICK, IDAHO P. O. Address

Subscribed and sworn to before me this 27th day of Feb, 1942

(SEAL)

Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-220022-434

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335464
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Naar Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Vera Barbara Morgan

5. Date of Birth of Child (Month, day, year) Aug. 20th, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ottis A. Morgan
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgianna McDonald
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Missoula, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. Hargus (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgianna Morgan Signature
Waitsburg, Washington P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 42

(SEAL) ____ Notary Public, residing at Waitsburg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

R 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-215-039-993

335562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home at Cedar Ridge
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. Cedar Ridge
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Margaret Eva Wraspir

5. Date of Birth of Child (Month, day, year) June 15, 1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anthony Karl Wraspir
11. Color or Race White US **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Silver Lake, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Zicha
17. Color or Race White U S **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Silver Lake, Minn. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Wraspir (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature L. R. Drake M.D. ~~Midwife~~ Address Clinton, Wash. Date Feb 24, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary I. Tuttle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or c

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335787
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. Route 2 - Shelley
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City 1½ mile from Firth,
(d) Street Address or R.F.D. No. Route 2 - Shelley
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) - Same

4. FULL NAME OF CHILD Robert Francis Plato

5. Date of Birth of Child (Month, day, year) August 6, 1941

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar Waldemar Plato
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velma Josefina Nelson Plato
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Opthalmia Neonatorum Argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Velma J. Plato (First name) (Last name), who is related to this child as Mother (Mother etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. (M.D. Midwife) Address Shelley - Ida Date 2-21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR - 2 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Wh... the birth of a child born prior to the effective date ... Chapt... 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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MAR 21 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Big Springs
(c) Street Address or R.F.D. No. Trude P.O.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No. Trude Post Office
(e) How long has **MOTHER** lived in Idaho? ~~15~~ 5 yrs.
(f) Mother's mailing address Trude P.O.

3. RESIDENCE of FATHER (city, state) Big Springs

4. FULL NAME OF CHILD Jauna Woolley

5. Date of Birth (Month, day year) 24th April 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Harrison Woolley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bellfast - Missouri (City or town) (State or foreign country)
14. Exact Occupation Caretaker at Club House
15. Industry or Business North Fork fishing Club.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lelamae Harbaugh
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Blue Rock - Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one, (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (born alive, ~~stillborn~~) at 11:[illegible] P. M. on the date and at the place stated above, and that personal particulars were furnished by Lelamae Woolley (First name) (Last name), who is related to this child as her mother. (Mother, etc.)

26. (a) ..... (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Mamie Smith M.D. (D.O., Midwife, etc.)
and address Pocatello, Idaho Date 2-21-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 5 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hellen Bernice Rockwood

5. Date of Birth of Child (Month, day, year) 9/24/19

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Jarred Rockwood

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Farmington Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Mullinex

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Iona Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8; (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Martha Telford (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Martha Telford M.D. Midwife Address Idaho Falls R1 Date Feb 21 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Thornton Idaho

4. FULL NAME OF CHILD Gale Edden Statham

5. Date of Birth of Child (Month, day, year) May 29 1917

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred R. Statham
11. Color or Race Wht. **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Bexburg (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florinda Hokanson
17. Color or Race Wht. **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Mary Watts (First name) midwife (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florinda Statham Signature
Teton, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942

(SEAL) Mary Smith Notary Public, residing at Teton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mark Tolson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 31

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony, Ida.
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home Delivered
(e) Mother's stay BEFORE delivery: IN THIS county 27 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony, Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 4 9 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Faye Jacobsen

5. Date of Birth of Child (Month, day, year) May 20 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Carl Jacobsen
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bear River City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Melissa Cahoon
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature Vivian A Beggley M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 37 years, and that D W Gray (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Vivian A Beggley. Signature
Fremont Falls Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 42

(SEAL) Hal Jones Notary Public, residing at Fremont Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336028
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Near Great Rock
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Great River
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) 8

4. **FULL NAME OF CHILD** Philip Clair Pitts

5. Date of Birth of Child (Month, day, year) Aug 21 - 1919

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Evan Edward Pitts
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Eastern (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ellen Bonnell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Portsmouth (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a M. on the date and at the place stated above and that personal particulars were furnished by Cora Pitts (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr Phillips M.D. Mrs Dan Fiedler Midwife Address Newport Wash Date Feb. 16-1942

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22½ years, and that Mrs. Dan Fiedler (First name) (Last name), who attended this birth, has signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cora Ellen Pitts Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 42

(SEAL) F. A. Woodard Notary Public, residing at Priest River, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mary Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marian Rebecca Eaton

5. Date of Birth of Child (Month, day, year) April 4 1919

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Clarence Benjamin Eaton
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Duncombe Iowa (City or town) (State or foreign country)
14. Exact Occupation Well Driller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Esther Douglas
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Superior Wis (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by W. T. Eaton (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Wendell Ida Date 3-10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel H. Hopkins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-225 026 343

Delayed Report

336141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city) Rigby (State) (now Las Vegas Nevada)

4. FULL NAME OF CHILD Mary Elizabeth Willetts

5. Date of Birth of Child (Month, day, year) Apr 25, 1914

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Y

FATHER OF CHILD

10. FULL NAME Samuel Willetts
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Lucas
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Rigby 9 Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Willetts (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Mar 3, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Nevada } ss.
County of Clark }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 3 years of age, that I have known this person for 35 years, and that H. A. Anderson (First name) (Last name), who attended this birth Nevada at Rigby Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Willetts Signature
Box 533 Las Vegas Nev P.O. Address

Subscribed and sworn to before me this 10th day of March, 1942

(SEAL) Margaret Hinman Notary Public, residing at Las Vegas Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary Hedges, Registrar.

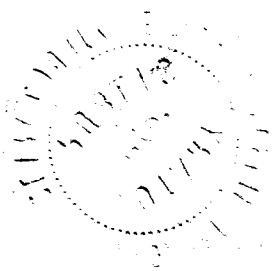
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~191, 1911 Session Laws,~~ has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815-108 010-853

MAR 5 1942

336176

State File No.
Local Reg. No.
Reg. Dist. No.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City
   (c) Street Address or R.F.D. No. 5
   (d) Name of Hospital of Maternity Home In her own home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. Gen del
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.
   (f) Mother's mailing address (For registration notice): Rigby Idaho Gen del.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Bart Irving Hansen

5. **DATE OF BIRTH** (Month, day, year) June 8, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Reuben Carley Hansen

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Salt Lake City Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Helm

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Carbon County Utah
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Helm Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 30 1942 (Date received) (b) Mabel H Nelson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** midwife Edna McCullough M.D. (D.O., Midwife, etc.)
and address Rigby Idaho Date Jan 28

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

893-206-025-613

MAR 4 1942

336177

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 5yrs years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Idaho Lewis
   (c) City Winona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elsie Mona Hill

5. Date of Birth (Month, day, year) Dec. 6, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** McCoy Hill

11. Color or Race Indian

12. Age at time of THIS birth 38 yrs.

13. Birthplace Kamiah (City or Town) Idaho. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Oatman

17. Color or Race Indian

18. Age at time of THIS birth 35 yrs.

19. Birthplace Freedom (City or Town) Idaho. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Martha Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Mar 9 1942 (Date received) (b) Mabel Hessler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** W. J. McMahan M.D. (D.O., Midwife, etc.)
and address Lewiston Idaho. Date 2-27-42

1942

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of neg.

(b) Labor: Complications: neg.

Induced? no

(c) Was there an operation for delivery? no

State all operations: none

(d) Did baby have any:

(1) Congenital Malformation? no

Describe: —

(2) Birth Injury? neg.

Describe: —

(3) Was mother given a Wasserman before delivery? no

(4) Signature of Physician:

W. J. McMahan M.D.

DECEASED

124-220 003-681

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 10 1942

State File No. 336189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at the house
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Alice Akutagawa

5. Date of Birth of Child (Month, day, year) May 20, 1919

6. Sex Female

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Akutagawa
11. Color or Race Japanese **12.** Age at time of THIS birth yrs.
13. Birthplace Japan (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Cafe business

MOTHER OF CHILD

16. FULL MAIDEN NAME Shizue Oyama
17. Color or Race Japanese **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Grace (City or town) Idaho (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's OWN signature Irene Westergelder M.D. Midwife Address Grace, Idaho Date 3/9-1942

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mark H Cutler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-18-042-113

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls. (b) City Twin Falls.
   (c) Street Address or ~~R.F.D. No~~ Washington 147
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No Washington 147
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Fred David Grenz

5. Date of Birth of Child (Month, day, year) Sept. 18, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Carl Grenz
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Bess Jackson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Endicott (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that Mary E. (First name) Jackson (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts of the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Bess Grenz ..... Signature
Twin Falls, Idaho ..... P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.

(SEAL) Emily A. Yeide ..... Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel E. Elsen, Registrar.

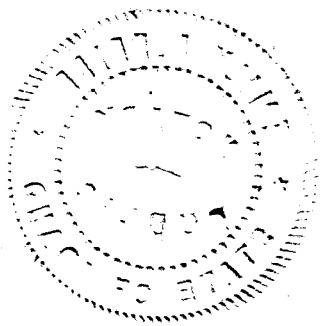
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-220-005-255

336330

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City De Smet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Sisters of Charity Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 7 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City De Smet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) De Smet, Ida.

4. FULL NAME OF CHILD Verna Marie Miller

5. Date of Birth of Child (Month, day, year) May 20 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Vance Miller

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace North Carolina (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Isabelle Kenoyar

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace La Crosse (City or town) Washington (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 a M. on the date and at the place stated above, and that personal particulars were furnished by Helen Miller Penz (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 22 years, and that Doctor Nelson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Miller Penz Signature

Pierce, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942.

(SEAL)

Jack Duncan Notary Public, residing at Pierce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel H. Nelson, Registrar.

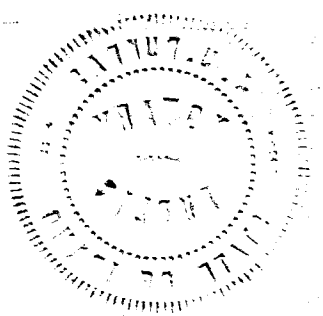
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

664106-006-396

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 16 1942

State File No. 336384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 22 years 9 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Firth, Idaho

3. RESIDENCE of FATHER (city, state) Firth, Idaho

4. FULL NAME OF CHILD Dewey Mark Womack

5. Date of Birth (Month, day year) April 6, 1919

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Thomas Womack
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Goose Lake, Idaho (City or town) (State or foreign country)
14. Exact Occupation Automobile Mechanic
15. Industry or Business Automobile repair Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Mae Crofts
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Basalt, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above and that personal particulars were furnished by Edna Mae Womack (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) ....(Date received) (b) ....(Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature Edwin Cutler M.D. (M.D., D.O., Midwife, etc.)
and address Shelley Idaho Date 3-8-42

State of Idaho } ss.
County of Bingham }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edna Mae Womack, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dewey Mark Womack (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cutler (Shelley) (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Mae Womack Signature
324 Warren Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of February, 1942

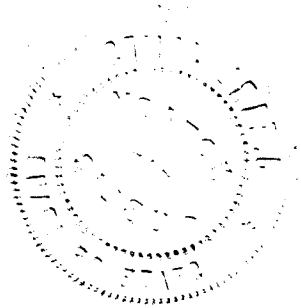
(SEAL) ....Notary Public, residing at Pocatello, Ida.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-113-042.993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336409
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLS (b) City FILER
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City FILER
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** HOWARD VERNON ROBINSON JR.

5. Date of Birth of Child (Month, day, year) FEB 13, 1919

6. Sex MALE

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HOWARD VERNON ROBINSON
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace ANTHONY (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VIOLET AMY RICHMOND
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace DONIPHAN (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business – –

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE (NO MEDICAL ATTENTION)
23. Number of children of this mother: (a) At time of birth and including this child 3 AT BIRTH (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that UNKNOWN (First name) SEE RIDER (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard V. Robinson Signature
912 NW 46th St, Miami, Fla P. O. Address

Subscribed and sworn to before me this 7th day of March, 19 42

(SEAL) Notary Public, State of Florida at Large Lyn Mills Notary Public, residing at 3902 NW 27th Ave Miami, Fla

My Commission Expires Oct 3, 1942 (Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

THIS CHILD WAS BORN DURING FLU EPIDEMIC AND Dr DWIGHT, (NOW DECEASED) DID NOT ARRIVE UNTIL FOLLOWING DAY. A NEIGHBOR LADY ATTENDED THE BIRTH, WHOSE NAME IS NOW FORGOTTEN

MAY 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V 967 210 010 347

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336414
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 120 - 8th St.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville Co.
(c) City Idaho Falls.
(d) Street Address or R.F.D. No. 120 8th St.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Louise Rogers

5. Date of Birth of Child (Month, day, year) Nov 10 1919

6. Sex F **7.** Twin or Triplet — **If so—born** 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas E Rogers
11. Color or Race W **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Manti Utah (City or town) (State or foreign country)
14. Exact Occupation Osteopathic Physician
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathryn Bell Tupper
17. Color or Race W **18.** Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Chas (First name) Rogers (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Ella Lewis M.D. ~~Midwife~~ Address Idaho Falls Ida Date May 10. 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-217 035-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336443
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. (In country)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No (On ranch)
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Leona Richardson

5. Date of Birth of Child (Month, day, year) 4/17/1919

6. Sex Female **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Roy Richardson
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rilda Blankenship
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Coos }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 31 years of age, that I have known this person for 23 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert E. Richardson Signature
752 S. 2nd St. Marshfield Ore. P. O. Address

Subscribed and sworn to before me this 14th day of March 1942.

(SEAL) Notary Public, residing at Marshfield Ore.
MY COMMISSION EXPIRES FEB 16, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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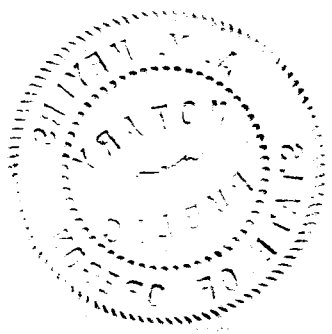


X 967-210-003-515 336574

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336574
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Lona Roghaar

5. Date of Birth of Child (Month, day, year) Feb'y 10, 1919

6. Sex Female

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Roghaar
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Netherlands, Amsterdam. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile business.

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Van Der Heide
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Surhuisterveen, Holland, (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 years, and that Dr John H. Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace V. Roghaar. Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942.

(SEAL) Morgan A. Taylor Notary Public, residing at Grace, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary E Elder, Registrar.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-105 007-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Idaho

4. FULL NAME OF CHILD Augustus Blake Froehlich

5. Date of Birth of Child (Month, day, year) August 5, 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Jacob Froehlich
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Higginsport (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Clagett
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Stamy (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag. no. 3 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-9 years of age, that I have known this person for 22 years, and that X (First name) Dr. Dutton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Froehlich Signature
Picabo, Idaho P. O. Address

My Commission Expires May 20, 1946.

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL) Clifford S. Fallis Notary Public, residing at Kimberly Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary H. Helper, Registrar.

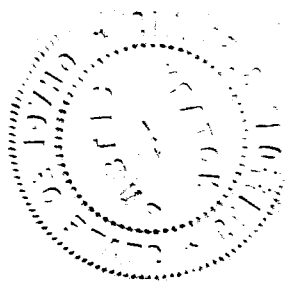
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Must COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



X 553 216 016-622

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No. Yale R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City nearest town American Falls
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Doris Lucille Nelson

5. Date of Birth of Child (Month, day, year) Jan 16, 1919

6. Sex female

7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Knute Sanfred Nelson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Solvesborg, Sweden (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Verna Lufama Osborn
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Edison, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife (Midwife and Doctor now both dead) Address Date

State of Washington } ss.
County of [redacted] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 23 years, and that Clara (First name) Osborn (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verna Lufama Nelson Signature
Palouse, Washington P. O. Address

Subscribed and sworn to before me this 16 day of March, 19 42.

(SEAL) [signature] Notary Public, residing at Palouse, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

AUG 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336773

United States Department of Commerce
Bureau of the Census

MAR 20 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336773
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Stayed at Home
(e) Mother's stay BEFORE delivery: IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Roseberry Idaho

4. FULL NAME OF CHILD Cecil Reymond Sutt

5. Date of Birth of Child (Month, day, year) 4/9 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Laurance Ray Sutt
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Emporia (City or town) Kansas (State or foreign country)
14. Exact Occupation Sawmilling
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Pearl
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Madison (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Mrs. Mary Jasper (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurance Ray Sutt Signature
P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42

(SEAL) Marion E. Ross Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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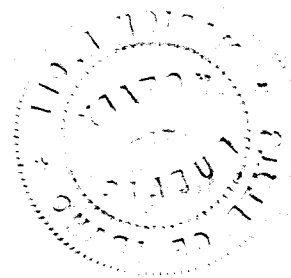

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336783

MAR 21 1942

336783

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336783
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 or 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 5 or 6 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho.

4. FULL NAME OF CHILD Charles Archibald Heuer

5. Date of Birth of Child (Month, day, year) Sept. 29, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick William Heuer
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace St. Louis (City or town) - Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Opal Bragg
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace (Dundee ?) (City or town) - Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22½ years, and that Dr. E. D. Piper (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W. Heuer ..... Signature

Jerome, Idaho ..... P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942.

(SEAL) Mary B. Edwards ..... Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary B Edwards, Registrar.

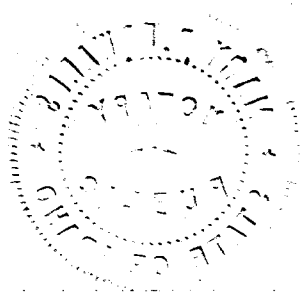
JUL 14 1960

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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336784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **336784**
Local Reg. No. 28
Ward Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City Soda Springs
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. In **THIS** county years 3 months 21 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Soda Springs

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Idaho.

4. **FULL NAME OF CHILD** Ralph Shoup Gorton Junior

5. Date of Birth (Month, day, year) August 1st, 1919.

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Shoup Gorton
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Gen. Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Reta May Lau
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business Rural Home + School

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 : 10AM. on the date and at the place stated above, and that personal particulars were furnished by Ralph Gorton (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) 3-19-42 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert M.D. or (D.O., Midwife, etc.)
and address Soda Springs Date Mar. 18 1942.

State of) ss.
County of)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1967

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-214-025-4439

336861

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City KAMIAH
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha ~~Brown~~ Frances Browning

5. Date of Birth of Child (Month, day, year) June 14, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EMMETT WILLIAM ~~BROWN~~ BROWNING

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lexington (City or town) Oregon (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith McRoberts

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace St. George, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary Mcqueen (deceased) M.D. Midwife Address Kamiah, Idaho Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Mary Mc Queen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith Browning Signature

Box 174 Ontario, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) J. D. Kane Notary Public, residing at Ontario, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Ex. 3/27/42

Received for filing on MAR 13 1942 by Mark Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

JUL 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Copy 599-221-010-553

336932

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 17 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? All life yrs
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Myrtle Viola Erickson

5. Date of Birth (Month, day year) Mar. 21, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Albin Erickson

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Montpelier Idaho (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Myrtle Nelson

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Mink Creek, Ida ho (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Anna Myrtle Erickson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John A. Mellas M.D.
and address Idaho Falls R.1 (D.O., Midwife, etc.) Date Mar. 21, 19 19

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce
Bureau of the Census

MAR 23 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Chesterfield
   (c) Street Address or R.F.D. No.
   (d) ~~Name of Hospital or~~ Maternity Home: of - Mrs. Cyrus Tolman
   (e) Mother's stay **BEFORE** delivery:
   ~~In Hosp. or~~ Mat. Home 7 days.
   In **THIS** county 21 years / months 18 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address (For registration notice): R.F.D. #2 - Boise, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho #2.

4. **FULL NAME OF CHILD** Wallace Howe Loveland

5. Date of Birth (Month, day, year) Oct. 5 - 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Josiah Howe Loveland

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Chesterfield, Idaho. (City or Town) (State or foreign country)

14. Exact Occupation Farmer - Dairymen

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Alton Tolman

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Chesterfield, Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 12
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eliza A. Tolman (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) Mary E Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Maternity home M.D. (D.O., Midwife, etc.)
and address Eliza A Tolman Date March 1 1941
333 East 2nd north Logan Utah

DEC 30 1942 MAR 3 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

155111 003183 336992 336992

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 137 N. Lincoln
   (d) Name of Hospital or Maternity Home: Pocatello General Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello, Idaho
   (d) Street Address or R.F.D. No. 137 N. Lincoln
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Donald Ayling Jensen

5. Date of Birth of Child (Month, day, year) Dec. 11, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Christian Jensen
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Klum (City or town) Denmark (State or foreign country)
14. Exact Occupation
15. Industry or Business Railroad Engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karen Elizabeth Ayling
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 23 years, and that Mr. (First name) Wright (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karen E. Jensen Signature
137 N. Lincoln P. O. Address

Subscribed and sworn to before me this 18TH day of March, 19 42.

(SEAL) Jesse W Belknap Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary F Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25

OCT 6 1942

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

314-18-0441 844

337009

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD James Newell Campbell

5. Date of Birth of Child (Month, day, year) November 18, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Nathanial Campbell

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace American Fork, Utah (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Susannah Humble

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Huntington, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 25 years, and that Olive M. Humble (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Rhea Baker Signature

P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 42

(SEAL) Notary Public, residing at Basin Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary F Elder, Registrar.

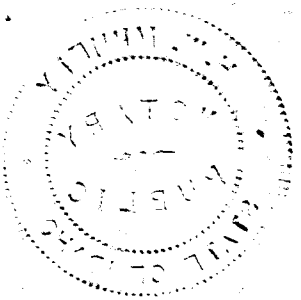
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 396-29-0284-453 338064

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338064
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 15th & Pennsylvania
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 15th & Pennsylvania
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene Ida.

4. FULL NAME OF CHILD Mary Louise Brown

5. Date of Birth of Child (Month, day, year) 6/19/19

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Brown
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Nova Scotia, Canada (City or town) (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Marie Deloney
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wausau, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Louise (First name) Deloney (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Marie Brown Signature
mother
..... P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942.

(SEAL) Rieka M. Lean Notary Public, residing at Priest River Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-111-026-799 Delayed Report

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338137
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at her home (this vicinity always)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby R#D 2
(d) Street Address of R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby R.D. 2

4. FULL NAME OF CHILD William Arthur Wilmot

5. Date of Birth of Child (Month, day, year) July 11th 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Arthur Wilmot
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Charles City (City or town) Iowa (State or foreign country)
14. Exact Occupation Teaming
15. Industry or Business General work with team

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Ruth Price
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Draper, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Eva R Wilmot (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Mar 12. 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel H Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-207-044-559

338143

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Barbara Alice Bagley

5. Date of Birth of Child (Month, day, year) January 7, 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter H. Bagley
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della May Evins
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Juliet (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address Weiser Idaho, Date Mar 7-42

State of Idaho, County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Bagley. Signature

Weiser Idaho, P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) ..... Notary Public, residing at Weiser Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-205-003-715

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338163
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho

4. FULL NAME OF CHILD LaVerne Margaret Nielsen Lancaster

5. Date of Birth of Child (Month, day, year) Nov. 5 - 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Nielsen

11. Color or Race White **12.** Age at time of THIS birth 28 yrs.

13. Birthplace Cleveland (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Charlotte Carter

17. Color or Race White **18.** Age at time of THIS birth 23 yrs.

19. Birthplace Cleveland (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Charity Craig (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Nielsen Signature

Cleveland Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942.

(SEAL) Moran H. Lowe Notary Public, residing at Preece Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel Teeples, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-110-015-356

MAR 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

338212

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Carbon
City of Wayan
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lewis Hemmert

3. Sex | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term Yes. | 7. Legitimate? ..... | 8. Date of birth Jan. 10, 1919 (Month, Day, Year)

FATHER

9. Full name Lyman Hemmert
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) St Charles (State or Country) Bear Lake Co. Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Phebe Ann Lewis
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Bountiful (State or Country) Davis Co. Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Johanna Soderman, Midwife
Address Wayan Idaho
Filed ....., 19.. Mabel H. Eales Registrar.

MAR 24 1942

MAY 4 1954

465-014.042-249

338323

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 10 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Harriet Louise Monroe

5. Date of Birth of Child (Month, day, year) Jan 14 1919

6. Sex female **7.** Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Francis Monroe
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace near Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Rowena Mesia Smith
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that W R Hamilton (First name) (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie S Coberne Signature

P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942

(SEAL) C H Hayden Notary Public, residing at Weiser Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-213-028-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No. 1303 - 6 St
(d) Name of Hospital or Maternity Home: Reed Maternity Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1303 - 6 St
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wonnetta Mae Hagadone

5. Date of Birth of Child (Month, day, year) Nov 13 - 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond R. Hagadone
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Brasneard (City or town) Minn. (State or foreign country)
14. Exact Occupation Saw Filer
15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Mabel Cady
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Ravana (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr Holden (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R.R. Hagadone Signature
Coeur d Alene Idaho P. O. Address

Subscribed and sworn to before me this 14 th day of March, 1942

(SEAL) R.R. Hagadone Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES OCT. 10, 1943

Received for filing on MAR 16 1942 by Mabel Hagadone, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1961

MAR 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-203-022-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338594
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parkman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 3 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parkman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Una Mae Hendrickson

5. Date of Birth of Child (Month, day, year) August 3, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Allen Hendrickson
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Sunnyside, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer Deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Christiansen
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Mayfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Luella Hendrickson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E L Sanger M.D. Midwife Address Ashton Idaho Date 3-30-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/15-212-002-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338613
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City New Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At parents home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City New Meadows
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) N. Meadows - Ida

4. **FULL NAME OF CHILD** Alice Caroline Davis

5. Date of Birth of Child (Month, day, year) August 12 - 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bryan Jefferson Davis
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Meat cutter
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tibba Pauline Anderson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Thurston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Dr. Sheets (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) ... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

Tibba Pauline Davis Signature
Olympia, Washington P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942.
(SEAL) Betty Dunstrack Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel H. Cafes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-121-003-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 724 Main St.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD George Leon Reynolds

5. Date of Birth of Child (Month, day, year) Feb. 21, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Carpenter Reynolds
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cedar Rapids (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leone Jones
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Logan (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of LINN } ss.
County of IOWA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Dr. Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leone Jones Reynolds Signature

P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942

(SEAL) Bill Davis Notary Public, residing at Cedar Rapids

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-104-003-344

MAR 14 1942

United States
Department of Commerce
Bureau of the Census

(Give the information as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

338645

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: 2004 2nd avenue
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home (2) days.
In **THIS** county 2 years ...... months ...... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif (b) County Los Angeles
(c) City (Los Angeles) Gardena
(d) Street Address or R.F.D. No. 1 Box 31A
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Rt. 1 Box 31A

3. **RESIDENCE OF FATHER** (city, state) Gardena, Calif

4. **FULL NAME OF CHILD** Orval Francis Chandler
5. Date of Birth (Month, day, year) August 4, 1919
6. Sex male
7. Twin or Triplet neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 months
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Chandler
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town), Utah (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Cumberland
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace Fulton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9
(c) Born alive and now dead none (d) Stillborn [redacted] none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ...... (born alive, stillborn) at ...... M. on the date and at the place stated above, and that personal particulars were furnished by ...... (First name) (Last name), who is related to this child as ...... (Mother, etc.)

26. (a) ...... (Date received) (b) Mary Kiden (Registrar's signature)

25. Attendant's **OWN signature** ...... M.D. or ...... (D.O., Midwife, etc.) and address ...... Date

27. Given name added on ...... by ...... (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I William Wallace Chandler being first duly sworn, say that I am the Father (Related to (or) acquainted with) of Orval Francis Chandler (Name of person on certificate above) son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ...... (Name of attendant at birth), who attended said birth ...... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Wallace Chandler Name
18401 S. Western Av Gardena Calif

Subscribed and sworn to before me on this 12 day of March 1942

(SEAL) Jessie Garnette Notary Public, residing at 8431 So. Broadway Los Angeles Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-228-231-516

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 38652
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Reubens
(c) ~~Street Address~~ or R.F.D. No. 1 Culdesac
(d) Name of Hospital or Maternity Home: In my farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Reubens
(d) ~~Street Address~~ or R.F.D. No. 1 Culdesac
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Reubens, Ida.

4. FULL NAME OF CHILD Edith Evelyn White

5. Date of Birth of Child (Month, day, year) January 28, 1919.

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate yes.

FATHER OF CHILD

10. FULL NAME Alfred Emanuel White
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Alto (City or town) Washington (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Grace Hawley
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Weeping Water (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2 A. M. on the date stated above, and that personal particulars were furnished by Mrs. Ethel White (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mrs. Margaret Hood M.D. Midwife Address Cottonwood Wash Date March 20, 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-21-203-285

MAR 20 1942

338811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Aven Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address (For registration notice): Soda Springs (Street or R. F. D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, Ida

4. **FULL NAME OF CHILD** Margaret Grace Coffard

5. Date of Birth (Month, day, year) Jan 16 1919

6. Sex Fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rene James Coffard

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Idaho Springs, Colo (City or Town) (State or foreign country)

14. Exact Occupation Garage Owner

15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Jane Shelton

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Colorado Springs, Colo (City or Town) (State or foreign country)

20. Exact Occupation Beauty Operator

21. Industry or Business Beauty Shop

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Rene J. Coffard (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** Russell Tigert M.D. (D.O., Midwife, etc.) and address Soda Springs Ida Date 3-15-42

26. (a) March 15, 1942 (Date received) (b) Dr Russell Tigert (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

314-101-026-919

MAR 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Lorenzo, Ida.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 338812

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth Park Lamb.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		yes	yes	April 1, 1942

FATHER	MOTHER
9. Full name: James Arthur Lamb.	18. Full maiden name: Myrtle L. Park.
10. Residence (usual place of abode) (If non-resident, give place and State): ~~Drummond~~, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Drummond Ida
11. Color or race: white | 12. Age at last birthday: 30 (years)	20. Color or race: white | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): menan, Ida.	22. Birthplace (city or place) (State or Country): La Belle Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Pumper.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home.
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work 10.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... / Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 7 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Elizabeth Rose, Midwife

Address annis Idaho.

Filed Mar, 1942 Mary Nelson Registrar.

MAR 31 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

-33-209, OK-891

338851

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338851
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Ruth Blatter

5. Date of Birth of Child (Month, day, year) December 9, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gottlieb Blatter
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Springfield (City or town), Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora May Hiatt
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Plano (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dora May Hiatt (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Otha O. Mellar M.D. ~~Midwife~~ Address Idaho Falls Date Dec 9, 1919.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 MAR 30 1942 by Mary F. Eddy, Registrar.

MAR 2 _ 42

FEB 14 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent ~~to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-108-006-263

339006

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339006

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address 430 11th St Shelley Ida

3. RESIDENCE of FATHER (If State Idaho, Twin Falls Ida

4. FULL NAME OF CHILD Lyle Heber Longhurst

5. Date of Birth (Month, day year) Oct 6th 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Philip A. Longhurst

11. Color or Race W

12. Age at time of THIS birth 24 yrs.

13. Birthplace Iona (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna M. Bolander

17. Color or Race Wh

18. Age at time of THIS birth 22 yrs.

19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nit

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Anna M Bolander (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature J. W. Roberts M.D. (M.D., Midwife etc.) and address Shelley Ida Date Nov 10-41

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

JUN 25 1968
APR 20 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

552-123-203-259

339091

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339091
Local Reg. No. 1
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho.

4. FULL NAME OF CHILD Elmo Nester

5. Date of Birth of Child (Month, day, year) July 23, 1919.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Larry C. Nester
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bealington, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Snider
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9: P M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Snider Nester (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 years, and that Dr. J. H. Hubbard. M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Snyder Nester Signature
Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 26 day of March, 19 42

(SEAL) Morann M Lewis Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary M Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-202-001-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Lukes Hospital
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Evelyn Jones

5. Date of Birth of Child (Month, day, year) July 2 1919

6. Sex female

7. Twin or Triplet? If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Houston Jones
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Woodbury (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miss Allie Samantha Smith
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Harrison (City or town) Ark. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. John H. Jones Signature
Medford Rt. 1 - Box 315 P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942

(SEAL) H. C. Mechem Notary Public, residing at Jacksonville Ore

My Commission Expires February 10, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mabel E. Phillipsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-113-26-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Ririe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county 27 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Ririe
(d) Street Address or ~~R.F.D.~~ No. Ririe
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Lavell Tirrell

5. Date of Birth of Child (Month, day, year) Nov. 13 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Tirrell
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jane Lovell
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Oak City Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Surmaline (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Jane Tirrell (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Elizabeth Jane Tirrell M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Dr Jane T Price (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Jane Lovell Tirrell Signature
Ririe Idaho P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942

(SEAL) Notary Public, residing at Ririe Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mark H. Kistler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-101-002-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339143
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 4 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD Charles William McCoy

5. Date of Birth of Child (Month, day, year) October 1, 1919

6. Sex Male **7.** Twin or Triplet — **If so—born** 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Ames McCoy
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Mercer County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Irene Jenkins
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Adair County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Colorado } ss.
County of Mesa }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22 years, and that Marida (First name) Jenkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires August 31, 1943

Mae Irene McCoy Signature
Whitewater, Box 52, Colorado P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942
(SEAL) Wayne R. Espinard Notary Public, residing at Grand Junction, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible], Registrar.

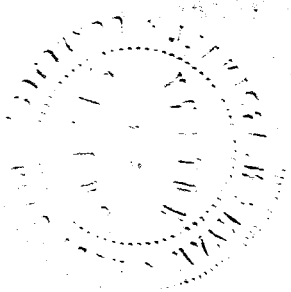
APR 2 1949

JAN 18 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-201-603-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339153
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 1/6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland Ida

4. FULL NAME OF CHILD Helen Gray

5. Date of Birth of Child (Month, day, year) June 1 1919

6. Sex Female **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clark Parker Gray
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Fenton Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula May Campbell
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Montpelier Ida (City or town) (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 22 years, and that Mary Lundgren (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clark Parker Gray Signature
Cleveland Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42

(SEAL) Harold B. Lowe Notary Public, residing at Grace Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-126-028-133

339177

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339177
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENIA (b) City Mica Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenia
   (c) City Mica
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mica Idaho

4. **FULL NAME OF CHILD** Wallace Eugene Bucher

5. Date of Birth of Child (Month, day, year) June 26 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Anthony John Bucher
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Kankakee (City or town) Illinois (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Allman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Montezuma (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Bucher Signature

1119 Lakeside, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942

(SEAL) Wm McCrum Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Hasler, Registrar.

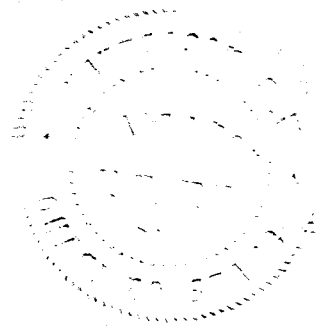
APR 2 1947

AUG 17 1960
AUG 4 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



434-115-028-385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339251

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 6th & Locust
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 0 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 6th & Locust
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edward Francis McMahon

5. Date of Birth of Child (Month, day, year) April 15th 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Francis McMahon
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Bradford (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Logging Contractor
15. Industry or Business Lumbering & Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Lynch
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Dr John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret McMahon Signature

..... P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) J. WARNEY Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary Whelpley, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-014-033-335

339287

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Ruth Agnes Blaser

5. Date of Birth of Child (Month, day, year) Nov. 14, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Blaser Jr.

11. Color or Race white

12. Age at time of THIS birth 19 yrs.

13. Birthplace Rexburg (City or town) Idaho (State or foreign country)

14. Exact Occupation Contracting

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Agnes Steel

17. Color or Race white

18. Age at time of THIS birth 18 yrs.

19. Birthplace Plano (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Blaser (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature G. Hope M.D. ~~Midwife~~ Address Burley, Ida Date 3-16-42

State of Nevada
County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Dr. (First name) Hope (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Blaser Signature

507 Railroad St., Elko, Nevada P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) Alyce C. Wright Notary Public, residing at Elko, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. exp. May 13, 1944

Received for filing on MAR 30 1942 by Mary F. Felder, Registrar.

MAR 30 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1942

MAY 13 1965

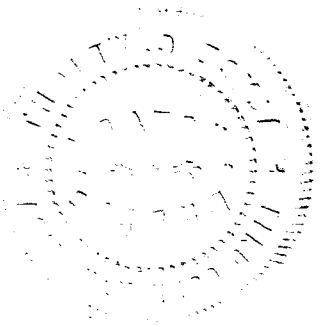
MAY 8 1968

OCT 17 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



D 36-124-032-315

APR 8 1942

339356

339356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339356
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Paul
(c) Street Address or R.F.D. No. Rt.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Idaho

4. FULL NAME OF CHILD Edward Orrin Stoddard

5. Date of Birth of Child (Month, day, year) March 24, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Albert Stoddard
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Ann Cannon
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 63 years, and that Mrs. Stoddard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

His mark- X Henry Albert Stoddard Signature
406 So. 3rd Boise Ida P.O. Address

Subscribed and sworn to before me this 8 day of April, 19 42

(SEAL) Carl Ennis Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Virgil F Eldon, Registrar.

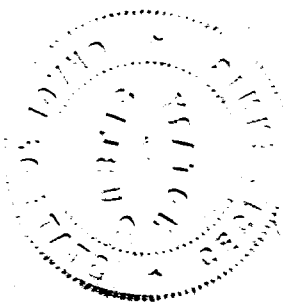
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DUP OF 19-252435

BOTH DELAYED

256-104-006-612

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Fielding Snow

5. Date of Birth of Child (Month, day, year) March 4 1919

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 10

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Snow
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Rosboro (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zilla Washburn
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lenoir (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Deceased Midwife Address ____ Date ____

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zilla Snow Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942

(SEAL) William G. Enstrom Notary Public, residing at Jerome

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 Probate Judge & Ex-Officio Clerk by Mabel Weeks Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-22 5-010-389

339453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LOLA MAY FIELD

5. Date of Birth of Child (Month, day, year) APRIL 25 1919

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME DELBERT RICHARD FIELD

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace Idaho Falls Ida. Bonneville (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EDNA MAY CHRISTENSEN

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Emery Emery Co. Utah (City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel Christensen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-227-01p-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339467
Local Reg. No.
Reg. Dist. No.

MAR 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 Mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anna Mathilde Keaton

5. Date of Birth of Child (Month, day, year) Oct 27 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Fullmer Keaton
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Salt Lake City (State or foreign country) Utah
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marie Andersen
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Keaton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. R. Smith M.D. Midwife Address Burley Idaho Date 3/24/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Alameda } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that George Ritter Smith MD (First name) (Last name), ~~who attended~~ this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie M. Keaton Signature
112 North Overland Ave., Burley, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942

(SEAL) Hazel G. Cromie Notary Public, residing at Alameda County, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAR 4 1942 MAR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462 -108-005 445

339513

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. 621 Main Ave.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries, Idaho
(d) Street Address or R.F.D. No. 621 Main Ave
(e) How long has MOTHER lived in Idaho? 8½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lewis Arthur Mosley

5. Date of Birth of Child (Month, day, year) March 8, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Otto M. Mosley
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Findlay, (City or town) Ohio (State or foreign country)
14. Exact Occupation grocer
15. Industry or Business grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie E. Munn
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Garrett, (City or town) Indiana (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 P. M. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie E. Mosley (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's OWN signature J. Linsolving M.D. ~~Midwife~~ Address St. Maries Date 3/30/42

State of) ss.
County of)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel F. Gehler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 666 - 07-035-369

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Spalding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Spalding
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha Esther Woods

5. Date of Birth of Child (Month, day, year) Dec. 7, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME John Charles Woods

11. Color or Race Indian

12. Age at time of THIS birth 55 yrs.

13. Birthplace Nezperce Co. (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Corbett

17. Color or Race Indian

18. Age at time of THIS birth 31 yrs.

19. Birthplace Kamiah (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boricic

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Saunders (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 23 years, and that Mabel (First name) Saunders (Last name) who attended this birth Her (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Saunders Signature

Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) V. B. Anderson Notary Public, residing at Potlatch Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-209, 022-413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nellie Elizabeth Colwell

5. Date of Birth of Child (Month, day, year) 1/9/19

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Charles Milton Colwell
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Ashton (City or town) Osceola Nebr (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Louise Jackson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Shelby (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as [redacted] (Mother, etc.)

25. Attendant's **OWN** signature Doctor Meacham (Deceased) M.D. Midwife Address Ashton Idaho Date 1/9/19

State of Idaho
County of Fremont } ss. Local Certificate

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Doctor Meacham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett Louise Colwell Signature
Mission Auto Court, Daly City, Calif. P. O. Address

My Commission Expires October 2, 1945

Subscribed and sworn to before me this 27 day of March, 1942.
(SEAL) R. C. MacArthur Notary Public, residing at Daly City, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Kiefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-205-007-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Gannett Idaho

4. FULL NAME OF CHILD May Alice Laverty

5. Date of Birth of Child (Month, day, year) May 5 1919

6. Sex Female

7. Twin or ~~Triplet~~ If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William James Laverty
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Appledore England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Silvia Beatty
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Gannett Idaho (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at May 5 1919 M on the date and at the place stated above, and that personal particulars were furnished by O J (First name) Laverty (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature O J Laverty ~~M.D.~~ ~~Midwife~~ Address Gannett Idaho Feb 17-42

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 23 years, and that William James (First name) Laverty (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William James Laverty Signature
Gannett Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942.
(SEAL) [illegible] Notary Public, residing at Hailey
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-128-035-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Spalding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No. one
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GAROLD RAYMOND HAMMOND

5. Date of Birth of Child (Month, day, year) Aug. 28, 1919

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME OWEN A HAMMOND
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Palouse (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HAZEL S. PIERCE
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Lake Hook (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for all his life years, and that MAY (First name) FEILING (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel S Hammond Signature

DEARY IDAHO P. O. Address

Subscribed and sworn to before me this 31st day of MARCH, 1942

(SEAL) ____ Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-225-0PD-457

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339736
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. # 3
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years all time months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. # 3
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Id.

4. **FULL NAME OF CHILD** Evelyn Mary Louise Cenell

5. Date of Birth of Child (Month, day, year) Sept 25 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Earl Alvah Cenell

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Grenville Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta M Mepham

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Council Bluffs Iowa
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or [redacted]

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted]

23. Number of children of this mother: (a) At time of birth and in [redacted]

ATTENDANT'S CE[redacted]

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above and that personal particulars were furnished by Mrs. Earl A. Cenell (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.A. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date 4/2-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937 Session Laws, has not been recorded, or in case of [redacted] which has occurred subsequent to such [redacted] received and filed by the local registrar for [redacted] Vital Statistics for the purposes and uses [redacted] Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-122-033559

339883

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5.0 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Idaho

4. FULL NAME OF CHILD John Anthony Gardner.

5. Date of Birth of Child (Month, day, year) June, 22, 1919.

6. Sex Male **7.** Twin or Triplet ( ) If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Thomas Gardner.
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Teton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Neibaur.
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Liberty (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag. NO 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 22 years, and that Dr. (First name) Martin. (Last name), who attended this birth Cannot be located (~~Knows deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Neibaur Gardner. Signature
Teton, Fremont Co, Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942.

(SEAL)

John C. Porter Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary F Calder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DEC 28 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-108-026-858

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. # 1
(d) Name of Hospital or Maternity Home: Neither-at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 9 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. # 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Vernal Mertis Morgan

5. Date of Birth of Child (Month, day, year) June 8, 1919

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vernal Edward Morgan
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace Rigby, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Leath Heyrend
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Rigby, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Vernal Edward Morgan (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 22 years, and that Dr. S. H. Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Leath Morgan Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942.

(SEAL) Robert W. St. Clair Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary Kiesler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-108-205-653

DELAYED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339980
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City St. Joe Ida
(c) Street Address or R.F.D. No. Gen Joe
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Joe - Ida
(d) Street Address or R.F.D. No. Gen - Del
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Joe - Ida

4. **FULL NAME OF CHILD** John Wade Hicks

5. Date of Birth of Child (Month, day, year) 11-8-1919

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Elmer A Hicks

11. Color or Race white

12. Age at time of THIS birth 21 yrs.

13. Birthplace [redacted] (City or town) Idaho (State or foreign country)

14. Exact Occupation Saw mill worker

15. Industry or Business Saw mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Onthank

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Moscow Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agnos

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 6 a.m. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Eldon Hicks (First name) (Last name) who is related to this child as Father (~~Mother~~, etc.)

25. Attendant's **OWN** signature Owen D. Platt M.D. M.D. ~~Midwife~~ Address St Maries Ida Date 3-21-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE 04/02/2018
CERTIFICATE STATUS OTHER CHANGE NOT MARKED AMENDED ADDED IN VSADS2

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-207089-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340023
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Home
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida.

4. FULL NAME OF CHILD Nellie Jane Ellen

5. Date of Birth of Child (Month, day, year) Oct 7-1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Pearl Ellen

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Harvard (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Jane Butler

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Ontario (City or town) Wisconsin (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22½ years, and that Emma Cable (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Pearl Ellen Signature
1921 No. Monroe St. Spokane Wn. P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) M. E. Mack Notary Public, residing at Spokane Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel Hedden, Registrar.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

849-114 026 553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAWRENCE VERNON QUINTON			2. Date Of Birth (month) JULY (day) 14, (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Roberts
FATHER	6. Full Name of Father: James Quinton			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mable Nelson			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lawrence V. Quinton	11. Present Address of Registrant: 302 Rossguie, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3E - 1959		12. Signature of Notary: Hazel L. Hurlbert.	13. Notary Commission expires: Sept 28, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 55	By whom issued and signed: Stella Pimley	Date Issued: Jan. 9, 1965	Date Orig. Entry: --------
	Date of Birth: July 14 1919 / Birth Place: Roberts, Idaho	Full Name of Mother: Mable Nelson Quinton	Name of Father: James Quinton	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: H. M. Sebastian Major	Date Issued: Jan. 24 1946	Date Orig. Entry: Active Service June 21, 1944
	Date of Birth: July 14, 1919 / Birth Place: Roberts, Idaho	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Personnel Record	By whom issued and signed: Murriel C. West Postmaster	Date Issued: May 19 1958	Date Orig. Entry: --------
	Date of Birth: July 14 1919 / Birth Place: Roberts, Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec.6, 1965

FORM BH 56067

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340029
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts Idaho

4. FULL NAME OF CHILD Laurence Vernon Quinton

5. Date of Birth of Child (Month, day, year) July 14 1914

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Quinton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Nelson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cokeville Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Klickitat }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for 23 years, and that Dr. Vernon Jones (First name) (Last name), who attended this birth can not be found (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Nelson Quinton Signature

..... P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) ..... Notary Public, residing at Bingen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

APR 10 1942

DEC 6 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-103 042-234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Twin Falls County Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. R. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Rex Kluender

5. Date of Birth of Child (Month, day, year) June 3, 1919

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? no

FATHER OF CHILD

10. FULL NAME Rex Bailey
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Kluender
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace South Inglewood Illinois (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 22 years, and that Frank A. (First name) Dwight (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frieda Kluender Signature

R. 1 Buhl Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April 1942

(SEAL) Walter L. Musgrave Clerk of the District Court Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1942

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-213 003-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340050
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Berneice Anderson Larsen

5. Date of Birth of Child (Month, day, year) Feb. 13, 1919

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otto W. Anderson
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Utah Power & Light Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabell Lowe
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 6.30 P M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Dr. J.H. Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Lowe Anderson Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942.
(SEAL) Morgan L. Lowe Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V39 'ID1 022.215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D.
(d) Name of Hospital or Ma[illegible] Home: Home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 10 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD LaGrande C. Larsen

5. Date of Birth of Child (Month, day, year) Oct. 1, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hyrum Larsen
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Richmond (City or town) Utah, U.S.A. (State or foreign country)
14. Exact Occupation retired laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Andrea Therese Sandvand
17. Color or Race white **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Haugesund (City or town), Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 22 1/3 years, and that Dr. Meacham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrea Therese Larsen Signature

Ashton Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942.

(SEAL) Mrs. Neal B. Haaga Notary Public, residing at Ashton Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary Nichols, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942
MAR 12 1954
MAY 9 1965
FEB 27 1967
MAR 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-1290 10-996

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Lee St.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: all life
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. Lee St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD ROBERT EARL NORBY

5. Date of Birth of Child (Month, day, year) April 29, 1919

6. Sex Male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CARL FREDERICK NORBY
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Yard Man, Lumber Co.
15. Industry or Business Lumber Company

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN IRWIN
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ucon, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. G. H. Coulthard (First name) (Last name), who attended this birth believed deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Irwin Norby Signature
430-S. 4th East, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42.

(SEAL) Olga Chatlaff Clerk of Probate Court Notary Public, residing at Idaho falls,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel Tolles, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-NI-003-289

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD) N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 340107

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD AlVaro Martin

3. Sex Male | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 6th | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth August 11, 1941 (Month, Day, Year)

FATHER

9. Full name David A. Munroe Martin

10. Residence (usual place of abode) (If non-resident, give place and State) Lava Hot Springs Idaho

11. Color or race Wh | 12. Age at last birthday 49 (years)

13. Birthplace (city or place) (State or Country) Providence, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Elena Byington

19. Residence (usual place of abode) (If non-resident, give place and State) Lava Hot Springs Idaho

20. Color or race Wh | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Downey, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother Sixth (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) D. J. Hastings, M. D.

or ....., Midwife

Address Pocatello, Idaho

Filed APR 7 1942, 193.. Mabel H. Lefevre

Registrar.

APR 1 3 1942

MAY 1 1944

DELAYED

514 124041-251

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia, Idaho

4. FULL NAME OF CHILD William Woodrow Vaughan

5. Date of Birth of Child (Month, day, year) May 24, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Scott Vaughan
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Saltello, Mississippi (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & Stock Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Annie Beard
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Coalville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie L. Vaughan (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature x Minnie L. Vaughan MD Midwife Address Salt Lake City, Utah Date April 1, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1919-D81-111

X

385-210 024-697

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Ida Louise Lynch

5. Date of Birth of Child (Month, day, year) April 10, 1919

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Uriah Curtis Lynch
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Grand Junction, Colo. (City or town) (State or foreign country)
14. Exact Occupation Well Driller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Emma Wiggins
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kaywood, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucy E. Lynch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 23 years, and that Mr. Harry Lynch (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lucy Emma Lynch Signature
Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942

(SEAL) Shelby A. Turner Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My Commission Expires Aug. 27, 1945

Received for filing on APR 10 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

358-225031-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Ida

4. FULL NAME OF CHILD Fiorace Naoma Lehman

5. Date of Birth of Child (Month, day, year) Feb 25 or 26th 1919

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Everton Lehman
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Dubois (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Berry Grower

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah B. Blakely
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Osceola (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Beulah Lehman (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Fresno }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 23 years, and that x x (First name) Taylor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was Neoma Lehman's nurse

Jennie C. Blakely Signature
217 N-4th St Fresno Calif. P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) Francis E. Huebner Notary Public, residing at Fresno, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 221 010-689

340403

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 18th
   (d) Name of Hospital or Maternity Home: Fathers & Mothers Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Ida
   (d) Street Address or R.F.D. No. 18th St
   (e) How long has **MOTHER** lived in Idaho? H H yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Margaret Sarda Colan

5. Date of Birth of Child (Month, day, year) February 21, 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Albert Colan
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ferry Station (City or town) Montana (State or foreign country)
14. Exact Occupation Plumbing
15. Industry or Business Plumbing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Whitmore
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Jerome (City or town) Ida. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 — P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Colan (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls, Ida Date Sept-10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Mary Kessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

NOV 13 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413 108-028-556

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340415
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Worley Ida
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Montana
(c) City Worley
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Worley Ida

4. FULL NAME OF CHILD Benjamin Cleveland Mattern

5. Date of Birth of Child (Month, day, year) Jan 8-1919

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Montgomery Mattern

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Virginia (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Elizabeth Newlon

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a M. on the date and at the place stated above and that personal particulars were furnished by J Mattern (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature L Clanton M.D. Midwife Address Rockford Date Ap 10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Nickerson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

MAY 14 1942

MAR 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

455-13001-0532

340511

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Iona Idaho

4. FULL NAME OF CHILD Clyde E. Denning

5. Date of Birth of Child (Month, day, year) Nov. 30 - 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Denning

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Mae Ellington

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Steele (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that Dr. J.C. Hallister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Denning Signature

210 Lomax St Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 8 day of April, 1942

(SEAL) Harold J. Bishop Notary Public, residing at Idaho Falls, Idaho

HAROLD J. BISHOP, Notary Public
Residing at Idaho Falls, Idaho
My Commission Expires June 4, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 10 1942 by Mabel Tate, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 107 042 579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340562
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City
(c) Street Address or R F.D No. 337 2nd abe east
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls,
(c) City 337,2nd ave east
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state).

4. **FULL NAME OF CHILD** Herman Norman Yarbrough
5. Date of Birth (Month, day, year) Aug. 7th 1919
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman N Yarbrough
11. Color or Race blk
12. Age at time of THIS birth 24 yrs.
13. Birthplace Joplin (City or town) Mo (State or foreign country)
14. Exact Occupation Gas Waiter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Earl
17. Color or Race blk
18. Age at time of THIS birth 19 years
19. Birthplace Colorado Springs, Colo (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag 403 - 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 A M. on the date and at the place stated above, and that personal particulars were furnished by Herman N Yarbrough (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) March 25th 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Twin Falls, Idaho Date 3 25 42

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, being first duly sworn, say that I am (Related to (or) acquainted with)
as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name
P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-221-032-763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340590
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Grace Albertine Rost

5. Date of Birth of Child (Month, day, year) Sept. 21, 1919

6. Sex female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Helmut Rost
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Noel (City or town) Missouri (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Albertine Victoria Gold
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Granger, Utah (City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Gooding }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now forty years of age, that I have known this person for 22 years, and that Dr. (First name) Fields (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Albertine Rost. Signature
Wendell, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42
(SEAL) J. Stanson, Notary Public, residing at Wendell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Mabel Tolman, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

SEP 3 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 120 022 · 363

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340591
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No. R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No. R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Richard, Fredrick, Barrett

5. Date of Birth of Child (Month, day, year) Nov. 20, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William, Fredrick, Barrett
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Gooding (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dollie Eva Collier
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Mackay (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dollie (First name) Barrett (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 19 73 years, and that Richard Fredrick Barrett (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dollie Eva Barrett Signature
3002 - Thompson Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42

(SEAL) Edward F. Bryan Notary Public, residing at Long Beach Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ____, Registrar.

APR 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-130 003962

340617

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 529 North 5th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 529 North 5th
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Albert Colaianni

5. Date of Birth of Child (Month, day, year) Sept. 30 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Adelmo Colaianni
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace S. Pietro Avellana (City or town) Italy (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business Groceries (Star Grocery Co)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorantina Rossi
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace S. Pietro Avellana (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for over 22 years, and that Dr. (First name) Arnaut (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelmo Colaianne Signature

750 N 12th Avenue P. O. Address

Subscribed and sworn to before me this 14 day of April 1942

(SEAL) M. W. Humphreys Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-120 022. 249

340659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charley Bell

5. Date of Birth of Child (Month, day, year) Oct. 20, 1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bruce Bell
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Do not know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Smith
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Paradise Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of Columbia } ss.

AFFIDAVIT to be completed ~~when the attendant does not sign~~ in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 20 years, and that Do not know (First name) Do not know (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hazel E. Stevenson Signature

25 E. 2nd Vernonia Ore. P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42

(SEAL) Chas. F. Hieber Notary Public, residing at Vernonia Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) 3/8- 1944

Received for filing on APR 15 1942 by Mark Tate, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-106029-694

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Troy Ida

No. ____ St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

340753

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vernon Howard Luther

3. Sex: male

If plural births: 4. Twin, triplet, or other: nv; 5. Number, in order of birth: one

6. Premature: no. Full term: yes

7. Legitimate? yes

8. Date of birth: Mar 6, 1919 (Month, Day, Year)

FATHER

9. Full name: Ivan, Howard, Luther

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho

11. Color or race: white | 12. Age at last birthday: 39 (years)

13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: FARMER

16. Date (month and year) last engaged in this work: Sept 29, 1936

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Annie Caroline Frisk

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho

20. Color or race: white | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housekeeper

25. Date (month and year) last engaged in this work: ____, 19__

26. Total time (years) spent in this work: 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 4 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Mrs Annie Luther, mother, M. D.

or ____, Midwife

Address Orchard Idaho

Filed APR 13 1942 Mary [illegible] Registrar.

Subscribed and sworn to before me this 11 Day of April 1942

Anna Batsch Notary Public

APR 17 1942

DELAYED

289-123-014-235

340803

340803

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340803
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 5 years 5 months 22 days.

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Harold Leroy Shively

5. Date of Birth of Child (Month, day, year) Sept 23-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert Glen Shively
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth A. Stevenson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Little River, Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 46 years of age, that I have known this person for ..... years, and that Dr. L. Robinson (First name) (Last name), who attended this birth, deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth A. Shively Signature
Baker, Oregon, 2156 Main St. P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42

(SEAL) Marcus C. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary F Felger, Registrar.

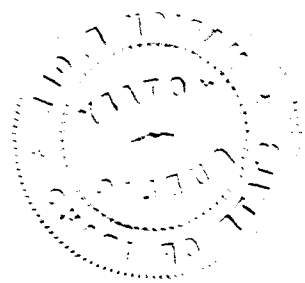
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-112037-212

340829 340829

United States Department of Commerce Bureau of the Census

APR 20 1942 (Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City ~~Home~~ Murphy
(c) Street Address or R.F.D. No. Murphy
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County owyhee
(c) City Murphy
(d) Street Address or R.F.D. No. Murphy
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Murphy, Idaho

4. FULL NAME OF CHILD Raymond Barrientos

5. Date of Birth of Child (Month, day, year) 9-12-19

6. Sex male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alonzo Barrientos
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Spain (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Teofila Barrientos
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at NAR M. on the date and at the place stated above, and that personal particulars were furnished by Barbara Urquiaga (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Geo. O. C. Kellogg M.D. Address Nampa Date 4/20/42

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 24, above, that I am now 53 years of age, that I have known this person for 22 years, and that Dr. Geo. O. C. Kellogg (First name) (Last name), who attended this birth signed above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Her (+) mark Teodora Barrientos Signature

P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942.

(SEAL) Donald C. Potter Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Maud E. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 [illegible]

JUN 2 0 2007

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

600—ACKNOWLEDGMENT—SINGLE xmedd Printed and for sale by The Statesman Shop, Boise, Idaho

STATE OF IDAHO,
County of Canyon } ss.

On this 20 day of April, in the year 19 42, before me Donald C. Potter, a Notary Public in and for said State, personally appeared Leo O. A. Kellogg

known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Donald C. Potter

Notary Public for Idaho, Residing at Nampa, Idaho.

4 465-228 010 141 340830 340830

United States Department of Commerce Bureau of the Census APR 20 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340830
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ella Ann Montgomery

5. Date of Birth of Child (Month, day, year) July 28, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Clinton Montgomery
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace LaGrande (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

Adams

16. FULL MAIDEN NAME Margueritte Elizabeth /
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grant (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. (First name) Wilson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margueritte Elizabeth Adams Montgomery Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.
(SEAL) Wm. L. Dunbar Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340961

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 711 W. Wyeth St
(d) Name of Hospital or Maternity Home: 711 W. Wyeth St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 711 W. Wyeth St
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD James David Hanley

5. Date of Birth of Child (Month, day, year) September 12, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Munroe Hanley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Wichita Kansas (City or town) (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business Oregon Short Line R.R. Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Donna Allison McKie
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sterling Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Baker }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Mrs. Fannie McKie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. M. Hanley — Signature
236 Bridge Street Baker Oregon P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942

(SEAL) R. C. Frisbie Notary Public, residing at Baker Ore.

R. C. FRISBIE, Notary Public
State of Oregon
My Commission Expires April 11, 19

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mark H. Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP of 19-73661

DELAYED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Curtis Quentin Pyrah

5. Date of Birth of Child (Month, day, year) Feb. 21, 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Walter Pyrah
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Yorkshire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Arlette Ainsworth
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Aublet (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that Dr. Houston Snyder (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Pyrah Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942
(SEAL) W. P. Adamson Notary Public, residing at Carey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 116 006-183

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Anderson

5. Date of Birth of Child (Month, day, year) Mar. 16, 1919

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustaf Adolph Anderson
11. Color or Race White **12.** Age at time of THIS birth 54 yrs.
13. Birthplace Kerlie (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Ahlen
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Gerle (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a.m. Mr on the date and at the place stated above and that personal particulars were furnished by Maria Anderson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 4/13, 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the [redacted] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [redacted] years of age, that I have known this person for [redacted] years, and that ..... (First name) ..... (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 42
by Dr. Edwin Cutler. (SEAL) [signature] Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-110
033-291 APR 22 1942

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United States Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 341018
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. Not designated.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD David Kraus

5. Date of Birth of Child (Month, day, year) 6/10/19

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Henry Kraus

11. Color or Race White **12.** Age at time of THIS birth yrs.

13. Birthplace Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katheryn Kraus

17. Color or Race White **18.** Age at time of THIS birth yrs.

19. Birthplace Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature G. G. Parkinson M.D. Midwife Address Iona Idaho Date 4-20-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mark F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-104032-132

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City Richfield
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: at home, 1 mile west of Richfield.
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Richfield Idaho

4. FULL NAME OF CHILD James Boyd Atkeson

5. Date of Birth of Child (Month, day, year) April 4th 1919.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Lee Atkeson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Appleton City (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Della Atkeson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Appleton City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Wallowa }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Dr. Fields (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Lee Atkeson Signature
Nyssa Oregon P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942.

(SEAL) Aubrey L. Fletcher Notary Public, residing at Nyssa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

DUP OF 19-67955

DELAYED

157 226 010 394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341074
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. #5
(d) Name of Hospital or Maternity Home: Neither -at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 9 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. R.F.D. #5
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** ANNIE ELIZABETH JEPHSON

5. Date of Birth of Child (Month, day, year) Jan. 26, 1919

6. Sex Female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Leonard Jephson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Christ Church, New Zealand (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Elizabeth Timm
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Alma, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Don't know~~ Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Leslie L. Jephson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature H. H. Jones M.D. ~~Midwife~~ Address Idaho Falls, Idaho Date Mar. 19, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-112 040-314

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341106
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Wardner Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 14 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address (For registration notice): Rt. 6, Spokane, Wash.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Robert Paul Brown

5. **DATE OF BIRTH** (Month, day, year) March 12 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Murrel Brown

11. Color or Race white

12. Age at time of **THIS** birth 27 yrs.

13. Birthplace Palouse, Washington
(City or Town) (State or foreign country)

14. Exact Occupation Logger

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Lauer

17. Color or Race white

18. Age at time of **THIS** birth 24 yrs.

19. Birthplace Indianapolis Indiana
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Augusta Brown (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** W. L. Lindsay M.D. (D.O., Midwife, etc.)
and address Kellogg Idaho Date April 10, 1942

26. (a) APR 14 1942 (Date received) (b) Mabel H. Helfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the ~~local~~ registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

W. L. Lindsay.

DELAYED

353-220-022 813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341112
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 9 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Lavina Grayce LeCheminant

5. Date of Birth of Child (Month, day, year) Sept. 20, 1919

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Farr LeCheminant
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Pleasant Green, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Hathaway
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Chester, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen H. LeCheminant (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Juanita Brown Midwife Address St. Anthony, Idaho Date April 13, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary E Eldredge, Registrar.

APR 2 1 1942

MAR 22 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341162**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 709 Garden Ave.
(d) Name of Hospital or Maternity Home: Mrs Jennie Reid's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene Idaho
(d) Street Address or R.F.D. No. 405 - So. 15th St
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho.

4. FULL NAME OF CHILD Emmett Gamble Peterson

5. Date of Birth of Child (Month, day, year) June 1, 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emmett Otho Peterson
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Ludington (City or town) Michigan (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Mens Wear

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Draper Gamble
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Quincy (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~ Argyrol 20%.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emmett O. Peterson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Jennie Reid Dallas. M.D. ~~Midwife~~ nurse. Address 709 Isabella Date April 9-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel Heuston, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Swan
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Swan, Idaho

4. FULL NAME OF CHILD Lora Edith Swan

5. Date of Birth of Child (Month, day, year) Jan. 23, 1919

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Swan
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Red Rock (City or town) Montana (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy S. Standley
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Swanton (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 23 years, and that Margaret S Standley (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy S Standley Swan Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942.

(SEAL)

Frederick Hughes Swan Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR STATE OF IDAHO
RESIDING AT SALMON, IDAHO
MY COMMISSION EXPIRES SEPT. 21, 1943

Received for filing on APR 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Ida

4. **FULL NAME OF CHILD** Fredrick Morris

5. Date of Birth of Child (Month, day, year) April 29, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David John Morris
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Rockland, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Taysom
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Rockland, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Morris (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. I. Logan M.D. ~~Midwife~~ Address American Falls Date 4-11-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark Whelan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-207006819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341243
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay BEFORE delivery: none IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD Alona Bolander

5. Date of Birth of Child (Month, day, year) Oct 7th, 1919

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew C. Bolander
11. Color or Race American white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Denmark (City or town) Europe (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painter

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Harker
17. Color or Race White American
18. Age at time of THIS birth 31 yrs.
19. Birthplace Taylorsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Lemhi }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Mrs. C.W. Wadsworth (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha H Bolander Signature
Salmon, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942.

(SEAL) Wm. S Eakes Notary Public, residing at Salmon, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ____, Registrar.

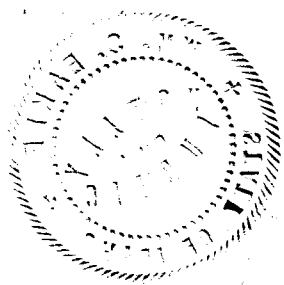
APR 30 1942

JUL 26 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



952-210-221-396

United States
Department of Commerce
Bureau of the Census

DELAYED

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341268
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Eva Norma Rebec

5. **DATE OF BIRTH** (Month, day, year) 3-10-1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilson Edward Rebec

11. Color or Race

12. Age at time of THIS birth ..... yrs.

13. Birthplace Trinidad (City or Town) Colorado (State or foreign country)

14. Exact Occupation Cook

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Crank

17. Color or Race W

18. Age at time of THIS birth 24 yrs.

19. Birthplace Edwards (City or Town) New York (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

APR 18 1942

26. (a) ..... (Date received) (b) Mary A. Calloway (Registrar's signature)

25. Attendant's **OWN signature** Mary A. Calloway M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE FACE 10/02/2018 ICL OCT 0 2 2018

DEC 1 1 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

318-214035 7/5

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Annabelle Taylor

5. Date of Birth of Child (Month, day, year) June 14, '19

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Bertan Taylor
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Irene Gans
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Melton, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that nobody (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. May Irene Quimby Signature
Route 2, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42.

(SEAL) Helen W. Murphy Notary Public, residing at Yakima.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

571-113-003 355

341300

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Central Idaho.

4. FULL NAME OF CHILD Dale Walter Egan

5. Date of Birth of Child (Month, day, year) 10-13-1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace Walter Egan
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Barnaidina Tengberg
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. John Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna P. Egan Signature
406 N. 8th P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42

(SEAL) Anna Keefe Clerk of District Court ~~Notary Public~~, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 19[illegible]

JAN 2 3 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 7/12 029 695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. RR 4
(d) Name of Hospital or Maternity Home: Born in Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 28 months 7 days 26

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. R-4
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Donald Delmer Dahlin

5. Date of Birth of Child (Month, day, year) June 12, 1917

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Emil Dahlin
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Unknown Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adah Amalia Fredland
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Troy Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all his life years, and that Dr. Hinkle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Dahlin Signature

Troy Ida P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942

(SEAL) ..... Notary Public, residing at Troy Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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341372

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 216 Center St.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 216 Center St.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Bernell Miller Gillies

5. Date of Birth of Child (Month, day, year) Aug. 14, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Abraham Gillies
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business W. T. Rawleigh Co. Freeport, Ill.

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Elizabeth Miller
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature G. V. Espe M.D. Midwife Address Burley, Ida Date 4-17-42

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22yrs7MO. years, and that Dr. GEo. G. Espe (First name) (Last name), who attended this birth Address Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Elizabeth Miller Gillies Signature
459½ E. 2nd S. Salt Lake City P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Marion Lyon Notary Public, residing at Salt Lake City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1952

MAR 28 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-226-203-155

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342461
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Personel home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county life years time months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lola Anderson

5. Date of Birth of Child (Month, day, year) July 26, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Anderson
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Menden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Pinina Jensen
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cleveland Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Nina (First name) Anderson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ✓ Maria Prescott M.D. Midwife Address Wendell Date Idaho

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 22 years, and that ✓ Maria (First name) Prescott (Last name), who attended this birth living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Pinina Jensen Anderson Signature
Wendell, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942

(SEAL) G. D. McCreery Notary Public, residing at Wendell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel Keeler, Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 89-21-022-291

342605

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City FARNUM
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years SEVEN months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City FARNUM
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? SEVEN yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD AFTON LUCILE WHITE

5. Date of Birth of Child (Month, day, year) (DAY : MONTH YEAR) 5/11/1919

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE H WHITE
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace CHESTER (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIAN EVELYN BRATT
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace LIVERPOOL (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business FARMER

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Leonard White (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature E L Evans M.D. Midwife Address Ashton Idaho Date 4-8-42

State of ..... ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-1041-029-268

342737

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342737
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 44 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Floyd Reuben Garner

5. Date of Birth of Child (Month, day, year) Mar. 4, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Joshua Garner
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Linden (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Dolores Bohn
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Park (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 44 years of age, that I have known this person for 23 years, and that Mrs. (First name) Starr (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs R. J. Garner Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of April, 19 42

(SEAL) Carrell E. Brock Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

FEB 13 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

132-204-033-193

342739

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 636

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 123 West 1st South
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 123 West 1st So.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address 123 West 1st So

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Jessie Maxine Atkinson ~~Carlson~~

5. Date of Birth (Month, day, year) January 4, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Newlove Atkinson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Woodruff Duchesne Co Utah (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Archibald
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rexburg Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 10 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature G. G. Eagle M.D. ~~(D.O., Midwife, etc.)~~
and address Burley, Ida Date 4-18-42

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Jessie Atkinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessie M. A. Carlson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. G. Eagle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Jessie Atkinson Signature

P. O. Address

Subscribed and sworn to before me on this 14 day of Feb, 19 41

(SEAL) [signature] Notary Public, residing at Rexburg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

OCT 27 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-216-039-217

342758

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Roy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hilda Martha Reimann

5. Date of Birth of Child (Month, day, year) Nov. 16, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John S. Reimann

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace South Dakota (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Faye Marjorie Sager

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Ogden, Utah. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary I Sager ~~M.D.~~ Midwife Address Burley, Idaho. Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Faye Marjorie Reimann Gentry Signature
Albion, Idaho. P.O. Address

Subscribed and sworn to before me this 23 day of April, 1942

(SEAL) S. H. Duncan Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by Mark Heder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-212-041-296

342760

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 620

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs Idaho

4. FULL NAME OF CHILD Lois Constance Ripplinger

5. Date of Birth of Child (Month, day, year) Feb 12th 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Ripplinger
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elise Margaret Brox
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Manheim (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Elise (First name) Ripplinger (Last name) who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Alice Buxton ~~M.D.~~ Midwife Address Driggs Idaho Date April 23-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 23, 1942 by Florence Davidson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1975

APR 28 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493.109-D40-996

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342773
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Ritchfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Ritchfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Ritchfield, Idaho

4. FULL NAME OF CHILD Ellis Hartley Miller

5. Date of Birth of Child (Month, day, year) Jan 9 1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin F. Miller
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Irwin
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Leadore Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Not Available M.D. Midwife Address Date

State of California } ss.
County of San Joaquin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 23 years, and that Benjamin F. (First name) Miller (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin F. Miller Signature
1223 E. Pine St. Lodi Calif. P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942

(SEAL) Bouard T. Cain Notary Public, residing at Lodi, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

735-218-029-699

342884

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 342884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah. (b) City Harvard.
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Latah
(c) City Harvard.
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Harvard.

3. RESIDENCE of FATHER (city, state) Harvard Idaho

4. FULL NAME OF CHILD Margaret Adelia. Gleason

5. Date of Birth (Month, day, year) Sept 18 1919

6. Sex Female.

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John. C. Gleason
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Clinton (City or town) Iowa. (State or foreign country)
14. Exact Occupation Section foreman
15. Industry or Business W.P. & M.R.R. Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Nettie Frick.
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Spangle. (City or town) Wash (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10 Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Ida. Nettie Gleason (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) APR 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J.H. Thompson M.D. (D.O., Midwife, etc.)
and address Moscow. Date 4/22/42

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECLASSIFIED

252-22-009-204

343011

343011

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 2 years 4 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Elma Esther Kesti

5. Date of Birth of Child (Month, day, year) Sept. 25, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Kesti

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Kiikka (City or town) Finland (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alina Sofia Kuusela

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Ekkelan Jarven Kyla (City or town) Finland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alina Sofia Kesti (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO, County of Bonner, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22 years, and that Dr. E. B. Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alina Sofia Kesti Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42.

(SEAL) Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-217-221-497

343026

343026

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAY 1 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fae Dixon Winger

5. Date of Birth of Child (Month, day, year) April 17 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry Mamford Winger
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Chloe Dixon
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6: P. M. on the date and at the place stated above and that personal particulars were furnished by Chloe Winger (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Bertha (First name) Montague (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Dixon Winger Signature
208 South 4th W Preston, Idaho Address

Subscribed and sworn to before me this 30 day of Apr., 1942.

(SEAL) Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mavel F Edgar, Registrar.

MAY 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-130-021-915

343028 343028

United States Department of Commerce Bureau of the Census

MAY 1 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Willis R Burton

5. Date of Birth of Child (Month, day, year) Mar 30 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Burton
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Ransom
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Trenton (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Burton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 43 years, and that Mary (First name) Sundgreen (Last name), who attended this birth is not available (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Burton Signature
Cleveland, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of Apr, 1942

(SEAL) Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 1 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-225-014-965

343036

343036

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At present address
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. [redacted] Fox
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Harshman, Elena Edith

5. Date of Birth of Child (Month, day, year) 10/25/19

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? No

FATHER OF CHILD

10. FULL NAME Father J. M. Harshman

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Driggsville (City or town) Ills. (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha J. Roedel

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Verdon (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 4 @ M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature J. M. Mitchell M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-22 400/-231 MAY 1 1942 343038 343038

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343038
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1 3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gretta Ellen Starn

5. Date of Birth of Child (Month, day, year) May 22, 1919

6. Sex Female **7.** Twin or Triplet If so, born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward H. Starn
11. Color or Race white **12.** Age at time of THIS birth 54 yrs.
13. Birthplace Boise Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara May Stahl
17. Color or Race W **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Denver Colorado (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living no

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that ..... (First name) ..... (Last name), who attended this birth Dr. Leo Callister (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward H. Starn Signature

..... P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

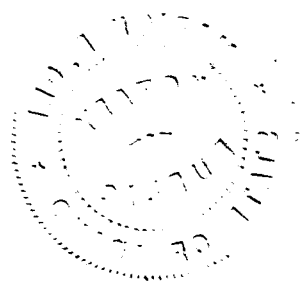
MAY 2 1942

MAR 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-215022.296

343199

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ——days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address St Anthony Idaho

3. RESIDENCE of FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Alta Bolton

5. Date of Birth (Month, day year) April 16, 1919

6. Sex female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 8 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dock Hailey Bolton

11. Color or Race White **12.** Age at time of THIS birth 39 yrs.

13. Birthplace (City or town) Kentucky (State or foreign country)

14. Exact Occupation carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Leonora Brown

17. Color or Race White **18.** Age at time of THIS birth 17 yrs.

19. Birthplace Chester (City or town) Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) ~~Born alive and now dead~~ none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Eunice Bolton (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 28 1942 (Date Received) (b) [signature] (Registrar's signature)

27. Given name added on ——by ——(Registrar's signature)

25. Attendant's **OWN** signature Juanietta Brown M.D. (D.O., Midwife, etc.) and address St Anthony Ida Date April 27, 1942

State of ——} ss.
County of ——}

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ——, being first duly sworn, say that I am ——(Related to (or) acquainted with) ——(Name of person on certificate above) as ——(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ——(Name of attendant at birth), who attended said birth ——(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

——Signature

——P. O. Address

Subscribed and sworn to before me on this ——day of ——, 19——

(SEAL) ——Notary Public, residing at ——

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of ~~the attending physician or~~ midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-126-003652

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343205
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Inkom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Inkom Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Inkom Idaho

4. FULL NAME OF CHILD William John Preece

5. Date of Birth of Child (Month, day, year) May 26th 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Vernon Preece
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Loco Fireman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Lovica West
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Forrest Hill (City or town) Calif. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Cora (First name) Preece (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Cora Preece M.D. Midwife Address 454 3rd Ave. Inkom Ida. Date 4-24-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that Dr. John Millar (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Preece Signature
434 3rd Ave P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942

(SEAL) Lucille Mickelsen Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

FEB 12 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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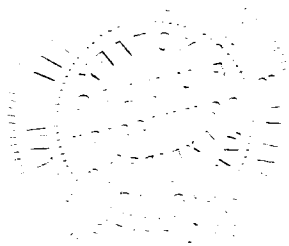

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lester Leonard Nelson

5. Date of Birth of Child (Month, day, year) May 25, 1919

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Fork Nelson
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace West Lake (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bridget Bergetta Murphy
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Holdingford (City or town) Minn. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bridget Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Lee Katharine B. Mahurin, M.D. Midwife Address Whitebird Ida Date April 29 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Goldberg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County custer
(c) City Goldberg.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Goldberg Idaho

4. FULL NAME OF CHILD Darrell Benton Banta

5. Date of Birth of Child (Month, day, year) July 25th 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9. Legitimate?** Yes.

FATHER OF CHILD

10. FULL NAME Floyd Benton Banta
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Dunlap Missouri (City or town) (State or foreign country)
14. Exact Occupation Day Laborer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Minerva Mawby
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Mackay Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6 Born alive

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 23 years, and that Dr. C. J. Gilmour (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruth Banta Signature
Patterson Idaho. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942
(SEAL) Margaret Barton Notary Public, residing at Patterson Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343268
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 676 W. Lewis
(d) Name of Hospital or Maternity Home: Pocatello General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 676 W. Lewis
(e) How long has **MOTHER** lived in Idaho? 6 mos. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Robert Bieghler

5. Date of Birth of Child (Month, day, year) Dec 23, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Kile Bieghler
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Railroad Accauntant
15. Industry or Business Railroad (Oregon Short Line)

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Mae Kane
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Leavenworth County (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Un Known

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One.

ATTENDANT'S CERTIFICATE - See attached affidavit

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 1/2 years, and that Dr. W. A. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I personally attended this birth.

Charles Kile Bieghler Signature

2550 NE 56th Ave Portland, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.

(SEAL)

O. M. Carson Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Feb. 16, 1943

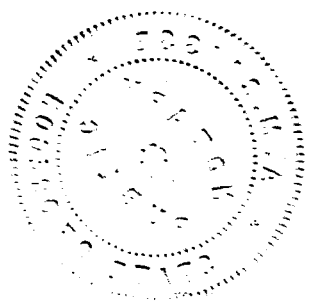
Received for filing on APR 29 1942 by Mark Keller, Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Confined at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Town of Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jerald Ardelle Peck

5. Date of Birth of Child (Month, day, year) Oct. 30, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin Horton Peck

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Wanship (City or town) Weber Co. Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josie LaBelle Guard Peck

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Oxford (City or town) Idaho (State or foreign country)

20. Exact Occupation Farmer's Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum U. S. Solar Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:50 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mart Peck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. V. Logue M.D. ~~Midwife~~ Address Cameron Falls Date April 21 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mark Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Acil Lloyd Bedsaul

5. Date of Birth of Child (Month, day, year) Jan 20, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Vivian Bedsaul
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Glenrock, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Jewel Hines
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 23 years, and that Dr. Spencer (First name) (Last name), who attended this birth address unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Jewel (Hines) Bedsaul Signature
Coalville, Utah P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942

(SEAL)

John Evans Jr. County Clerk Notary Public, residing at Coalville Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel Heiner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343489

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 113
Reg. Dist. No. 541

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Fairview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years 5 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Fairview Village
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Frank Richard McWhorter

5. Date of Birth of Child (Month, day, year) Aug. 12 - 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fay McWhorter
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace I think in New York State (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Cafferty.
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fairview, Franklin Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Julia McWhorter (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature G. W. Stales M.D. ~~Midwife~~ Address Preston Ida. Date 8-12-1919

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4 - 20 - 1942 by Effie W. Brower, Registrar.

APR 27 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343496
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 521 N. 2nd
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ✓ days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 521 N. Third
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 521 N. Third

3. RESIDENCE of FATHER (city, state) Poc. Idaho

4. FULL NAME OF CHILD Eileen Helena Lindermen

5. Date of Birth (Month, day year) Apr. 14, 1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Linderman
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Dymack
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Loup City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) I C

26. (a) MAY 1 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Mary C Swazek, being first duly sworn, say that I am great aunt (Related to (or) acquainted with) Eileen Helena Lindermen (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Helen Fisher (Name of attendant at birth), who attended said birth ✓ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary C Swazek Signature
2414 Pac. Coast Highway Lomita Cal. P. O. Address

Subscribed and sworn to before me, on this 23 day of April 1942

(SEAL) Notary Public, residing at Santa Cruz Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

818-202-014-799

343503

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Melba
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Melba
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Melba Idaho

4. **FULL NAME OF CHILD** Josephine Elaine Haydock

5. Date of Birth of Child (Month, day, year) Sept 2-1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Carlton Haydock
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Edneyville (City or town) North Carolina (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Emaline Grimes
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Athens (City or town) Tennessee (State or foreign country)
20. Exact Occupation farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Colman (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie E. Haydock Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May 1942
(SEAL) Conrad L. Paddock Notary Public, residing at Parma Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mina Fiedler, Registrar.

MAY 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report~~ any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-203 034 693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Nora Lorraine Williams

5. Date of Birth of Child (Month, day, year) July 3, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank John Williams
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace St. Paul (City or town) Minnesota (State or foreign country)
14. Exact Occupation Hotel Mgr.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LaVere Bell Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mountain Home (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 23 years, and that Dr. Carrol Elmore (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

LaVere Bell Williams Signature
1044 Lagoon P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL) ..... Notary Public, residing at Wilmington, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-205031-268

343605

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Idaho

4. FULL NAME OF CHILD Esma Marguerite Lyons

5. Date of Birth of Child (Month, day, year) June 5, 1919

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jess Hugh Lyons

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Presho (City or town) South Dakota (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Golden Boyes

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Nevada (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that I don't know (First name) Rose of Nezperce (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie B. Lyons Anderson Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 2 day of May, 19 42

(SEAL) [signature] Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

243-220004-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Florence Martha Buchler

5. Date of Birth of Child (Month, day, year) Dec. 20, 1919

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otto Buchler
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Schulz
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Buchler (First name) Martha (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Rudolph Sutter M.D. Midwife Address Montpelier, Idaho Date April 27, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 30 1942 by Mabel Fredericksen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 22 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-126009-717

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343608
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage, to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City ~~Bonneville~~ Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ted Sinclair McFarland

5. Date of Birth of Child (Month, day, year) Feb. 26 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Sinclair McFarland
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Bend Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Amy Page
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Jasper Mo. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at home (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Jessie McFarland (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of ASOTIN } ss.

AFFIDAVIT to be completed when the attendant does not sign Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23+ years, and that None (First name) (Last name), who attended this birth (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie A McFarland Signature
Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942
(SEAL) A. A. Mansell Court Commissioner Notary Public residing at Asotin, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann. (1932))

Received for filing on MAY 4 1942 by [illegible], Registrar.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been ~~recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 224 034 297

345738 343736

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Idaho

4. FULL NAME OF CHILD Frances Dayhan Darrough

5. Date of Birth of Child (Month, day, year) Oct. 24, 1919

6. Sex Female **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank T, Darrough
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Vivian Ogla Bixler
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Hartford, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all life years, and that Dr. V. R. Killen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian Olga Darrough Signature

Heyburn, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19 42

(SEAL) G. Ede Neary Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-204012-285

343747

343737

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343737
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 18

4. FULL NAME OF CHILD Beverley Mary Jones

5. Date of Birth of Child (Month, day, year) Aug 4-1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Douglass Jones
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Silver City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Brewer Shelley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr. (First name) Farrell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary B. Jones Signature

Arco, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942

(SEAD) Robert M. Kemp Jr. Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1942

JUL 16 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-105009 #13

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private residence ~~Lancaster Maternity Home 505 S Lavina~~
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 3 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Ponderay
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Ponderay, Ida

4. FULL NAME OF CHILD Margaret Baker

5. Date of Birth of Child (Month, day, year) July 5th 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Baker
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Blackfoot (City or town) Colorado (State or foreign country)
14. Exact Occupation Locomotive fireman
15. Industry or Business Northern Pacific R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Isabel MacIntyre
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ashley (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. Matthews (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred M. Baker Signature
5503 Commerce Parkwater Wash. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL) Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary E. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

247-113015 MAY 1 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343879
Local Reg. No. 25
Reg. Dist. No. 520

1. PLACE OF BIRTH:
(a) County Canyon (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice): Soda Springs Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Kenneth Frederick Kugler
5. Date of Birth (Month, day, year) Nov. 13, 1919
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dan Frederick Kugler
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sheffield Iowa (City or Town) (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business Jewelry

MOTHER OF CHILD

16. FULL MAIDEN NAME Ivy Blanche Pantel
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Muscatine Iowa (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ivy Kugler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3-13-42 (Date received) (b) Dr. Russell Tigert (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 3-13-42

BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed in the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY

CERTIFICATE OF BIRTH

849-228006-713

343883

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lorene Susan Dunn

5. Date of Birth of Child (Month, day, year) 3-28-1919

6. Sex Female **7.** Twin or Triplet Twins If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm. Duff Dunn
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Burgis (City or town) Mississippi (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizada Pickett
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Grayocke (City or town) Utah (State or foreign country)
20. Exact Occupation Home keeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elizada Dunn (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 5-3-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing MAY 6 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-228 006-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Sabine Doris Dunn

5. Date of Birth of Child (Month, day, year) 3-28-1942

6. Sex Female **7.** Twin or Triplet Twins If so—born 1st, 2nd, 3rd 2d **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm Duff Dunn
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Illinois Mississippi
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Alzada Palmer
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:30 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alzada Dunn, who is related to this child as Mother. (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 5-3-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-130-035-795

344038

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City on farm near Genesee
(d) Street Address or R.F.D. No. one
(e) How long has **MOTHER** lived in Idaho? 2-1 yrs.
(f) Mother's mailing address Moscow Idaho

3. **RESIDENCE of FATHER** (city, state) Same Idaho

4. **FULL NAME OF CHILD** Gilbert Parker Bloom

5. Date of Birth (Month, day year) July 30 1919

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edward Bloom

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Enterprise (City or town) Oregon (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Catherine Green

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Genesee (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business on a farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Virginia Catherine Bloom (First name) (Last name), who is related to this child as Mother (Father, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Virginia Catherine Bloom being first duly sworn, say that I am (Related to ~~(or) acquainted with~~) Gilbert Parker Bloom (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stonebrunn (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Virginia Catherine Bloom Signature

Clarkston - Wash. P. O. Address

Subscribed and sworn to before me on this 7th day of May 1942

(SEAL) David Flory Notary Public, residing at Clarkston Wash.

MAY 7 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1949

AUG 27 1959

OCT 13 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 22 2993 MAY 12 1942

344236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344236
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State England (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia

4. FULL NAME OF CHILD June Loraine Gale

5. Date of Birth of Child (Month, day, year) June 22 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Gale
11. Color or Race W **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Rich
17. Color or Race W **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above that I am now 56 years of age, that I have known this person for 23 years, and that Dr. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Gale Signature
Tetonia, Idaho R 3 P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942

(SEAL) W. B. [illegible] Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-205015-231 MAY 15 1942

344278

344278

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344278
Local Reg. No. 30
Reg. Dist. No. 520

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Home Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs, Ida
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Ida

4. **FULL NAME OF CHILD** Gaila Mae Thorp

5. **DATE OF BIRTH** (Month, day, year) Aug. 5, 1919

6. Sex Fe

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stanley Riffle Thorp

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Florence, Kans.
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lyda Blackburn

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Florence, Kans.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lyda Thorp (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 5-1-42 (Date received) (b) Dr Russell Tigert (Registrar's signature)

27. Given name added on ..... by Mark Fielders (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 5-1-42

MAY 15 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

864-107036 132

344363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: John Gleed, Sr., residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Pauline
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Pauline, Idaho

4. FULL NAME OF CHILD George Melvin Houk, Jr.

5. Date of Birth of Child (Month, day, year) Sept. 7, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Melvin Houk, Sr.
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Americus, (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Elizabeth Atkinson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Samaria, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 6-29-1942

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that D. C. Ray, M. D. (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X George M. Houk Sr. Signature
6128-15th St. Antioch, P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42

(SEAL) Matthew Ward Notary Public, residing at Antioch, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1919-14932

DELAYED

695 709 033 165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344386
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 14 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No. Route #1
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Thornton, Ida.

4. FULL NAME OF CHILD Thomas Dean Freeman

5. Date of Birth of Child (Month, day, year) April 9, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roland John Freeman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Benefield (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Cynthia Jones
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 23 years, and that Dr. (First name) Rich (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roland John Freeman Signature

P. O. Box 83, Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 19 42

(SEAL) R. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Mabel Heelis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

177-101 006-715

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moreland, Ida.

4. FULL NAME OF CHILD Enos Appel

5. Date of Birth of Child (Month, day, year) Nov. 1, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Appel
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ganske
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO, County of POWER. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Mrs. (First name) Hatch (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Appel Signature

American Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42.

(SEAL) Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO MY COMMISSION EXPIRES OCTOBER 22, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Fetzer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-128-014-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344507
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, Idaho

4. **FULL NAME OF CHILD** Rascal Dane Wood

5. Date of Birth of Child (Month, day, year) Sept 25 1919

6. Sex male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank D. Wood
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Biron
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ovid, Bear Lake Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child. No. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha E. Biron (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 4-29-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-225038-849

344567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Carol Riordan

5. Date of Birth of Child (Month, day, year) Dec 25, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Rosheard Riordan

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Illinois (City or town) Wisconsin (State or foreign country)

14. Exact Occupation now is Probate Judge of

15. Industry or Business Canyon County Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Hurst

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace St Thomas (City or town) North Dakota (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 50 years of age, that I have known this person for since birth years, and that Ida Hurst Riordan and a midwife (First name) (Last name), who attended this birth are both deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Hurst Riordan Signature
303 Eldorado Nampa Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942.

(SEAL) W. H. Dawson Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

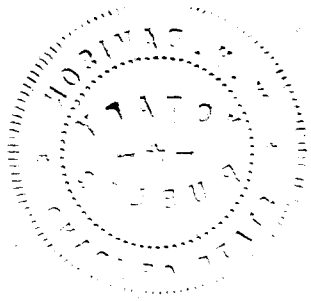
APR 22 1943

MAR 09 2005

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



995/101-006-695

344644

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City St. Dale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City St Dale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Zier

5. Date of Birth of Child (Month, day, year) May 1, 1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Zier
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Catherine Wienmeister
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Odessa (City or town) Russia (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Michigan
County of Wayne } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Sophie (First name) Zier (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Zier Signature

Notary Public, Wayne County
Commission expires: Dec. 31, 1943

MAY 11 1942 12939 E Jefferson Detroit P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19__

(SEAL) Edgar M Lawmo Notary Public, residing at Detroit, Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

563-21-0044-414

344756

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (Residence)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Bonnie Marie Nottingham

5. Date of Birth of Child (Month, day, year) July 16, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Nottingham
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Highwood (City or town) Montana (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Erman Woodall
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Pomona (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Grace Erman Nottingham (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Bertha Jones M.D. ~~M.D.~~ Midwife Address Kellogg Wash Date May 5, 1942

State of Washington } ss.
County of [redacted] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Hagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8/9.15 007.4/8 MAY 19 1942 344794 344794

United States Department of Commerce Bureau of the Census

(Be sure information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344794
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 00 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD William S. Hart

5. Date of Birth of Child (Month, day, year) 6/15/19

6. Sex Male

7. Twin or Triplet —

If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charlie John Hart.
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Boonville (City or town) New York (State or foreign country)
14. Exact Occupation Cement Finisher
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Alyce Matilda Maypole
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Harper (City or town) Kansas (State ~~or foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes.

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Jennie Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alyce Matilda Hart Signature
Boise Idaho. P. O. Address

Subscribed and sworn to before me this 18 day of May, 19 42

(SEAL) J. Watson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1976

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

25-1-124-019-818 345049 345049

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Wallace Arthur Seagraves

5. Date of Birth of Child (Month, day, year) March 24, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isrel Seagraves
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Madaline Hayward
Housewife
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bridger Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. Kirtley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Madaline Hurst Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942.
(SEAL) Joseph W Bild Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary F Elder, Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended August 8, 1951

381-116-201-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346045
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** ED ARTHUR CHANCELLOR

5. Date of Birth of Child (Month, day, year) OCT. 16, 1919

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** E. Killburn Chancellor
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Albion, Idaho (City or town) (State or foreign country)
14. Exact Occupation Cabinet maker
15. Industry or Business Hanson Weis

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ovanda Gardner
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by E. Killburn Chancellor (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise, Idaho Date 5-27-42

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 27, 1942 by Mabel F. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

346 045 346045

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Edgar Arthur Chancellor

5. Date of Birth of Child (Month, day, year) Oct 16 - 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME E. Hillburn Chancellor

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Albion (City or town) Idaho (State or foreign country)

14. Exact Occupation Cabinet maker

15. Industry or Business Hanson Weis

MOTHER OF CHILD

16. FULL MAIDEN NAME Wanda Gardner

17. Color or Race W

18. Age at time of THIS birth 27 yrs.

19. Birthplace Boise (City or town) Idaho (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by E. Hillburn Chancellor (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John Burch M.D. Midwife Address Boise Ida Date 5-27-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAY 27 1942 by Mabel Keller, Registrar.

Send to 205 So 13th Street - Boise to E.K. Chancellor.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

AUG 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 346045

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edgar Arthur Chancellor	Ed Arthur Chancellor

Subscribed and sworn to before me this 4th day of August, 1945

Notary Public, residing at Boise Idaho
My commission expires 9-3-47
(Seal)

Signed E K Chancellor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

205 So 13th Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of August, 1945

Notary Public, residing at Boise Idaho
My commission expires 9-3-47
(Seal)

Signed Mrs. Florence C Chancellor
(Signature of Any Credible Person)

564 State St Nampa Ida
(Street Address, City, State)

FORM DPH - 51117

458-107011-314

346081

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Copeland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none, private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Copeland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Copeland, Idaho

4. FULL NAME OF CHILD Ernest Julius Dehlbom

5. Date of Birth of Child (Month, day, year) 10/7/19

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius Wilhelm Dehlbom

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Wilmar (City or town) Minnesota (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Hazel Lamberton

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Medford (City or town) Wisconsin (State or foreign country)

20. Exact Occupation home maker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Boundary }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 22 years, and that Mrs. (First name) Burt Chapin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Hazel Dehlbom Signature

Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL)

Notary Public, residing at Bonners Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 20 1942 by Mabel E. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1951

MAY 22 1942

C

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-127-006-396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Pvt. home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carl C. Packer Carl Packer

5. Date of Birth of Child (Month, day, year) Dec. 27 1919

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Elmer S. Packer
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Soda Springs Idaho (City or town) (State or foreign country)
14. Exact Occupation Service Station Operator
15. Industry or Business Gasoline Station

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Elizebath Crofts
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Iona Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Carl C. Packer Jr. Dale (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Lucy Ellen Richards

P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL)

Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-101-028-793

346162

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City POST FALLS
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: BORN IN OWN HOME
(e) Mother's stay BEFORE delivery: IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City POST FALLS
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) POST FALLS IDAHO

4. FULL NAME OF CHILD ANDREW KENNETH REYNOLDS

5. Date of Birth of Child (Month, day, year) SEPT 1st 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harvey Hoge Reynolds

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Tuscumbia (City or town) Alabama (State or foreign country) U.S.A

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Clementine Giles

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Monroe (City or town) Tennessee (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Giles (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Post Falls Idaho Date 5/17-42

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 22 years, and that B. (First name) Milsap (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Martha Reynolds Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 17 day of May, 1942.

(SEAL) W. H. Kaplan Notary Public, residing at Post Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1973

MAY 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-108-022-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346217
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: In own home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address (For registration notice): 336 Cypress St. Klamath Falls
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Klamath Falls Ore.

4. **FULL NAME OF CHILD** Gerald Wallace Baker

5. **DATE OF BIRTH** (Month, day, year) June 7, 1941

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Wallace Winfield Baker

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Stubble, Nebraska
(City or Town) (State or foreign country)

14. Exact Occupation Threshersman

15. Industry Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dagmar Hilda Larsen

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Spanish Fork, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10
(c) Born alive and now dead (d) Stillborn

24. **I HEREBY CERTIFY** That I attended the birth of this child, who was alive (born [redacted]) at 2:10 M. on the date and at the place stated above, and that personal particulars were furnished by Dagmar Baker (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 8 1942 (Date received) (b) Mark Wheeler (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 5 1943 MAY 26 1943

MAY 23 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

319-130-240-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346288
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Wardner Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Kellogg Idaho
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Louis Larson
5. Date of Birth (Month, day, year) June 30, 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Larson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Louise Johnson
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 a.m. on the date and at the place stated above, and that personal particulars were furnished by Anna L. Larson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 11 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Anna L. Larson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Larson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCrackin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs. Anna L. Larson Name
1207 McKinley Ave. Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of May 1942

(SEAL)

Mary M Stevens Notary Public, residing at Kellogg Idaho.
Commission expires July 30, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1992

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-127-003-291

346301

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Lynn Brothers Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Banmock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? I yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Lynn Francis Switzer

5. Date of Birth of Child (Month, day, year) Sept 27, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lee Francis Switzer
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bryan Wyoming (City or town) (State or foreign country)
14. Exact Occupation Clerk for O.S.L. R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Philippine Bramwell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Almy, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature J. W. Lynn M.D. Address Pocatello Ida. Date 5-17-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DEC 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

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632-111-069-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346448
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Dover
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Dover
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dover Idaho

4. **FULL NAME OF CHILD** Henry Albert Olson

5. Date of Birth of Child (Month, day, year) March 11-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Andrew Olson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Minneapolis (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude C. Benson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Gary (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Dr. M. McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chas A. Olson Signature

Sandpoint Idaho R.R.#2 P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Frances J. Long Probate Judge / Notary Public, residing at Sandpoint Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Registrar.

JAN 27 1981

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-249-038-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346475
Local Reg. No. 37
Reg. Dist. No. 4

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City near Fruitland Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland Idaho

4. FULL NAME OF CHILD Lois Geraldine Royston

5. Date of Birth of Child (Month, day, year) April 19 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Claude Royston
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah ~~Roy~~ Snell
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Payette (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born dead~~ (Born alive, stillborn) at 7:40 A.M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 23 years, and that O. T. (First name) Avery (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Royston Signature
Ontario Oregon P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942

(SEAL) J. D. Lane Notary Public residing at Ontario Oregon My Comm. Expires 5/27/46

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary E. Gallen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-229-122-699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. 205 W 6th So.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Maxie Hill

5. Date of Birth of Child (Month, day, year) April 29, 1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Melvin J. Hill
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lawrence (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys V. Orr
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Granger (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Ada (First name) Gray (Last name), who attended this birth, Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys V. Hill Signature

P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942

(SEAL) Notary Public, residing at St Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel Kelsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-22/042-235

346643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Lillian Gering

5. Date of Birth of Child Oct. 28, 1919 (Month, day, year)

6. Sex f **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Paul Gering
11. Color or Race W **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Freeman, So. Dakota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Mathilda Steffen
17. Color or Race W **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Russ-Poland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22 years, and that Anna Telford (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul Gering Signature

Athol, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of May, 1942

(SEAL) Jas. A. Foster Clerk Dist. Court By Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 0 1969

SEP 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-210-039-913

346683

346683

United States Department of Commerce Bureau of the Census

MAY 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Clara Robinson

5. Date of Birth of Child (Month, day, year) May 10, 1919

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Burwin Robinson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Rockland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Elizabeth Ralphs
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Pearl (First name) Robinson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. Logan M.D. ~~Midwife~~ Address Cinnecentfalls Date May 20. 1942

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Roy Robinson Signature
Rockland, Idaho P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

FEB 12 1943

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Oct 4 1967

RECEIVED
OCT 5 1967
Bureau of Vital Statistics

Idaho state Board of Health

Dear Sirs:

This Birth certificate was sent to us to verify the Birth date of an Employee. (Clara Robinson) but we do not have any one in our Employ Past or Present by this Name we are sending this Birth certificate to you Hoping you will check your records & send this on to the ~~[illegible]~~ Person

Thank you

34 66 83

Mountain sts tel co:
Area Data Processing
80 so 3 East
Salt Lake city, Utah 84110
Room 213 Payroll Dev.

THIS IS TO CERTIFY that this is a photostatic copy of a certificate filed in the Idaho Department of Public Health under Title 38, Idaho Code Annotated.

MAY 29 1942
(Date Issued)

Maud E. Feder
(Director of Vital Statistics)

CERTIFICATE OF BIRTH

1 PLACE OF BIRTH
Power ... Rockland

USUAL RESIDENCE OF MOTHER
... Idaho
Rockland

IF OUTSIDE CITY LIMITS, GIVE STREET ADDRESS OR LOCATION

IF NOT IN HOSPITAL OR INSTITUTION, GIVE NAME AND ADDRESS OF OWNER OR MANAGER

DURATION OF STAY BEFORE BIRTH
IN THIS ... 26

4 FULL NAME OF CHILD
Clara Robinson

5 SEX ... female

6 THIS BIRTH ... 2

7 DATE OF BIRTH (MONTH, DAY, YEAR)
... May ... 29
... 1942

FATHER OF CHILD

8 FULL NAME
Roy Burwin Robinson

9 COLOR OR RACE
White

10 AGE AT LAST BIRTHDAY
31

11 BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Rockland, Idaho

12 TRADE, PROFESSION OR PARTICULAR KIND OF WORK
Farmer

13 INDUSTRY OR BUSINESS
Farming

MOTHER OF CHILD

14 FULL MAIDEN NAME
... Rockland

15 COLOR OR RACE
White

16 AGE AT LAST BIRTHDAY
26

17 BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Rockland, Idaho

18 TRADE, PROFESSION OR PARTICULAR KIND OF WORK
Housewife

19 INDUSTRY OR BUSINESS
...

20 NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING
4

ATTENDANT'S CERTIFICATE

21 I CERTIFY THAT I ATTENDED BORN ALIVE AT 1 P.M. ON THE DATE ABOVE STATED
Pearl Robinson

22 SIGNATURE AND TITLE
Mother

23 NAME OF PHYSICIAN OR MIDWIFE IN ATTENDANCE
...

24 OWNER OR MANAGER
Idaho Power

AFFIDAVIT

25 I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD
mother

26 AGE
29

27 SIGNATURE
Mrs. Roy Robinson

28 POST OFFICE ADDRESS
Rockland, Idaho

29 SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY
...

(SEAL)

Note: Perjury is punishable as a felony in Idaho

Received for filing ... MAY 29 1942

Maud E. Feder

1. BLACK ink or BLACK Record typewriter ribbon in completing certificate. Mail COMPLETED certificate in envelope for FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or check.

766-120-027-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346734
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents' residence
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Idaho

4. FULL NAME OF CHILD Merlin Hoopes Goodsell

5. Date of Birth of Child (Month, day, year) Aug. 20, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Franklin Goodsell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Newton (City or town) Utah (State or foreign country)
14. Exact Occupation Automobile Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Emeline Hoopes
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Weston, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Boy (Born alive/stillborn) at Several A.M. on the date and at the place stated above, and that personal particulars were furnished by Olive Emeline Hoopes (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth Jane Davis Midwife Address 359-E-Pearl st Pomona Calif Date 5/22-42.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1981

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-131-001-385

341829

346829

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346829
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. No end of Town
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. No end of Town
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Nick Bores

5. Date of Birth of Child (Month, day, year) Jan 31 1919

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Full Term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jim Bores
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace Greece (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Chunga
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Greece (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg. nos Sept. 1/2

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at A.M. on the date and at the place stated above and that personal particulars were furnished by Jim (First name) Bores (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John Bork M.D. Midwife Address Boise Ida Date 5-29-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-231-038-297 ITEM #4 CHILD'S MIDDLE NAME AMENDED 2-6-2009 CMW 346845

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Fruitland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Ida.

4. FULL NAME OF CHILD Melba LORRENE Fisher

5. Date of Birth of Child (Month, day, year) June 31 1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Allen Fisher
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Rushville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Leah Briggs
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Internowah (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Nora Leah Fisher (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. J. Reese M.D. ~~Midwife~~ Address Ontario, Ore. Date 5/25/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1942 by Maud F. Felder, Registrar.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, of if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO } SS
County of Canyon

Certificate No. 1919-346845
Date Filed 06/01/1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Melba Larrene Fisher (Name on Original Certificate) who was born (Was Born, Died, etc.) on 01/31/1919 (Date of Event)
in Fruitland (Payette Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
4 child's middle name	Larrene	Lorrene

Subscribed and sworn to before me this 2nd day of February 2009
Notary Public, [signature]
Residing at Parma Idaho
My commission expires 12/02/2011
(Seal)

CHERICE MCDONOUGH
Notary Public
State of Idaho

Melba Lorrene Edgar
Signature of Applicant

1037 N. Third St. Parma, Ida 83660
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

January 28, 2009 SOCIAL SECURITY ACT ACCOUNT NUMBER MELBA LORRENE FISHER ISSUED 10-11-1940 VIEWED BY VS
IDAHO BIRTH CERTIFICATE #1954-12967 JEANNE SUTTON BORN 10-9-1954
MOTHER'S MAIDEN NAME: MELBA LORRENE FISHER VIEWED BY VS

GERRICE MCDONOUGH
Notary Public
State of Idaho

238-219-007-659

346879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346879
Local Reg. No. 71
Reg. Dist. No. 410

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Blaine (b) City Bellevue
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? Life yrs.
   (f) Mother's mailing address (For registration notice):
   Bellevue (Street or R. F. D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Emélie Bee Schaufelberger

5. DATE OF BIRTH (Month, day, year) 8-19-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar Henry Schaufelberger
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Zurich (City or Town) Switzerland (State or foreign country)
14. Exact Occupation Mine Foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Myrtle Werry
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bellevue (City or Town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 7A M. on the date and at the place stated above, and that personal particulars were furnished by Beatrice Schaufelberger (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature [signature] M. D. (D. O., Midwife, etc.)
and address Hailey, Idaho Date 5-22-1942

26. (a) 5-22-1942 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on [illegible] (Registrar's signature)

JUN 3 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? No

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes ____ No ✓ Pos. ____ Neg. ____

(e) Signature of Physician: [signature] M.D.

DELAYED

515-127-036-168

346992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Arbon P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Oneida
(c) City Arbon P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Arbon Ida

4. FULL NAME OF CHILD Boyd Merritt Van Horn

5. Date of Birth of Child (Month, day, year) May 23rd 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Ray Earl Van Horn
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Dayton (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nola Nell Johnson
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Dayton (City or town) Wash. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.).

25. Attendant's **OWN** signature Marie Kunnelley M.D. Midwife Address Salt Lake City Date May 15-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature
____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 19[illegible]

AUG 22 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-222-004-275

346993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 24 years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Bennington Idaho

4. FULL NAME OF CHILD Genevieve Wright

5. Date of Birth of Child (Month, day, year) October 22-1917

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Winfield Wright
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Bennington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillias Speirs
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Bennington (City or town) Idaho (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3.00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lillias Wright (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Catherine A Wright M.D. Midwife Address Bennington Idaho Date May 28-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 29 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-121-001-386

347089

347089

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 517 So 14th St
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 517 So 14th St
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marion Thomas Turner

5. Date of Birth of Child (Month, day, year) July 28th 1919

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Turner
11. Color or Race W **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Neb (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Thompson
17. Color or Race W **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation H. wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Sol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date 6-2-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 5, 1942 by Mark F Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-105-022-764 347091 347091

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay BEFORE delivery: IN THIS county years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Kenneth Hawkes

5. Date of Birth of Child (Month, day, year) Aug. 5, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Estes Smart Hawkes
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Godfrey
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 23 years, and that Dr. C.C. Meacham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Hawkes Signature

Boise, Idaho Route #1 P. O. Address

Subscribed and sworn to before me this 4 day of June, 1942

(SEAL) Emily R. Barton Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 5, 1942 by Maud F. Elder, Registrar.

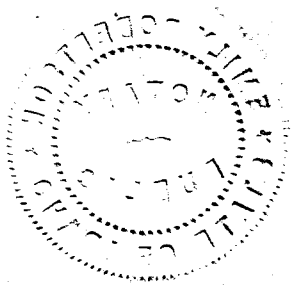
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



816-128-216-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347182
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City BURLEY
(c) Street Address or R.F.D. No. ROUTE 1
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City BURLEY,
(d) Street Address or R.F.D. No. BURLEY
(e) How long did **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) BURLEY, IDAHO.

4. FULL NAME OF CHILD Rodney Clinton Hawkins

5. Date of Birth of Child (Month, day, year) MAY 20, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME ARTHUR CLINTON HAWKINS
11. Color or Race WHITE
12. Age at time of THIS birth 19 yrs.
13. Birthplace LOGAN, (City or town) UTAH, (State or foreign country) U.S.A.
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME DAISY MARGARETT BARNEY
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace STRAWBERRY, (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 8 months 9 days years of age, that I have known this person for 22 years, and that Mary Ann Barney (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Daisy Margarett Hawkins Signature
X Box 240, Aurora, Oregon P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.

(SEAL) Louis Webert, Notary Public, residing at Aurora, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Jan 9, 1945.

Received for filing on JUN 1 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-21-42-469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Mabel Louise Leaverton

5. Date of Birth of Child (Month, day, year) Nov. 11, 1919

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lambert Ervin Leaverton
11. Color or Race white **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Leeds (City or town), Kansas (State or foreign country)
14. Exact Occupation plumber
15. Industry or Business plumbing

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred T. Morris
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Moline (City or town), Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 100 A.M. on the date and at the place stated above, and that personal particulars were furnished by MILDRED (First name) Leaverton (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Twin Falls Ida Date 5/26/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1967

JUN 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup of 1919-74151

237-22-1042-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Twin Falls Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Barbara Ellen

5. Date of Birth of Child (Month, day, year) Sept. 21, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clyde Amel Blair
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fort Scott (City or town), Kansas (State or foreign country)
14. Exact Occupation Rancher, sheep
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Hough
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace New York City (City or town), New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for All her life years, and that Dr Boyd (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clyde A Blair Signature
Baldwin Park, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942.

(SEAL) Mildred L. Hale Notary Public, residing at Baldwin Park, Calif.

My Commission Expires February 15, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by M. L. Hyslop, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

JUN 4 1942

OCT 2 8 1942

OCT 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code~~ Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-208-022465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347193
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** Margaret Elizabeth Bates

5. Date of Birth of Child (Month, day, year) July 8 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Robert Bates
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lamar (City or town) Mo (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Gertrude Darlary
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Alathis (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Fresno }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 49 years of age, that I have known this person for 22½ years, and that D. H. (First name) Gray (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~130~~, 1937 Session Laws.

Mrs. Anna D. Bates Signature
P/box 215 Selma Calif. P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942

(SEAL) L. W. Lockman Notary Public, residing at Selma, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mary Hayden, Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-123-003-493

347200

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2yr-10mo

3. **RESIDENCE OF FATHER** (city, state) Same as Abv

4. **FULL NAME OF CHILD** Alfred Darwin Hee —

5. Date of Birth of Child (Month, day, year) June 23-1919-

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Francis Hee

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Kansas — Kansas
(City or town) (State or foreign country)

14. Exact Occupation Pharmacist

15. Industry or Business Drug Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Mowe Fleischer

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Cokeville Wyoming —
(City or town) (State or foreign country)

20. Exact Occupation Sales Lady

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr Hubbard (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) and further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret M Hee — Signature

Paris — Idaho — P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL)

Notary Public, residing at Paris Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-217-D36-713

JUN 6 1942

347414

347414

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347414
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5- years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emma Mae Burks

5. Date of Birth of Child (Month, day, year) Feb. 17, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank E. Burks

11. Color or Race white **12.** Age at time of THIS birth 39 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Mae Patrick

17. Color or Race white **18.** Age at time of THIS birth 33 yrs.

19. Birthplace Dayton, Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that ~~Mrs. Pitt~~ J. Chandrew (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae Burks Patrick Signature

814 E 5th ave Spokane Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of June 1942

(SEAL) Notary Public, residing at Spokane Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Maud F Elder, Registrar.

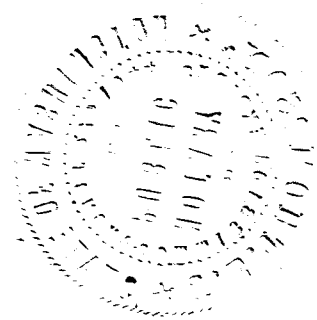
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-21-1-205-319 347446 347446

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benwah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in home of parents
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 9 years 7 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benwah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries Ida.

4. **FULL NAME OF CHILD** Laura Jean Brannock

5. Date of Birth of Child (Month, day, year) April 18 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Virgil Dexter Brannock
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Galax (City or town) Virginia (State or foreign country)
14. Exact Occupation car repairer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retta Ann Carpenter
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Adrian (City or town) Michigan (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum usual solution used by physicans
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Mr. D.S. Cornwall (First name) (Last name), who attended this birth deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Retta Carpenter Brannock Signature

P. O. Address

Subscribed and sworn to before me this 31 day of June, 1942

(SEAL) Lucy Franklin Tilney Notary Public, residing at Forest Grove

NOTARY PUBLIC FOR OREGON
My Commission Expires Feb. 28, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-104-010-313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls General Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rire
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Rire, Idaho

4. FULL NAME OF CHILD Samuel Call Chandler

5. Date of Birth of Child (Month, day, year) May 4 1919

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm. James Chandler
11. Color or Race White English **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Samaria (City or town) Idaho (State or foreign country)
14. Exact Occupation Manager Branch Store
15. Industry or Business Mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Nancy Call Chandler
17. Color or Race White English **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum B.T. Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (12 born alive) (b) Born alive and now living (12 now living)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 a M. on the date and at the place stated above, and that personal particulars were furnished by W. J. (First name) Chandler (Last name) who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls Date June 1-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-109.036-955

347582

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Now Power then Oneida (b) City Yale P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Now Power then Oneida
(c) City Yale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gottlieb Jacob Schuh

5. Date of Birth of Child (Month, day, year) Nov 9, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Schuh
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Reeb
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Tyndall (State or foreign country) South Dakota
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Jacob (First name) Schuh (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Merced }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 22 years, and that Anna Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Schuh Signature
El Nido, California, Box 86 P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) Justin Mc. Sounds Notary Public, residing at Merced, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-225-038-363

347707

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Lillian Cheek

5. Date of Birth of Child (Month, day, year) March 25, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mack M. Cheek
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ennice Cockerum
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace North Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for all her life years, and that Dr. J. L. McDonald (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Cheek Coates Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 19 42

(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-26-001-466

347730 347730

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virginia Mae Strunk

5. Date of Birth of Child (Month, day, year) Nov. 26, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dempsey ~~Crockett~~ Strunk

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Real Estate

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Mower

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Nebraska (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for her life years, and that Dr. Shirtz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Dempsey Crockett Strunk Signature

P. O. Address

Subscribed and sworn to before me this 20 day of June, 19 42

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mabel Teeple, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

JUN 26 1945

FEB 21 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-201-014-799

347749 347749

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 11 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 2 #
   (d) Name of Hospital or Maternity Home at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 6 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Belmont Ariz

4. **FULL NAME OF CHILD** Tiny Rose Richardson

5. Date of Birth of Child (Month, day, year) Oct 17 1999

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester Richardson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Shop Sharp Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Grigg
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bacon (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 36 years of age, that I have known this person for 23 years, and that Dr. Geo (First name) Proctor (Last name), who attended this birth (Is now deceased) or (Cannot be located) ✓. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Fontella G. Abbott Signature
119 No. 14th St Boise Ida P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942

(SEAL)

Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Comm. expires 8-1-1942

Received for filing on JUN 11 1942 by Mary F. Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

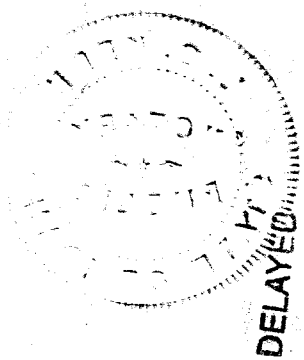
JUN 1 1 1942

NOV 26 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DUP OF 19-72535

296-22-175-433

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

347820

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph's Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dorothy Mae Brooks

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth Aug 22, 1919 (Month, Day, Year)

FATHER

9. Full name William Jasper Brooks
10. Residence (usual place of abode) (If non-resident, give place and State) Lilcott Wash
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Hubbard Arkansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Still farming 19__
17. Total time (years) spent in this work Practically all his life

MOTHER

18. Full maiden name Etta Cyrene McCamish
19. Residence (usual place of abode) (If non-resident, give place and State) Lilcott Wash
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Cane Hill Arkansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work at present 19__
26. Total time (years) spent in this work all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% N.O.3

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Three (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Paul W. Johnson, M. D.
or _____, Midwife
Address Lewiston Idaho

Filed JUN 9 1942 193__ Mary E. Wilson
Registrar.

_____
Registrar.

JUN 1 2 1942

DELAYED

793-115-033-714

347891 347871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gerald Bert Park Gill

5. Date of Birth of Child (Month, day, year) Nov. 15, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bert Roland Gill
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Berlin Falls, New Hampshire (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hetta Lamb
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Dr Joseph Walker (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert Roland Gill Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42

(SEAL) Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-206-039-815

347947

347947

United States Department of Commerce
Bureau of the Census

JUN 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 7 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Ida.

4. FULL NAME OF CHILD Jean Lorraine Halling

5. Date of Birth of Child (Month, day, year) March 6 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Halling
11. Color or Race White **12.** Age at time of THIS birth 52 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Josephine Hansen
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Murray City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at Rockland on the date and at the place stated above, and that personal particulars were furnished by Effie Halling (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lo Edith Maxwell M.D. Midwife Address Rockland Ida Date May 25, 42

State of
County of } ss. ND

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to~~ such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

FSY-230-005-553

347966

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Benewah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Benewah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Benewah, Idaho

4. FULL NAME OF CHILD Nina Mae Hyde

5. Date of Birth of Child (Month, day, year) January 30 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert P. Hyde
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Cherokee (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Sallie Mae Enloe
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Gallatow (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Benewah M. on the date and at the place stated above and that personal particulars were furnished by Sallie (First name) Hyde (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Oscar Quist M.D. Midwife Address Irma Wis Date Apr 27 '42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mary M. Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

NOV 4 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-103-010-418

347979

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jasper Crosgrove Conrad

5. Date of Birth of Child (Month, day, year) June 3 1919

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jasper Crosgrove Conrad
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Myrna Dayton
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Iona Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: 3 (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Sarah Ann Hawkesey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nell Conrad Crowther Signature
Iona Falls P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942

(SEAL) M A Crowther Notary Public, residing at Iona Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mabel H. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-216 040 417

348114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county 17 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address (For registration notice): Mullan
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Mullan Ida

4. **FULL NAME OF CHILD** Virginia Angeline Giacchino

5. **DATE OF BIRTH** (Month, day, year) July 16 1919

6. Sex G

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John B. Giacchino

11. Color or Race W

12. Age at time of THIS birth 45 yrs.

13. Birthplace Fparone (City or Town) Italy (State or foreign country)

14. Exact Occupation Dairy Man

15. Industry Business Dairy man

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Madeline Magarino

17. Color or Race W

18. Age at time of THIS birth 39 yrs.

19. Birthplace Fparone (City or Town) Italy (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol 10%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, ~~stillborn~~) at a. M. on the date and at the place stated above, and that personal particulars were furnished by Madeline Giacchino (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUN 12 1942 (Date received) (b) Mabel Helfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H W Rolfe M.D. (D.O., Midwife, etc.)
and address Mullan Date May 29/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUN 17 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon ~~conviction~~ thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

593 225 031 438

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348142
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Ida.

4. FULL NAME OF CHILD Marie Fern Nickel

5. Date of Birth of Child (Month, day, year) Oct. 25, 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles William Nickel
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Fireman, sawmill
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Pearl McQueen
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Palouse (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 6 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lillian Nickel (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature C. H. Ingram M.D. Midwife Address Kamiah, Ida Date 4/30/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 632-127019-213

348170

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City.....
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. RESIDENCE OF FATHER (city, state) 6 months

4. FULL NAME OF CHILD John Osoro

5. Date of Birth of Child (Month, day, year) Nov. 27, 1919

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Osoro

11. Color or Race

12. Age at time of THIS birth 33 yrs.

13. Birthplace [illegible] Idaho (City or town) Spain (State or foreign country)

14. Exact Occupation Worked in Mines

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agata Satrua

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Ispaster (City or town) Spain (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Male (Infant)~~ (Born alive, stillborn) at 2 John Osoro M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Aspiazu (Last name), who is related to this child as Midwife (Mother, etc.)

25. Attendant's **OWN** signature Mrs Julia Aspiazu M.D. Midwife Address Box 106, Bingham Date March 6.

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 22 years, and that Julia (First name) Aspiazu (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia Aspiazu Signature

Box 106 Bingham Canyon Utah P. O. Address

Subscribed and sworn to before me this day of March, 1942.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-125038-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348227
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Paul Kidder Ausman

5. Date of Birth of Child (Month, day, year) Oct. 25, 1919

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius Fredrick Ausman
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gussie Kidder
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all his life years, and that Della LeFavor (First name) (Last name), who attended this birth as midwife is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gussie Kidder Theho. Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 42

(SEAL) W. F. McClure Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 249-210018-365

348231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lenore, Idaho

4. FULL NAME OF CHILD Clarice Mary Smith

5. Date of Birth of Child (Month, day, year) July 10, 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Millard Cleveland Smith
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Helen Loeffler
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Chelsea, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. (First name) Horsewell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Helen Smith Signature
Peck, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of June, 1942

(SEAL) John R. Rebellgh Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 17 1942 by Mabel Hedgecock, Registrar.

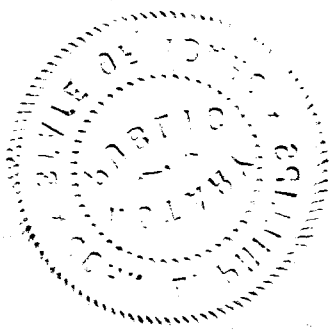
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-218026-622

348296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 6 Days
   In **THIS** county 25 years 3 months — days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Merle Blanche Waters

5. **DATE OF BIRTH** (Month, day, year) Feb 18, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Delos Clark Waters

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Burrville, Utah (City or Town) (State or foreign country)

14. Exact Occupation farmer + stockraiser

15. Industry Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Leona Ossmen

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Ogden Utah (City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (born alive, stillborn) at 12:30A M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Leona Waters (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 16 1942 (Date received) (b) (Registrar's signature)

27. Given name added on (Registrar's signature) by

25. Attendant's **OWN signature** H. A. Anderson M.D. M.D. (D.O., Midwife, etc.)
and address Rigby, Idaho Date June 12, 1942

JUN 19 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

862-217022-789

348460

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: born at parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Marjorie Carol Hossner

5. Date of Birth of Child (Month, day, year) Dec. 17, 1919

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Hossner
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Lotzwyl (City or town), Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Elmertie Phillips
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Redkey (City or town), Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home-making

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Given

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive/stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Luella Hassner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Stanyo M.D. Midwife Address Ashton Ida. Date 6-14-42

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the .....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now .....years of age, that I have known this person for .....years, and that .....(First name) .....(Last name), who attended this birth .....(Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by .....Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-229 035 693

348462

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Genesee, P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Genesee, Post Office
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Delpha Marie Cameron

5. Date of Birth of Child (Month, day, year) July 29, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Charles Cameron
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Henderson, Minnesota (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Williams
17. Color or Race part indian **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Nez Perce County, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Dr. Tuomy, (First name) (Last name), who attended this birth, can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Cameron Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 19 42

(SEAL) Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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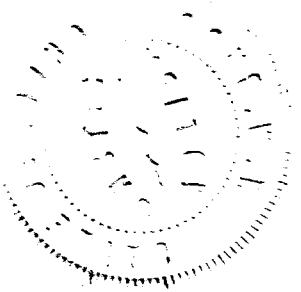

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349682
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville, Ida

4. FULL NAME OF CHILD Kenneth Perry Carter

5. Date of Birth of Child (Month, day, year) Nov. 10, 1919

6. Sex male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Lester Carter
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Chester (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Elizabeth Johnson
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Thompson Springs (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Carrie (First name) Carter (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Thompson M.D. Midwife Address Ashton Idaho Date 6-22-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by , Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 209 025 657

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349688
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay **BEFORE** delivery: ~~IN~~ THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah

4. **FULL NAME OF CHILD** Jennie Marie Willis

5. Date of Birth of Child (Month, day, year) August 9, 1919

6. Sex Female

7. Twin or Triplet Neither ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julius Hilden Willis
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Jacona Iowa (City or town) (State or foreign country)
14. Exact Occupation Mills worker
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Marie Wegner
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Grand Mich (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business—None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Martha Willis (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A S Bryan M.D. ~~Midwife~~ Address Kamiah Idaho Date 6/18/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-120033-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349689
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Salem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 7 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem, Idaho

4. **FULL NAME OF CHILD** Ralph Raymond Brower

5. Date of Birth of Child (Month, day, year) 4-20-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Brower
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Marysville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Andrea Petersen
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salem (City or town) Idaho (State ~~or foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Pauline (First name) Petersen (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Pauline Petersen M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 23 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mark Peterson, Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-219 033-631

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Medicine (b) City Idaho
(c) Street Address or R.F.D. No. (I)
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Medicine
(c) City Sugar City
(d) Street Address or R.F.D. No. R F D (I)
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emma Graf

5. Date of Birth of Child (Month, day, year) July 19 1919

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Graf
11. Color or Race white white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Russia (City or town) Morgendau (State or foreign country)
14. Exact Occupation farmer now in Kansas,
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Elizabeth, Flauth
17. Color or Race white white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Russia (City or town) Morgendau (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 Oclock P M. on the date and at the place stated above, and that personal particulars were furnished by Catherine (First name) Graf (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mother M.D. Midwife had no doctor or midwife Address Longford Ks Date 5/30/42

State of Kansas, County of Clay } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that Emma (First name) Graf (Last name), who attended this birth was present at birth (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alexander Graf Signature
Father of Emma Graf Longford Ks P. O. Address

Subscribed and sworn to before me this 30 day of May 1942, 19

(SEAL) Notary Public, residing at Longford Ks

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES OCT. 11, 1944

Received for filing on JUN 19 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-20-1005-382

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. don't know
(d) Name of Hospital or Maternity Home: none, at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 5 days 13

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Saint Maries
(d) Street Address or R.F.D. No. don't know
(e) How long has **MOTHER** lived in Idaho? 5/ mos. yrs.

3. RESIDENCE OF FATHER (city, state) Saint Maries, Idaho

4. FULL NAME OF CHILD Betty Jane Bates

5. Date of Birth of Child (Month, day, year) Feb. 1, 1919

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emory Ivan Bates
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dysart (City or town) Iowa (State or foreign country)
14. Exact Occupation Signal Maintainer
15. Industry or Business Milwaukee Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Downing Tyson
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lisbon (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wash. } ss.
County of Pierce }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 33 years, and that Dr. Lincoln (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Bates Gibson Signature
2705 S. No Proctor Tacoma P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942

(SEAL) M. E. Schwenka Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 20 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-218001-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 824 E. BANNOCK ST.
(d) Name of Hospital or Maternity Home: ST. ALPHONSUS HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 39 years 2 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 824 E. BANNOCK ST.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD AGNES JOSEPHINE DOERR

5. Date of Birth of Child (Month, day, year) APRIL 18, 1919

6. Sex FEMALE **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN GEORGE DOERR
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace QUINCY (City or town), ILLINOIS (State or foreign country)
14. Exact Occupation OWNER
15. Industry or Business WHOLESALE LUMBER CO.

MOTHER OF CHILD

16. FULL MAIDEN NAME MAUDE JULIA MUELLER
17. Color or Race WHITE **18.** Age at time of THIS birth 39 yrs.
19. Birthplace QUINCY (City or town), ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 24 years, and that L. P. McCalla M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address Box 1900 Boise Idaho

Subscribed and sworn to before me this 17th day of June, 19 42

(SEAL) Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-107003962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idah

4. FULL NAME OF CHILD James Carroll Swallow

5. Date of Birth of Child (Month, day, year) Feb. 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Beeston Swallow
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fillmore (City or town) Utah (State or foreign country)
14. Exact Occupation Clerk U.P. Railroad
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta P. Robinson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace American Fork, Utah. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature J. W. Lyman M.D. ~~Midwife~~ Address Date

State of
County of } ss

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 122-014958 JUN 30 1942 350094 350094

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 815 10th Ave So
(d) Name of Hospital or Maternity Home: Mercy Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 815 10th Ave So
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Harold Arthur Palmer

5. Date of Birth of Child (Month, day, year) Dec 22 1919

6. Sex male

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chas. Leroy Palmer
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Choctaw (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion M. Reynolds
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hawarden (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Dr Robinson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas L Palmer Signature
RH Nampa Ida P. O. Address

Subscribed and sworn to before me this 30 day of June, 1942

(SEAL) W. B. Hoy Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mabel H Elder, Registrar.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350171
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blain (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Veraun Hyrum Eldredge

5. Date of Birth of Child (Month, day, year) Jan 10th 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arnold Clarence Eldredge
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Coalville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith S. Cook
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Garden City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 23 years, and that Dr. Houston E. Snyder (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith S. Eldredge Signature
309, 3rd. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 23 day of June, 19 42.

(SEAL) Paul A. French, Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such [illegible] such report may be received and filed by the local registrar for [illegible] in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or [illegible], or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350300
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Glenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Glenore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Glenore Idaho

4. FULL NAME OF CHILD Enoal Joseph Prophet

5. Date of Birth of Child (Month, day, year) Mar 22-1917

6. Sex Male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard W Prophet
11. Color or Race American
12. Age at time of THIS birth 45 yrs.
13. Birthplace Centerville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Baxtons
17. Color or Race American
18. Age at time of THIS birth 45 yrs.
19. Birthplace Paul (City or town) S Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Mrs. Edith Prophet (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Oline Jones M.D. Midwife Address who is dead Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of } ss.
County of }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that Oline Jones (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Edith Prophet Signature
Shelley P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942
(SEAL) M. L. Hirst Justice of the Peace Notary Public, residing at Shelley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mabel Hirst, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R. F. D. 5
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) 10 yrs.

4. FULL NAME OF CHILD Lola Mae Clark

5. Date of Birth of Child (Month, day, year) Feb. 28, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy E. Clark
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Dairy Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera H. Tinsley
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9.50 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mary A. Callaway M.D. Address Boise, Idaho Date 7-2-1942

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary F. Reed, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

863 172 026 418

350416

350416

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350416
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Terreton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Terreton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3

3. RESIDENCE OF FATHER (city, state) Terreton

4. FULL NAME OF CHILD Forest Alva Poltmeyer

5. Date of Birth of Child (Month, day, year) Sept. 12,

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Poltmeyer
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Brunswick (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Edna Mays
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Durango (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was a live (Born alive, stillborn) at * P.M. on the date and at the place stated above and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Myrtle R. Connell M.D. Midwife Address Montezuma Idaho Date 6-22-42

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 22 years, and that I do not remember name (First name) (Last name), who attended this birth Do not know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Edward Signature
1625 Folsom Ave Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of June 1942

(SEAL) Mary A. McGowan Notary Public, residing at Los Angeles Calif

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Dec. 5, 1944

Received for filing on JUL 8 1942 Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-223-006856

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350473
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No 2
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Goshen Idaho

4. FULL NAME OF CHILD Bronice Loraine Madsen

5. Date of Birth of Child (Month, day, year) Jan. 23, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Enoch Martinues Madsen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Salem Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Elisabeth Heward
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kaysville Utah (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above and that personal particulars were furnished by Elizabeth Heward (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 6-26-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913 Idaho Code Annotated)

Received for filing on JUL 2 1942 by Mabel Hutchinson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1971

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-220001-691

350558

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State ~~XXX~~ Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Eagle, Idaho

4. **FULL NAME OF CHILD** Irene Gertrude Stewart

5. Date of Birth of Child (Month, day, year) Aug. 20, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Lewis Stewart
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace St. Joseph, Missouri (City or town) (State or foreign country)
14. Exact Occupation ~~Farming~~x Laboror
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aurella Frandsen
17. Color or Race
18. Age at time of THIS birth 37 yrs.
19. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at ——— M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Calloway M.D. ~~Midwife~~ Address Boise Idaho Date July 7-1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 23 years, and that Dr. (First name) Caloway (Last name), who attended this birth, is living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aurella Stewart Signature
RFD 1, Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of June, 19 42.

(SEAL) E. V. Brandt Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel Teeter, Registrar.

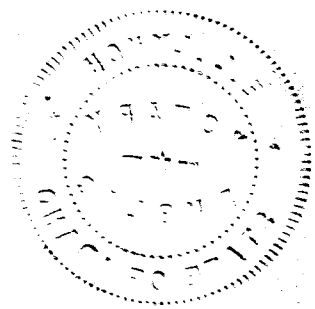
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-105025-435

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350577
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Since 1904 yrs.

3. **RESIDENCE OF FATHER** (city, state) Whitebird Idaho

4. **FULL NAME OF CHILD** Lawrence Wayne Sotin

5. Date of Birth of Child (Month, day, year) 5-5-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Milton Sotin
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Whitebird (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming Homestead

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna B. McEvers
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Forest Cindr (City or town) Wash. (State or foreign country)
20. Exact Occupation Home
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 46 P M. on the date and at the place stated above, and that personal particulars were furnished by Flora Hazlebaker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature H. W. Westmark M.D. ~~Midwife~~ Address States Ida. Date 5/31/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 107010 613

350627

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD William Paul Walker

5. Date of Birth of Child (Month, day, year) Sept. 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hall Walker
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Cedar City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Marcia Ann Waters
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Delta, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of BONNEVILLE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for over 22 years, and that ROWBERRY (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcia ann Walker Signature
RFD #3 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of June, 1942., 19....

(SEAL) Otto Emil Carlson Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mrs. H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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958-201-016 214

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lassen (b) City Yale P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lassen
(c) City Yale P.O.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Yale, Idaho

4. FULL NAME OF CHILD Alda Rehn

5. Date of Birth of Child (Month, day, year) Feb. 1, 1919

6. Sex F.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy Reg.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Conrad Rehn

11. Color or Race Wh.

12. Age at time of THIS birth 30 yrs.

13. Birthplace Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bauer

17. Color or Race Wh.

18. Age at time of THIS birth 28 yrs.

19. Birthplace Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at — P. — M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Anna Bauer Rehn (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Kate Schaefer M.D. Midwife Address Burley, Idaho Date July 6, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1972

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-186-039-364

350711

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. GEN. DEL
(d) Name of Hospital or Maternity Home: STAYED AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. GEN. DEL
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) AMERICAN FALLS

4. FULL NAME OF CHILD EDWARD EARL WIENS

5. Date of Birth of Child (Month, day, year) FEB. 6. 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ISAAC GAEDE WIENS
11. Color or Race WHITE **12.** Age at time of THIS birth 22 yrs.
13. Birthplace MEDFORD (City or town) OKLAHOMA (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LENA ALVINA COMNICK
17. Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.
19. Birthplace ARLINGTON (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN Alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by LENA (First name) WIENS (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Augusta Comnick M.D. Midwife Address AMERICAN FALLS Date July 3, 1942

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mabel Mitchell, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

U&E-308: 231-514

350722

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as Above

4. **FULL NAME OF CHILD** Jeanne Carmen Moore

5. Date of Birth of Child (Month, day, year) Dec 8-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** J. Homer Moore
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Marceline (City or town) Missouri (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delight Irene Hauptman
17. Color or Race W.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Chippewa Falls (City or town) Wisc. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 22 years, and that Dr. J. L. Kelly (First name) (Last name), who attended this birth Deceased (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. Homer Moore Jr. Signature

13038-12th N.E. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42

(SEAL) Dora L. Dyer Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by , Registrar.

JUL 8 1958

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-127-010-462

350731

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter William Schwarting

5. Date of Birth of Child (Month, day, year) March 22 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Schwarting
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Adair (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Doge Schwarting
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hampton (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Stanislaus }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Dr. A. H. Spencer (First name) (Last name), who attended this birth cannot be located (If now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Schwarting Signature
Empire California Box 38 P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) A. H. Spencer Notary Public, residing at Empire Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-112-033-289

JUL 16 1942

#350829 350829

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350829

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Richfield, Ida.

4. **FULL NAME OF CHILD** Robert Lincoln Turner

5. Date of Birth of Child (Month, day, year) 2.12.19

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John G. Turner
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Strokestown, Ireland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Ellen Byrne
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Strokestown, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 23 years, and that Dr. Baugh and Snyder (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John G. Turner Signature

Box 1, Boise Idaho P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 42

(SEAL) Lucian Bagley Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Carl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 2010 x4

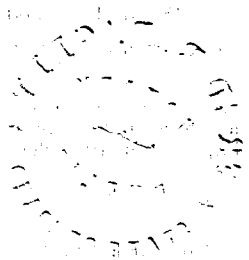
JUL 16 1942

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-208-003-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: my own Home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Altahma Sant

5. Date of Birth of Child (Month, day, year) May 8 1919

6. Sex female **7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd first **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Preston Sant
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Clifton (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Libbie Sant
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Preston (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Mary (First name) Lundamgram (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libbie Sant Signature
Thatcher Idaho P. O. Address

Subscribed and sworn to before me this 6 day of July, 19 49
(SEAL) Wm. L. Mendenhall Notary Public, residing at Thatcher Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 19 49 by Mabel W. Lefevre, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-216-0 12-569

351012

United States Department of Commerce Bureau of the Census Canyon

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Grant
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Hope Nadine Ratliff

5. Date of Birth of Child (Month, day, year) Oct. 16th, 1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Ratliff
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Marion Indiana (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marjorie Irma North
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Middleton Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 45- years of age, that I have known this person for 22- years, and that Mrs Valice Steele (First name) (Last name), who attended this birth living in Riverside California (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marjorie Irma Ratliff Signature
203 Flower St Pasadena Calif. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) Hazel Duckey Notary Public, residing at Pasadena, Calif.

My Commission Expires March 1, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-21-1209-219

351032

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [redacted] (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hosp.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County [redacted]
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 411 11th street
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Maxine May Aitken

5. Date of Birth of Child (Month, day, year) Aug. 12, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Aitken
11. Color or Race W **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Kemmerer (City or town) Wyoming (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Herle May Burmeister
17. Color or Race W **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Charter Oak (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 48 years of age, that I have known this person for [redacted] ars, and that Dr. J. Hollister (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herle May Aitken. Signature
1414 16 Calif. St. Vane Nuys, California P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942.
(SEAL) Margaret B. Thompson Notary Public, residing at 104 S. Glendale Ave. Glendale, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 18, 1945

Received for filing on JUL 15 1942 by Mabel Fleeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-202-006-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351063
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. R 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. R
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Roberta Ida Bateman

5. Date of Birth of Child (Month, day, year) 8-2-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marion Jesse Bateman
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace W. Sal- Juan Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Emma Lowe
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Provo Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above and that personal particulars were furnished by Ida Bateman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 6-24-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel Hayden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-21-029-254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351148
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD GRACE LENORA GEER

5. Date of Birth of Child (Month, day, year) February 17, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Geer
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Prineville, (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delpha Bemis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Knappa, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that No attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delpha Geer Signature

R.B.Rt., Cottage Grove, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942.

(SEAL) NOTARY PUBLIC FOR OREGON Notary Public, residing at Cottage Grove, Oreg

(Note: Perjury is punishable by Confinement in Prison, Sec. 17-2403, Idaho Code Annotated.) My Com. Ex. 10-23-45

Received for filing on JUL 16 1942 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-269.210-893

351188

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3rd St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 10 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3rd St
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Zina Viola Borrowman

5. Date of Birth of Child (Month, day, year) 10/9-19

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Brigham Wheeler Borrowman
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Nephi (City or town) Utah (State or foreign country)
14. Exact Occupation Rail Road Express
15. Industry or Business U.P. Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Myrtle Hill
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11: P M. on the date and at the place stated above, and that personal particulars were furnished by Anne Borrowman (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 18 years of age, that I have known this person for 22 years, and that Dr. T McHollister (First name) (Last name), who attended this birth no more deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L. Borrowman Jenkins (Signature)
371 North 3rd East Logan Utah (Address)

Subscribed and sworn to before me this 13 day of July, 1942.

(SEAL) Ben Hammond Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Mabel Hebdon, Registrar.

AUG 1 2 1969

JUL 1 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399 123 003867

352471

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) deceased.

4. FULL NAME OF CHILD Adrain Tripp

5. Date of Birth of Child (Month, day, year) Mar 23, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carroll Edward Tripp
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Hope
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 23 years, and that Adrian Hardwick Tripp (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Tripp Signature
1981 Richard Street P. O. Address

Subscribed and sworn to before me this 8 day of July, 1942

(SEAL) Notary Public, residing at 25-75-S. State Salt Lake City Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by ..... Registrar.

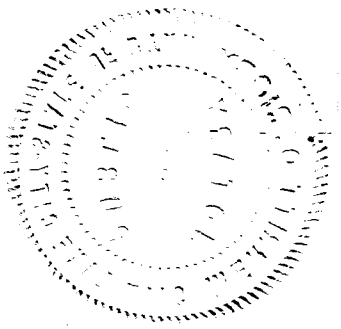
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-12-007689

352510

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Janett Bellinger

5. Date of Birth of Child (Month, day, year) Nov. 12, 1919

6. Sex F.M.

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Ed. Bellinger
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Bellevue, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Marion White.
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Sheridan (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Blaine. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 22 years, and that Mrs. Jane Stitt. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Marion White Bellinger Signature

Bellevue, Idaho. P. O. Address

Subscribed and sworn to before me this 17th. day of July, 1942

(SEAL) R. A. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 21401496 2

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352560
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Wilder
   (c) Street Address or R.F.D. No. R #1
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 0 years 6 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Wilder
   (d) Street Address or R.F.D. No. R #1
   (e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
   (f) Mother's mailing address (For registration notice): R #1 (Street or R. F. D.) Wilder (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Wilder, Ida.

4. **FULL NAME OF CHILD** Sarah Cleetis Lockwood

5. Date of Birth (Month, day, year) Sept. 14, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ethan Leland Lockwood
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mt. Carmel (City or Town) Illinois (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Jane Rosenbaum
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Somers Rock (City or Town) Virginia (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3 1%0
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 5:50 P. M. on the date and at the place stated above, and that personal particulars were furnished by Francis Lockwood (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) June 27-1942 (Date received) (b) Mabel F. Eden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** O. B. Bosch M.D. (D.O., Midwife, etc.)
and address Boise Ida. Date Jun 13-42

K

JUL 28 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

DECEASED

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

751 230 010-614 *D 352575

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352575
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Taylor or
(c) Street Address or R.F.D. No. Idaho Falls, R.R. No 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Taylorville, Utah

4. FULL NAME OF CHILD June Gerrard

5. Date of Birth of Child (Month, day, year) June 30, 1919

6. Sex girl **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Malvern Ephriam Gerrard
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Taylorsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Wadsworth
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Arg No 3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Gerrard (First name) (Last name), who is related to this child as Self-Mother (Mother, etc.)

25. Attendant's **OWN** signature J C Roberts M.D. Midwife Address Shelley Ida Date July 22-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352619
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. R. 2 B. I
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Lorraine Tolmie

5. Date of Birth of Child (Month, day, year) 22 March 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Tolmie
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Tollefson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 23 years, and that C. C. Meacham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche West Signature

439 North Stout Avenue P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942.

(SEAL) Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Hazel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352736
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Priest River Idaho

4. **FULL NAME OF CHILD** Joseph Albert Naccarato

5. Date of Birth of Child (Month, day, year) Nov. 3 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** August Naccarato
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Priest River (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Maio
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Priest River (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 22 years, and that Mrs. Joseph Naccarato (First name) (Last name), who attended this birth is not here (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Naccarato Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of July, 1942

(SEAL)

Notary Public, residing at Priest River Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352763

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls.
(c) ~~Street Address~~ or R.F.D. No. 1.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No. R.F.D. # 1
(e) How long has **MOTHER** lived in Idaho? 14mo. 19 yrs. Last

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Talmadge Hoyt. Wimer

5. Date of Birth of Child (Month, day, year) 4-12-1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hoyt Sylvester Wimer

11. Color or Race White **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Lynville (City or town) Iowa (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Lucretia Saunders

17. Color or Race White **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Montezuma (City or town) Iowa (State or foreign country)

20. Exact Occupation Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie L Fullerton (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Jessie L. Fullerton M.D. Midwife Deceased Address Idaho Falls Ida Rt 1 Date 1949

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Dr. J. E. Hollister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Wimer Fullerton Signature

Idaho Falls Idaho Rt 1 P. O. Address

Subscribed and sworn to before me this 22nd day of July 1942.

(SEAL)

L. E Dennis Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel F Fraker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352793
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county yrs years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand Idaho

4. **FULL NAME OF CHILD** Irene Mary Uhlenkott

5. Date of Birth of Child (Month, day, year) Mar. 8 - 1919

6. Sex female

7. Twin or Triplet no no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hermann W. Uhlenkott
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace New Munich Mann. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business none none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Regina Bieker
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace St. Anthony (City or town) Indiana (State or foreign country)
20. Exact Occupation farmers house work
21. Industry or Business none none

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know - Dr. Alcorn dead
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 23 years, and that Dr. Alcorn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hermann W. Uhlenkott Signature

Ferdinand, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of July, 19 42

(SEAL) Frank M. Bieker Notary Public, residing at Ferdinand Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel Keeler, Registrar.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Route #4
   (d) Name of Hospital or Maternity Home: Born at home on the farm
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 7 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Route# 4
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho falls, Ida

4. **FULL NAME OF CHILD** Ellen Simpson

5. Date of Birth of Child (Month, day, year) January 11, 1919

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Walter Simpson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Montplier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Elizabeth Ipson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Huntington (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was female (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Dorothy Elizabeth Simpson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Wm Kinnaird M.D. ~~Midwife~~ Address 1123½ De Longpre Ave Los Angeles California Date July 23/1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that William (First name) Kinnard (Last name), who attended this birth is living in California (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Elizabeth Simpson Signature
Route #5 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Grace McIntosh Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Mark H. Keller, Registrar.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Eden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Eden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mo yrs

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lawrence Leslie Lampton

5. Date of Birth of Child (Month, day, year) March 19 1919

6. Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence A Lampton
11. Color or Race W **12.** Age at time of THIS birth 25 yrs.
13. Birthplace White Co Ark. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Day
17. Color or Race W **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Bunker Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10.14 A M. on the date and at the place stated above, and that personal particulars were furnished by Clarence A Lampton (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arkansas } ss.
County of White }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 48 years of age, that I have known this person for 23 years, and that Physician (First name) (Last name), who attended this birth None Forgotten (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 159, 1937 Session Laws.

Clarence A Lampton Signature
Pinnacle Ark. P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942.
(SEAL) B. L. Hooper J.P. Notary Public, residing at Pinnacle Ark.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel Fiedler, Registrar.

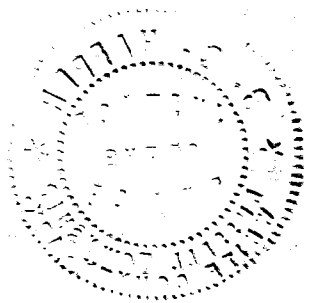
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689 228026 313

353046

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353046
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: was at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) County Jefferson (b) City Roberts
(c) State Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts Idaho

4. FULL NAME OF CHILD Margaret Grace Whitlatch

5. Date of Birth of Child (Month, day, year) May 28-1919

6. Sex Girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Arthur H Whitlatch
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Belleville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Mabel Caldwell
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Culver (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 23 years, and that Wm (First name) Beller (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny Mabel Whitlatch Signature

2520 South 6th St Klamath Falls Ore. Address

Subscribed and sworn to before me this 29th day of July, 19 42

(SEAL) Lauretta Bren Notary Public, residing at Klamath Falls, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Comm. Expires 6-5-45

Received for filing on AUG 1 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

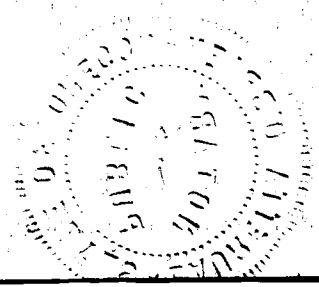
MAR 2 8 1975

AUG 5 1910

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-112040-515

353061

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353061
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. 314 S. Division
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 314 S. Division
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Walter Dale Austin

5. Date of Birth of Child (Month, day, year) May 12, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Thorton Austin
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Farm (City or town) West Virginia (State or foreign country)
14. Exact Occupation Jeweler-propriptor
15. Industry or Business Jeweler

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jeanette Vandervort
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Cloud (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:05 AM. on the date and at the place stated above, and that personal particulars were furnished by Walter (First name) Austin (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature W. B. Finney M.D. ~~Midwife~~ Address Kellogg Idaho Date 7/29/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mark Fenton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

MAR 12 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-218004-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353080
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (Home)
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 28 years 7 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida

4. **FULL NAME OF CHILD** Eva Joyce Tunks

5. Date of Birth of Child (Month, day, year) Dec. 18, 1919

6. Sex female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Seba Ruel Tunks
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ovid, Idaho U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Owner of:
15. Industry or Business Soda Fountain, Bowling Alley, Billiard Parlor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Mae (Benson) Tunks
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Randolph, Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mae (First name) Tunks (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 51 years of age, that I have known this person for 22 years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. L. R. Tunks Signature
736 Gibbs Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 28 day of July 1942

(SEAL)

Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by ____, Registrar.

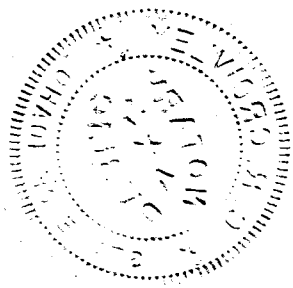
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-215043-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353085

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Valley (b) City Mc Call

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN THIS county 26 years 26 ~~months~~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Valley

(c) City Mc Call

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Mc Call, Idaho

4. FULL NAME OF CHILD Effie Eleda Johnson

5. Date of Birth of Child (Month, day, year) January 15, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Johnson

11. Color or Race White

12. Age at time of THIS birth 56 yrs.

13. Birthplace Unknown (City or town) Finland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanna Hirronen

17. Color or Race White

18. Age at time of THIS birth 46 yrs.

19. Birthplace Unknown (City or town) Finland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 23 years, and that Hilda (First name) Johnson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Johnson Signature

Mc Call - Idaho P. O. Address

Subscribed and sworn to before me this 31 day of July, 1942

(SEAL) Blair E. Armstrong Notary Public, residing at Donnelly - Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on AUG 1 1942 by Mabel H. Elder, Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-128024-655

353089

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 8 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell Ida.

4. FULL NAME OF CHILD Harold Frederick Hanne

5. Date of Birth of Child (Month, day, year) May 28, 1919

6. Sex Male

7. Twin or Triplet No If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick George Hanne

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace McPherson, Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viona O'Neal

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Marshall Ark.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother, (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simonton M.D. Midwife Address Wendell Ida. Date

State of California
County of Stanislaus } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for since birth years, and that Dr. E. L. Simonton (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frederick George Hanne Signature

324 Orange Street, Turlock, California. P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942

(SEAL) H. O. Carlson Justice of the Peace, Turlock Twp.
Notary Public, residing at Stanislaus Co., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mabel Keller, Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-127025-449

353173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Clearwater
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Clearwater
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clearwater, Ida.

4. **FULL NAME OF CHILD** Clifford John Wilson

5. Date of Birth of Child (Month, day, year) Oct. 27, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Wilson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Quincy, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Olive Murphy
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pullman, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Hazel (First name) Wilson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. W. L. Brown M.D. Midwife Address Clearwater, Idaho Date July 29, 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 3 1942 by Mabel Kohler, Registrar.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217 119 013 533

353203

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353203
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Fairfield Ida.
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Fairfield
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8½ yrs.

3. RESIDENCE OF FATHER (city, state) Fairfield Ida.

4. FULL NAME OF CHILD Walter Clyde Baxter

5. Date of Birth of Child (Month, day, year) December 19-1919

6. Sex boy **7.** Twin or Triplet no **If so—born** 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Angus Baxter
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Maud Ellis
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
20. Exact Occupation home work
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah
County of Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 23 years, and that Mrs. Gabriel Thurber (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle M. Baxter Signature

Pleasant Grove, Utah P. O. Address

Subscribed and sworn to before me this 4th day of August 19 47.

(SEAL) Notary Public, residing at Pleasant Grove

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Expires 6-5-48

Received for filing on AUG 5 1947 by Mark Fuller, Registrar.

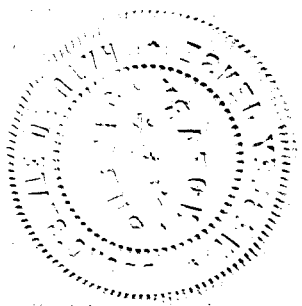
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-127 039-418

353227

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Id a

4. FULL NAME OF CHILD Glen Orval Thorne

5. Date of Birth of Child (Month, day, year) Jan. 27, '19

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Thorne
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Rockland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth May
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2:30 PM. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Elvira Clark (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Elizabeth Thorne Signature

Rockland Idaho P. O. Address

Subscribed and sworn to before me this 1st day of Aug., 1942

(SEAL) Mrs. R. Barnard Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on AUG 4 1942 by Mary Taylor, Registrar.

AUG 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 222-016 319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353432
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Heglar
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home~~: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 7 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Heglar, Idaho

4. **FULL NAME OF CHILD** Delilah Dena Cochran

5. Date of Birth of Child (Month, day, year) Sept. 22, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Worth Cochran
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Palouse (City or town), Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ettie May Caraway
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pomeroy (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wash. } ss.
County of Franklin }

I, undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Mattie Fentress (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie M. Cochran Signature

Connell Wash. P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942.

(SEAL) Ben T. Landsmith Notary Public, residing at Connell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 10 1942 by Mabel H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1971

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-208-016-755

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353512

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Burley

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Burley

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 6 years

4. FULL NAME OF CHILD Georgia Bailey

5. Date of Birth of Child (Month, day, year) July 8, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lester Irvin Bailey

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Fristoe (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia Ellen Pennington

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Gerster (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living All

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that Don't know name (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lestus Irvin Bailey Signature

704 Bloyd St. Kelso, Washington P. O. Address

Subscribed and sworn to before me this 7 day of August, 1942

(SEAL) Anne L. Mesnard Notary Public, residing at Longview, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 10 1942 by Mabel F. Eckelman, Registrar.

AUG 17 1942

MAR 10 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-106-010-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353520
Local Reg. No.
Reg. Dist. No.

Iona, Idaho

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 yrs years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Azilee Burke

5. Date of Birth of Child (Month, day, year) June 6, 1942

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Nephi Burke
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Sanford (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Pierce
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Amarias (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Dr (First name) Hollister (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel B Burke Signature
Iona Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Aug, 1942

(SEAL) Eugene Olsen Notary Public, residing at Iona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-104-010-556

353533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Parents home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Robert Dean Seedall

5. Date of Birth of Child (Month, day, year) June 4, 1919

6. Sex Boy.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Seedall

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Weon, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Newman Seedall

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

20. Exact Occupation Farmer's Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Seedall (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature H. L. Wilbourn M.D. Midwife Address Idaho Falls Date July 23, 1942.

State of ____
County of ____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-228-001-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Lukes Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Florence Jean Richards

5. Date of Birth of Child (Month, day, year) Dec. 28, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leroy Edward Richards
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kalispell (City or town) Montana (State or foreign country)
14. Exact Occupation City Police Force
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Lucile Kelly
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Gooding, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Gooding } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 22 years, and that Dr. Swenson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Lucile Richards Signature
Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of August, 1942

(SEAL) ____ Notary Public, residing at Wendell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel F. Clifton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1973

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

422-11-0224-363

353628

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353628

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. R. D.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) as above

4. **FULL NAME OF CHILD** Emmett Ussery

5. Date of Birth of Child (Month, day, year) April 17, 1919

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tecumseh Ussery
11. Color or Race White American
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mountain Grove, Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Colson
17. Color or Race white American
18. Age at time of THIS birth 23 yrs.
19. Birthplace Norwood, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature H. E. Lamb M.D. Midwife Address Eugene Ore Date Aug 13 42

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign, in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 years, and that H. E. Lamb M.D. (First name) (Last name), who attended this birth is believed tobe at Eugene, Oregon (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tecumseh Ussery Signature

R. D. #3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) Frank R. Smith Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

FRANKLIN R. SMITH

Received for filing on AUG 15 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1919-68453

962-011-010-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353849

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: neither
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Wlilden Robinson

5. Date of Birth of Child (Month, day, year) 3/11-1919

6. Sex female

7. Twin ~~or Triplet~~ yes If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Phileon Benjamin Robinson
11. Color or Race white
12. Age at time of THIS birth 36+ yrs.
13. Birthplace Snowflake, Arizona (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Clapp
17. Color or Race white
18. Age at time of THIS birth 26+ yrs.
19. Birthplace Castdale Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ba } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for — years, and that Doctor (First name) Hollister (Last name) who attended this birth is now deceased (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Clapp Robinson Signature

Boise, Route #5 P. O. Address

Subscribed and sworn to before me this 26th day of August, 1942

(SEAL) Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 26 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1948

DEC 10 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 993-129-035-439

353866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353866
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Leland
   (c) Street Address or R.F.D. No. rural district
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Leland
   (d) Street Address or R.F.D. No. rural district
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Marvin McClellan Rich

5. Date of Birth of Child (Month, day, year) March 29 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Rich Jr

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Troy (City or town) Idaho (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Effie McCluskey Rich

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Caldwell (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for all life years, and that Dr. (First name) Stoneburner (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E McCluskey Rich Signature

Fort Wright, Wash. Co. Col. Shores P. O. Address

Subscribed and sworn to before me this 2 day of July, 1942

(SEAL) Winnifred McPherson Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-208-016-291

354963

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Yale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Yale, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state) Yale, Idaho

4. FULL NAME OF CHILD Rachel Schoessler

5. Date of Birth of Child (Month, day, year) May 8, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John S. Schoessler

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Saratov, Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Elizabeth Braun

17. Color or Race white

18. Age at time of THIS birth 43 yrs.

19. Birthplace Saratov, Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 23 years, and that Barbara Braun (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John S. Schoessler Signature

Box 81 Conant P. O. Address

Subscribed and sworn to before me this 15 day of August, 1942

(SEAL) Comm. Ex. Feb. 20, 1946 Notary Public, residing at Burley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1969

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794 125030-141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 1 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No. ———
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) May - Idaho

4. FULL NAME OF CHILD George Lynn Grubb

5. Date of Birth of Child (Month, day, year) May 25, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5Th

8. No. months of Pregnacy 7 1/2

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dell Edward Grubb

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Duquoin (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD Adams

16. FULL MAIDEN NAME Isabella Pearl [illegible]b

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Challis (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Dr Gilmore (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabella Pearl Grubb Signature
Box 422, Blackfoot, Idah. P. O. Address

Subscribed and sworn to before me this 17 day of June, 19 42

(SEAL) Ina Wood, Custer Co. Recorder Notary Public, residing at Challis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing AUG 24 1942 by Maud Hyden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-27-006 331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Bonneville
(c) City RIRIE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) RIRIE, IDAHO

4. FULL NAME OF CHILD EDITH MARIE SIMONS

5. Date of Birth of Child (Month, day, year) May 12, 1919

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EARL HARRISON SIMONS
11. Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Clouquet (City or town) MINN. (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business BARBER in Shelley

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE CLAWSON
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business [illegible]

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth [illegible] (b) Born alive and now living 2

ATTENDANT

24. I HEREBY CERTIFY That I attended the birth of this [illegible] (Born alive, stillborn) at [illegible] M. on the date and at the place stated above and that personal particulars were furnished by Marie Simons (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Ida Date 8-5 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1945

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of [redacted] which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 31, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

96211-010-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355085

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Winston Robinson			2. Date Of Birth: March 11 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Idaho Bonneville	b. City or Town of Birth: Iona	
FATHER	6. Full Name of Father: Philean Benjamin Robinson			7. State or Country of Father's Birth: Snowflake, Arizona	
MOTHER	8. Full Maiden Name of Mother: Dorothy Clapp			9. State or Country of Mother's Birth: Eastdale, Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winston P. Crandall		11. Present Address of Registrant: 9718 Secretarial Boise Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1980	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: 4/4/27	Date Orig. Entry: Baptised 4/3/27
	Date of Birth: 3/11/19	Birth Place: Iona, Id.	Full Name of Mother: Dorothy Clapp	Name of Father: P.B. Robinson	
SUPPORTING RECORD 2.	Type of Document: Own Child's Certificate	By whom issued and signed: State of Idaho #408642		Date Issued: 8/7/45	Date Orig. Entry: 7/20/45
	Date of Birth: 26yrs.	Birth Place: Iona, Id.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment records	By whom issued and signed: Safeway , Boise, ID		Date Issued: July14,1980	Date Orig. Entry: June18,1962
	Date of Birth: Mar.11,1919	Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 14 1980

FORM BH 56067

962-21010-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355085
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: neither —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wynston Robinson

5. Date of Birth of Child (Month, day, year) Mar. 11, 1942

6. Sex female

7. Twin ~~or Triplet~~ yes If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Phileon Benjamin Robinson

11. Color or Race white

12. Age at time of THIS birth 36+ yrs.

13. Birthplace Snowflake, (City or town) Arizona (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothy Clapp

17. Color or Race white

18. Age at time of THIS birth 26+ yrs.

19. Birthplace Eastdale (City or town) Colorado (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ~~years~~, and that Doctor (First name) Hollister (Last name), who attended this birth now deceased (Is now deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Clapp Robinson Signature

Boise, Route #5, P. O. Address

Subscribed and sworn to before me this 26th day of August, 1942

(SEAL) Harold B. Smith Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel Keeler, Registrar.

JUL 14 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

567 1922001 248

355124

355124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harry August Vogt

5. Date of Birth of Child (Month, day, year) April 2, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry August Vogt

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace (City or town) Switzerland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Kuhn

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace (City or town) Switzerland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for all his life years, and that Dr. Bowers (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Anna Vogt Signature

R. 1, Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of September, 19 42

(SEAL) Mavon E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mavon E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

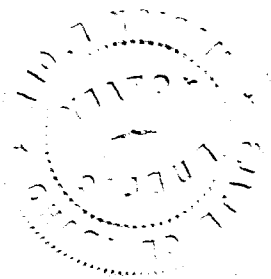
JAN 28 1971

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



789-22 70 41 918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355149
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No. P.O. Box #76
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No. P.O. Box #76
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia, Idaho

4. FULL NAME OF CHILD Lena Phillips

5. Date of Birth of Child (Month, day, year) April 27, 1942

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charlie Phillips
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Ray
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Boone (City or town), North Carolina (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all her life years, and that Dr. Martin (First name) (Last name), who attended this birth deceased. (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillie P. Phillips Signature

343-11th St. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) M. L. Shattuck Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

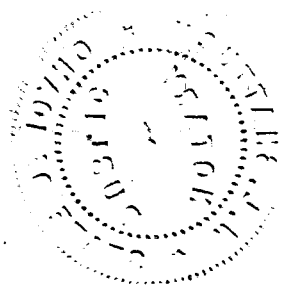
Received for filing on AUG 26 1942 by Mabel F. Edlefsen, Registrar.

AUG 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



96-19-04K-433

355241

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355241
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Own residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county eight years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Near Midvale
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? eleven yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** Leland Everette Rogers

5. Date of Birth of Child (Month, day, year) July 19 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everette Andrew Rogers
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sac City (?) Blackhawk Co. Iowa (City or town) (State ~~or foreign country~~)
14. Exact Occupation Ranching and Carpentering
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Sophia McClain
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Schell City (City or town) Missouri (State or ~~foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business (Formerly, teacher)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Sophia Rogers (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Fa Schmidt M.D. Midwife Address Weiser Date 8-20-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel M. Hopkins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

267-22-0388-959

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Rocky Bar, Ida

4. FULL NAME OF CHILD Mabel Alice Bogard

5. Date of Birth of Child (Month, day, year) Feb. 25, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Young Bogard
11. Color or Race white **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Sheridan County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Goldminer
15. Industry or Business Ellen Eagle

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Etta Reimers
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Reinbeck, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Harney } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 23 years, and that Dr. Avery (First name) (Last name), who attended this birth Is not living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Young Bogard. Signature
Burns, Oregon P. O. Address

Subscribed and sworn to before me this 29th day of August, 19 42.

(SEAL) Pat H. Conley Notary Public, residing at Burns, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mary E. Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

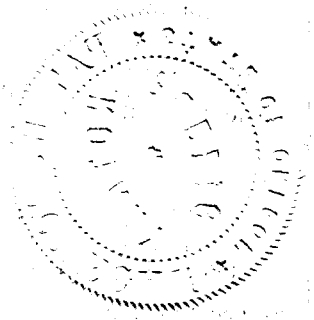
SEP 29 1950

JUN 19 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-111-009-689

355644

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO SEP 8 1942

State File No. 355644
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Blanchard
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Blanchard
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 months

3. **RESIDENCE OF FATHER** (city, state) Blanchard, Ida

4. **FULL NAME OF CHILD** Hughie Bryson Maine

5. Date of Birth of Child (Month, day, year) Sept. 11, 1919

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Elroy Maine
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Prairie Farm (City or town) Wisconsin (State or foreign country)
14. Exact Occupation now deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Helen Whittaker Maine
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wetaskiwin (City or town) Alberta, Canada (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and including this child 2~~ (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive/stillborn) at 5.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Frances H. Maine (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Margaret Maine Midwife Address Post Falls Ida Date 27, 1942

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 29 1942 SEP 8 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-106-044-692

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHington (b) City Weiser
(c) Street Address or R.F.D. No. 914 E. main
(d) Name of Hospital or Maternity Home: ~~Home~~ at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City P.O. Payett Ida.
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) P.O. Payett Ida.

4. FULL NAME OF CHILD STANLEY Roy VANBuren

5. Date of Birth of Child (Month, day, year) mar. 6 wed 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME STANLEY guy VanBuren

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Arrow Oregon. (City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel MARY Wisdom.

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Swanside Ore gon (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric a c i d.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, [redacted]) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Richey (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. A. E. Clemens Midwife Address Weiser Idaho Date 4-21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mary Fellows, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942 MAR 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-10-4022-959

355708

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355708
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) ~~Street Address~~ or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Walter Victor Phillips

5. Date of Birth of Child (Month, day, year) Oct 4 1919

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd ,

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter A Phillips
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Stromsburg (City or town) Nebraska (State or ~~foreign country~~)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia M Reimann
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hansford (City or town) Nebraska (State or ~~foreign country~~)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Walter (First name) Phillips (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature C L Spargis M.D. Midwife Address Ashton Idaho Date 9-4-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel E Lefler, Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-22-9022-295

355713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. no numbers
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 1 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida.

4. FULL NAME OF CHILD Marianne McMinn

5. Date of Birth of Child (Month, day, year) Oct. 29, 1919

6. Sex Female

7. ~~Twin or Triplet~~ ~~First~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. McMinn
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Bear Lake (City or town), Utah (State or foreign country), U.S.A.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theodosia Louise Krentz
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Westboro (City or town), Missouri (State or foreign country), U.S.A.
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 44 years of age, that I have known this person for 22 years, and that Dr. Vernon B. Wash (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. L. D. Wardell, formerly Theodosia McMinn Signature

2nd Reposing Idaho, U.S.A. P. O. Address

Subscribed and sworn to before me this 2 day of Sept, 1942.

(SEAL) Dan Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel Hansen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1963

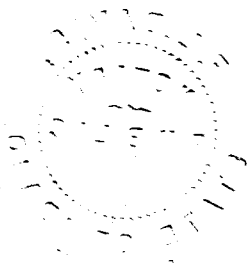
APR 29 1970

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-22-028-557

355717

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census SEP 8 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonton (b) City Ford Idaho
(c) Street Address or R.F.D. No. Rockford Wn.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonton
(c) City Ford
(d) Street Address or R.F.D. No. Rockford Wn
(e) How long has **MOTHER** lived in Idaho? since 1910 yrs.
(f) Mother's mailing address (for registration notice): Worley Idaho (Present)
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ford Ida.

4. **FULL NAME OF CHILD** Suzanne M Thorstenson

5. Date of Birth (Month, day, year) Feb 23-1919

6. Sex Fem

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ryor E Thorstenson

11. Color or Race Wht

12. Age at time of THIS birth 32 yrs.

13. Birthplace Sweden
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma A Nelson

17. Color or Race Wht

18. Age at time of THIS birth 26 yrs.

19. Birthplace Sweden
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum P N Sol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at 5 M. on the date and at the place stated above, and that personal particulars were furnished by Emma Thorstenson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ____ (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)
SEP 8 1942

25. Attendant's OWN signature L Clanton M.D. (D.O., Midwife, etc.)
and address Rockford Wn Date ____

SEP 10 1942

DEC 11 1968

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

699-116039-231

355897

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. 15 Mi. S. of Rockland
(d) Name of Hospital or Maternity Home: Born at home of parents
(e) Mother's stay BEFORE delivery: IN THIS county years 6 months 10 days 19

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City 15 Mi. South of Rockland
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? [illegible] yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Idaho

4. FULL NAME OF CHILD Harold Glenn Wright

5. Date of Birth of Child (Month, day, year) July 16, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Wright
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Eagle Town (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary (Mamie) Ellen Startin
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Wright (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature V G Logan M.D. ~~Midwife~~ Address American Falls Date Aug 31 1942

State of Washington } ss.
County of Snohomish }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for lifetime years, and that Dr. V. G. Logan, (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Mary Ellen Wright Signature

1211-23rd Street, Everett, Wash., P. O. Address

Subscribed and sworn to before me this 3rd day of August, 19 42

(SEAL) Signe A Hedlund Notary Public, residing at Everett, Wash.,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mary Hedlund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-113010-153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Mahlon Anthony Johnson

5. Date of Birth of Child (Month, day, year) March 13, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Leroy Johnson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Gladys Anthony
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Spokane (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Albert L. Johnson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature N. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Sept 12-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1964

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 114 006 793

356057

356057

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356057
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. R 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county X years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. R 1
(e) How long has **MOTHER** lived in Idaho? X26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley R 1

4. **FULL NAME OF CHILD** Melvin Harvey Young

5. Date of Birth of Child (Month, day, year) Nov. 14, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Ray Young
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Huntington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Gilbert
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Gillespie, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %
23. Number of children of this mother: (a) At time of birth and including this child X5 (b) Born alive and now living X5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Christina G. Young (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edward Cutler M.D. ~~Midwife~~ Address Shelley Date 9-6-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary F Elder, Registrar.

SEP 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-869 21105-9D

356102

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs Ida

4. FULL NAME OF CHILD Virginia Maxine Horsley

5. Date of Birth of Child (Month, day, year) May 11, 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Newell J. Horsley
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Josephine Rasmussen
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Henry Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia Horsley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 7-18-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Mary F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 1942

APR 11 1945

OCT 2 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

819/12022-319

357221

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** [illegible] Ronald Franklin Hardy

5. Date of Birth of Child (Month, day, year) Nov. 22, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Hardy
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Basin, Cassia Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Viola Cazier
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace North Ogden, Weber Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Dr. Mecham of Ashton who attended Address is dead Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Dr. (First name) Mecham (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily C Hardy Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of September, 1942

(SEAL) Ex Officio Probate Judge & Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 22 1942 by [illegible], Registrar.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

525 2/2009 363

United States Department of Commerce
Bureau of the Census SEP 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Cannywood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Cannywood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wanda Margaret Ebert

5. Date of Birth of Child (Month, day, year) August 12, 1919

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Ebert
11. Color or Race White **12.** Age at time of THIS birth 54 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Louisa Cochran
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace [illegible] (City or town) La Grande, Oregon (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Francis Ebert (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna Grozier M.D. Midwife Address Mopell, Wn. Date Sept 14-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel K. Eskelsen, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-231027-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357515
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8 months yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Mary Katherine Posey

5. Date of Birth of Child (Month, day, year) Jan. 31, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas. Everett Posey
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Anna (City or town) Texas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Johnson
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Carlisle (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for all her life years, and that Dr. Chas F. Zeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. R. No. 1 Mary Ellen Posey Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of September 1942

(SEAL) William T. Smith Probate Judge Jerome County Idaho
Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Probate Judge & Ex-Officio Clk, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1947

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-211 001-253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357561
Local Reg. No.
Reg. Dist. No.

SEP 30 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 621½ S. I3 St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 621 ½ S. I3 St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Sara Margaret Adams

5. Date of Birth of Child (Month, day, year) Sept. II, I9I8

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dell Charles Adams
11. Color or Race Wh ite
12. Age at time of THIS birth 36 yrs.
13. Birthplace Montreal (City or town) Arkansas (State or foreign country)
14. Exact Occupation Auto Mechanic
15. Industry or Business Garage (Auto)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Kelly (Adams)
17. Color or Race White
18. Age at time of THIS birth 3I yrs.
19. Birthplace Malahide, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Unknown

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for Since Birth years, and that Doctors name forgotten (First name) (Last name), who attended this birth Cannot be located (~~Is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Kelly Adams Signature

1397 North Jefferson ave Mentone Calif. Address

Subscribed and sworn to before me this 28 day of Sept., 1942

(SEAL) Com. Expires Feb. 6, 1943 Maryann a Weston Notary Public, residing at Mentone, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Mabel F. Bradley, Registrar.

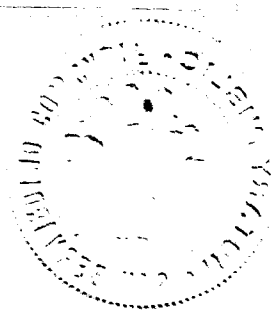
OCT 2 1942

SEP 3 0 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



258-103042255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357567
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Rt #2
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Rt #2
(e) How long has **MOTHER** lived in Idaho? 3y 11Mo yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Francis Key

5. Date of Birth of Child (Month, day, year) 8-3-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Francis Key
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bismark, Canada (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Benson [illegible]
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Twin Falls Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Solano }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that his mother (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Benson Key Signature

P. O. Address

Subscribed and sworn to before me this 28 day of September, 1942

(SEAL) Notary Public, residing at Vallejo, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by [illegible], Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 118003 6B

357603

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D.No. on apt on main st.
   (d) Name of Hospital or Maternity Home:
   born on apt. somewhere on main St.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home none days.
   IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D.No. main St.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Gen. Del. Pocatello, Idaho

3. **RESIDENCE of FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Thomas Joe Hammond

5. Date of Birth (Month, day year) March 18, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Henderson Hammond

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Burchard (City or town) Nebraska (State or foreign country)

14. Exact Occupation Butcher

15. Industry or Business employed by Scaggs

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Josiah Walton

17. Color or Race white

18. Age at time of THIS birth 24 yrs

19. Birthplace Auburn (City or town) Wyoming (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business practical nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at March 18, 1919 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Frances Hammond (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) OCT 1 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Henderson Hammond, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Joe Hammond (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Linn (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas Henderson Hammond Signature

3 N Morris St., Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 28th day of September, 19 42

(SEAL) [signature] NOTARY PUBLIC FOR OREGON Notary Public, residing at Portland, Ore

MY COMMISSION EXPIRES JULY 10, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

X943 20601418/19 OCT 2 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357630
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 708 Everett
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 708 Everett
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Dorothy Lanita Rucker

5. Date of Birth of Child (Month, day, year) Feb. 6, 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 6 3/4

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stanley Allen Rucker
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Stanberry Mo. (City or town) (State or foreign country)
14. Exact Occupation Furniture Salesman
15. Industry or Business Case Furniture Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Belle Harshman
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Grandville Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 23 years, and that Wm. A. (First name) Farrer (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S A Rucker Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 42

(SEAL) W E Graves Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mabel Weisler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

255-213029-231

United States Department of Commerce
Bureau of the Census

OCT 1 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357835
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Bovill, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County L
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilma Mae Bennett

5. Date of Birth of Child (Month, day, year) July 31, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Lee W Bennett
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Buffalo (City or town) N.Y. (State or foreign country)
14. Exact Occupation auto salesman
15. Industry or Business automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Tina Gladys Blanc
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mayfield Ky. (City or town) (State or foreign country)
20. Exact Occupation home wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature F. C. Leibron M.D. ~~Midwife~~ Address Potlatch Idaho Date Sept. 8-42

State of Ida
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mabel Fiedler, Registrar.

OCT 6 1942

NOV 15

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dlw 80 1919-71479

912 224010818

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357730
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Mapine Rasmussen

5. Date of Birth of Child (Month, day, year) 3-24-1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Niels Rasmussen
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorinnie Haycock
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Ranch (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of NOTARY PUBLIC in and for the County
County of Los Angeles } ss. State of California

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 22 years, and that Hollister (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorinnie (Rasmussen) Herbert Signature

My Commission Expires June 7, 1946 10516 Burin Ave Inglewood Calif. P. O. Address

Subscribed and sworn to before me this 14 day of September, 1942

(SEAL) Jane L. Timmons Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mark H. Peterson, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 21 026 662

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 7 - 1942

State File No. 357785
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dorothy Leone Clarke [illegible]

5. Date of Birth of Child (Month, day, year) June 11 1919

6. Sex female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Clarke
11. Color or Race white **12.** Age at time of THIS birth 53 yrs.
13. Birthplace Kennesheck (City or town) Iowa (State or foreign country)
14. Exact Occupation deceased.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabel Foster
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Napella (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59, years of age, that I have known this person for all her years, and that Dr. Preese (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Isabel Clarke Hanguss Signature
375 Lomax St. P. O. Address
Idaho Falls, Ida.

Subscribed and sworn to before me this 6th day of Oct., 1942

(SEAL)

[illegible] Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mabel Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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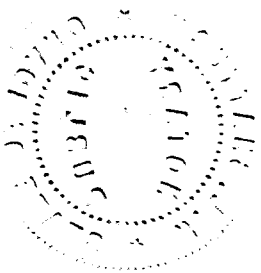


238-216010-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357786
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: SPENCER HOSPITAL
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** EVELYN SCHMIDT

5. Date of Birth of Child (Month, day, year) March 16 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert William Schmidt
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace New Ulm (City or town), Minnesota (State or foreign country)
14. Exact Occupation BRANCH MANAGER
15. Industry or Business PURE OIL CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Burtenshaw
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this ~~mother~~: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 23 years, and that DR. SPENCER (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Vera Burtenshaw Schmidt Signature

X 3204 Louise St Lynwood P. O. Address

Subscribed and sworn to before me this 3rd day of October 1942

(SEAL)

Notary Public residing at LOS ANGELES, STATE OF CALIFORNIA

My Commission Expires March 7, 1945 LYNWOOD CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mary [illegible], Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-102032 961 OCT 1 1942

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357800
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Richfield.
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Dr. Hyde.
(e) Mother's stay **BEFORE** delivery: In Hospital or Maternity Home ... Days
In **THIS** county ... years ... months ... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Bliss.
(d) Street Address or R.F.D. No. R.R.P.O. 165
(e) How long has **MOTHER** lived in Idaho? 11 yrs yrs.
(f) Mother's mailing address (For registration notice): R.R. 165 Bliss
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Bliss, Idaho

4. **FULL NAME OF CHILD** Thomas William Burkhardt.

5. **DATE OF BIRTH** (Month, day, year) Aug. 2nd 1919

6. Sex Male. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Walter Russell Burkhardt.
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Springfield. Mo. (City or Town) (State or foreign country)
14. Exact Occupation Civil. Engineer.
15. Industry Business Farming & Engineer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Lovejoy
17. Color or Race White. 18. Age at time of THIS birth 40 yrs.
19. Birthplace Paloka. Ill. (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housework on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3 1% — Sulv Nitrate.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive. (born alive, stillborn) at 6 9. M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Burkhardt. (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) OCT 1 1942 (Date received) (b) Mabel Heslop (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

28. Attendant's **OWN signature** G. H. Dill M.D. (D.O., Midwife, etc.)
and address Hansen, Idaho. Date July 29/42

OCT 8 1942

APR 16 1953

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None.

Induced? No.

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? None

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No No Pos..... Neg.....

(e) Signature of Physician:

DELAYED

DECEASED

231-203-009-545

357805

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Blanche Marie Blackler

5. Date of Birth of Child (Month, day, year) May 3, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Edwin Blackler

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Middlesex County, Ontario, Can. (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Stella Edelman

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace Bolckow, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Clackamas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 23 years, and that my father Geo Blackler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Blackler Signature

P. O. Box No 92 Gladstone, Oreh P. O. Address

Subscribed and sworn to before me this 6th day of July, 1942.

My (SEAL) Com Exp 9/4/44 ____ Notary Public, residing at Oregon City Oreg

(Note: Perjury is punishable as a felony in ~~Idaho~~, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mabel Weldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-270-003962

357808

United States
Department of Commerce
Bureau of the Census

(Be sure that information is as of date of birth of THIS child)

OCT 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357808
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mc Cammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 year(s) months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mc Cammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Afton Safon Mellor

5. Date of Birth of Child (Month, day, year) Jan 30 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Francis Mellor
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Fayette (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Robinson
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Weston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, still born) at 3 00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Francis Mellor (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature R. J. Barbiglia, M.D. ~~Midwife~~ Address Pocatello Idaho Date Oct. 15, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Taylor, Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-205-028-319

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 5 - 1942

State File No. 357817
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls

4. **FULL NAME OF CHILD** Edna Violet Hudson

5. Date of Birth of Child (Month, day, year) Nov 5, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Hudson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Barron (City or town) Wis (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verdie Vienna Carr
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Barron (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ore
County of Oregon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 27 years of age, that I have known this person for 23 years, and that Flora Drew (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Madeline Nelson Signature
2108 Myrtle St. North Bend, Ore Address

Subscribed and sworn to before me this 28 day of September 1942

(SEAL) Elmer Russell NOTARY PUBLIC FOR OREGON
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mabel McLain, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-103-039-957

857925

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City Roy
(c) Street Address or R.F.D. No. residence home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 7 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County POWER
(c) City Roy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Roy

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** George Russell Bingaman

5. Date of Birth (Month, day, year) Jan 3, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel E. Bingaman
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Aurora (City or town) Missouri (State or foreign country)
14. Exact Occupation farming
15. Industry or Business wheat raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Ingham
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Williams (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature doctor, name unknown M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of king } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel E. Bingaman, being first duly sworn, say that I am related (Related to (or) acquainted with) George Russell Bingaman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that name unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Samuel E Bingaman Signature

Rte 1, Box 428, Kent, Washington P. O. Address

Subscribed and sworn to before me on this 22nd day of March, 1941, 19

(SEAL) Donald Asselstine Notary Public, residing at Kent

OCT 7 - 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

FEB 9 - 1954

NOV 1 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-113-001-165 Middle name of child amended 357948 5/22/85 lh

357948

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street address or R. F. D. No. /
   (d) Name of Hospital or Maternity Home: at Home,
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years 7 months 13 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State..... (b) County.....
   (c) City .....
   (d) Street address or R. F. D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Graydon Williams

5. **DATE OF BIRTH** (Month, day, year) Sept. 13, 1919.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Alfred Lee Williams
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Dauphin Manitoba
    (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Joe
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Garston Manitoba
    (City or Town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
    (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Alfred Lee Williams (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 15 1942 (Date received) (b) Mary E Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary E Williams
    (or Mother, Midwife, etc.)
    and address Boise Idaho Date Nov 14 Oct 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 15 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

4-15-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 22 3 23 PM '85

State of Idaho
County of Ada } ss.

Certificate No. 357948
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for George Gradon Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 13, 1919 (Date of Event)
in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	Gradon	Graydon

Subscribed and sworn to before me this 22nd day of May, 1985.
Notary Public, Linda Hickman
Residing at Boise
My commission expires April 3, 1991
(Seal)

X George G. Williams
Signature of Applicant
X 7451 Emmett Hwy. Eagle Id 83616
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Veterans Administration National Service Life Ins. Certificate effective date of November 1, 1946 gives name as George Graydon Williams - countersigned April 7, 1947 viewed by VS..

MAY 22 1985

Marriage License and certificate issued by Ada Co., Idaho Nov. 27, 1941 gives name of groom as George Graydon Williams of Boise, Ada Co., Idaho Married Dolores May McGlochlin November 29, 1941 at Boise, Idaho.. Filed by county on Dec. 11, 1941. Viewed by V.S. # 14433 209221 Book 31 pg 510

155-107026-177

358032

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 12 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. R.F.D. #1.
(d) Name of Hospital or Maternity Home:
Born in parents own home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby,
(d) Street Address or R.F.D. No. R.F.D. # 1.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Ida.

4. FULL NAME OF CHILD Nephi Golden Jensen

5. Date of Birth of Child (Month, day, year) July 7, 1919

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Emanuel Jensen Jr.

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Riverton, Salt Lake Co, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer or Rancher

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Melinda Apgood

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Wanship, Summit Co, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children ~~of this mother~~: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4:30P M. on the date and at the place stated above, and that personal particulars were furnished by Flora (First name) M. Jensen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that (unknown) (First name) Smithy (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Flora Melinda Jensen Signature

R.F.D. 3. Box 125 Hemet, California P. O. Address

Subscribed and sworn to before me this 8th day of October, 1942

(SEAL) George Corbuss Justice of the Peace, Hemet, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Notary Public, residing at

Received for filing on OCT 12 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1961

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-116-c 10-313

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED OCT 1942

County of Bonneville

City of Ucon

No. SEP 22 1941

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 358075

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Francis Booth Snyder

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 16, 1919 (Month, Day, Year)

FATHER

9. Full name Charles Edward Snyder

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

11. Color or race W. | 12. Age at last birthday 25+ (years)

13. Birthplace (city or place) (State or Country) Pocatello

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Catherine L. Talbot

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

20. Color or race W. | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Alberta, Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 { months or weeks

30. Cause of stillbirth 0 { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11:30 p.m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) [signature], M. D.

or ....., Midwife

Address Idaho Falls, Idaho

Filed Oct. 24, 1940 Mabel Keeler

Registrar.

Registrar.

OCT 16 1942

DELAYED

891-116-034-789

359298

United States Department of Commerce Bureau of the Census

OCT 7 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 179
Reg. Dist. No. 456

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clayton Elmore Hiatt

5. Date of Birth of Child (Month, day, year) May 16-1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wellcome John Hiatt
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Plains (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Nibley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Laurel Fork (City or town) Va (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mes. Silval
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9.20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Wellcome J. Hiatt (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E.E. Elmore M.D. Midwife Address Rupert Ida. Date 10-2-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Oct. 2-1942 by E.E. Elmore, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 0 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-124-026-295

359352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 2 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. Rigby, Idaho
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Ronald Kinghorn Tall

5. Date of Birth of Child (Month, day, year) Nov 24 1919

6. Sex Male **7.** Twin or Triplet If so, born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Arthur Tall
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Hardware Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Kinghorn
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Belle Tall (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature J A Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Oct 20, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 20 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 0 1972

JUL 1 5 1952

OCT 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title ~~38, Idaho Code Annotated, when such report~~ is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MA

299-223-016-652

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 26 1942

State File No. 359449
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 102 S. Overland
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassis
(c) City Burley
(d) Street Address or R.F.D. No. 102 S. Overland
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sibyl Birdwell

5. Date of Birth of Child (Month, day, year) Sept. 23, 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Arthur Birdwell
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Vilonia (City or town) Arkansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Beulah Webb
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Fayte (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 23 years, and that Dr. Smith (First name) (Last name), who attended this birth cannot be readily reached (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Arthur Birdwell Signature

Moscow Idaho P. O. Address

Subscribed and sworn to before me this 24th day of October, 1942

(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by ____ Registrar.

NOV 6 1942

AUG 14 1943

AUG 10 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-211-2057-64

359456

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359456
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Grace

4. FULL NAME OF CHILD Wilma Ada Rich

5. Date of Birth of Child (Month, day, year) 4/11/1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Rich
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Porterville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Ormand
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Coveville (City or town) Utah. (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:50A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Dr. John H. Hubbard M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Ormond Rich. Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of October, 19 42

(SEAL) Noranni H. Lacer Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mabel Hughes, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-208-035-731

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 19 1942

State File No. 359526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 mo

3. RESIDENCE OF FATHER (city, state) Nez Perce, Idaho

4. FULL NAME OF CHILD Woodrena Plattenburg Adams

5. Date of Birth of Child (Month, day, year) May 8-1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Franklin Adams
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Lawson (City or town) Missouri (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Avis Capitola Plattenburg
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Gamaville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Missouri } ss.
County of St. Louis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person since birth years, and that Dr. Taylor (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J F Adams Signature
O'Fallon, Missouri P. O. Address

Subscribed and sworn to before me this 17 day of October, 1942.
(SEAL) L Arenz E Waldrath Notary Public, residing at Wentzville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Expires 6-19-1945

Received for filing on ____ by Mark Hellen, Registrar.

OCT 19 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-22 8-042-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1942

State File No. 359589

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Buhl

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Buhl

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Velma Floressa Chriswell

5. Date of Birth of Child (Month, day, year) Oct. 28, 1919

6. Sex female **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Chriswell

11. Color or Race white **12.** Age at time of THIS birth 46 yrs.

13. Birthplace Clearwater Co., Kansas (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Julia Rose

17. Color or Race White **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Payette (City or town) Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I ~~HEREBY~~ CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. (First name) Goodspeed (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawissia Fairchild Signature

P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-017-003-717

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359662

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Downey, Idaho.

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home: Family Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock.

(c) City Downey, Idaho

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Ida.

4. FULL NAME OF CHILD Beatrice Adeline Condie

5. Date of Birth of Child (Month, day, year) October 17, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Junius Clemance Condie

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

14. Exact Occupation Resturant Man

15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathrine Lavinia Paxman

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Salt Lake City. (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4: P. M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy (First name) Shafer (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Pocatello Ida Date 10-21-42

State of

County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1942 by [signature], Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S55-104-006-993

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 350884

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harvey Laurence Everett

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? .....

8. Date of birth Sept 4, 1919 (Month, Day, Year)

FATHER

9. Full name Edsil Everett

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Grace May Rice

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Lebanon Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) → ....., M. D.

or Mrs. Rosabelle Lucas

Address Shelley Idaho

State of [illegible] Registrar.

Filed NOV 4 [illegible]

DEC 6 1968

NOV 5 1942

DELAYED

...eterioidal solution was used in eyes?.....

...of child of this mother, including present birth.....

FATHER

NCE

753-102-017-753 359729

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clark (b) City Idmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Maternity home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Spencer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idmon, Ida.

4. **FULL NAME OF CHILD** Dudley Riley Peterson

5. Date of Birth of Child (Month, day, year) Mar 2 - 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lionel Bingham Peterson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Mechanic

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Tucker Peterson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Greenville Tennessee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Mrs. R. S. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Tucker Peterson Signature
1420 N. Jefferson, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 6 day of Nov. 1942

(SEAL) N. B. Joy Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 7, 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-106-036-359

359745

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359745
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Borah Jones

5. Date of Birth of Child (Month, day, year) April 6, 1919

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jedd Jones, Jr.
11. Color or Race Anglo-Saxon
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Malad City, (State or foreign country) Idaho
14. Exact Occupation Banking
15. Industry or Business Banking and Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophie Leigh
17. Color or Race Anglo-Saxon
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Malad City, (State or foreign country) Idaho
20. Exact Occupation House-wife
21. Industry or Business House-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 23 years, and that William Dr. J. M. Kerns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophie L. Jones
Signature

Malad City, Idaho
P. O. Address

Subscribed and sworn to before me this 9th day of November, 19 42

(SEAL) M. E. Johnson
Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary F. Eldon, Registrar.

NOV 1 2 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 703 004 419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359985
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 10 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Heber John Boehme

5. Date of Birth of Child (Month, day, year) Dec. 3, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hugo Boehme
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dresden (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Postmaster

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Helen Marx
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Dresden (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude (First name) Boehme (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Caroline Boehme M.D. Midwife Address Rt. Box 323 Woods Cross, Utah Date Nov. 7 - 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel W. Nelson, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-206-006 281

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 360003
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County _____
(b) City or town Fort Hall Reservation (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____ (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State _____
(b) County _____
(c) City or town _____ (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Annie Timsanico
4. Date of birth May 6 1919 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet – If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy _____
8. Is mother married? _____

FATHER OF CHILD
9. Full name Percy Timsanico
10. Color or race Ind. 4/4 11. Age at time of this birth 24 yrs.
12. Birthplace Ft. Hall Reservation (City, town, or county) (State or foreign country)
13. Usual occupation Rancher
14. Industry or business _____

MOTHER OF CHILD
15. Full maiden name Louise Shank
16. Color or race Ind. 4/4 17. Age at time of this birth 19 yrs.
18. Birthplace Ft. Hall Reservation (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business _____

21. Children born to this mother: 3
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: _____

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 11 P m. on the date above stated and that the information given was furnished by No Physician attending, related to this child as Born alive.

24. Date received by local registrar NOV 10 1942
25. Registrar's own signature Mabel Teeter
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature _____
M. D., midwife, or other _____ Date signed _____
Address _____

Henry P. Wheeler, Physician,
Ft. Hall, Idaho.

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

Copy of Birth certificate in Fort Hall Agency files
L. M. Stevens
Chief Clerk

NOV 1 3 1942

DELAYED

295-220033-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360159
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Ida

4. FULL NAME OF CHILD Belva mae Bingham

5. Date of Birth of Child (Month, day, year) 7/20/19

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Reuben Bingham
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lima (City or town) montana (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Rexburg motor Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Novella Celeste Nielsen
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A M, on the date and at the place stated above, and that personal particulars were furnished by John (First name) Bingham (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Madison } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x John Reuben Bingham Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Nov, 1942

(SEAL) L L Eramsen Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary Fielden, Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 114 036-291

360223

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Stone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Jessee Theodore Turner

5. Date of Birth of Child (Month, day, year) November 14, 1919.

6. Sex male **7.** Twin or Triplet neither If so—born 1st, 2nd, 3rd 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond Marion Turner
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Snowville, Utah (City or town) (State or foreign country)
14. Exact Occupation Working with sheep.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Bradshaw
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Stone, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for all life years, and that Dr. Carshaw (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Ann Turner
Signature

Rupert, Idaho
P. O. Address

Subscribed and sworn to before me this 7th day of November, 19 42

(SEAL) A. E. De Mary
Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-282042 238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 23 1942

STATE OF IDAHO

State File No. 360276
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. F 3
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lois Belva Brandon

5. Date of Birth of Child (Month, day, year) Nov. 2 1919

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edley Brandon
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Unionville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Katherine Schamp
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Lincoln (City or town) Neb (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive ~~stillborn~~) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Brandon (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Charles R. Scott M.D. Midwife Address Twin Falls Date Nov. 4-1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 5 Months years, and that Verginia (First name) Nelson (Last name) R.N. Scott, who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Katherine Schamp Brandon Signature

R.F.D.#4 Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October 1942

(SEAL) Alice C. Taylor Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 23 1942 by Mark Peterson, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132.124001-339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360340
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thomas Edgar Albaugh

5. Date of Birth of Child (Month, day, year) July 24, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph L. Albaugh
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mineral City (City or town) Ohio (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Law.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Cline
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph L. Albaugh Signature

P.O.Box 428, Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942.

(SEAL)

Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Mary F. Eder, Registrar.

NOV 20 1942

APR 3 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-219022-769

S60343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County FREMONT (b) City ASHTON
   (c) Street Address or R.F.D. No. RFD #2
   (d) Name of Hospital of Maternity Home: RESIDENCE
   (e) Mother's stay **BEFORE** delivery: RESIDENCE
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County FREMONT
   (c) City ASHTON
   (d) Street Address or R.F.D. No. RFD #2
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.
   (f) Mother's mailing address (For registration notice): 416 West 2nd South BRIGHAM CITY UTAH
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) ASHTON IDAHO

4. **FULL NAME OF CHILD** Edna Nelson

5. **DATE OF BIRTH** (Month, day, year) March 19 - 1919

6. Sex FEMALE

7. Twin or Triplet (~~Twin~~) NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH, NELSON

11. Color or Race WHITE

12. Age at time of THIS birth 45 yrs.

13. ~~Birthplace~~ MANTUA (City or Town) UTAH (State or foreign country)

14. Exact Occupation FARMING

15. Industry Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA PORRITT, ~~NELSON~~

17. Color or Race WHITE

18. Age at time of THIS birth 44 yrs.

19. ~~Birthplace~~ CLIFTON (City or Town) IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by MARTHA (First name) NELSON (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) NOV 20 1942 (Date received) (b) Mark Tedder (Registrar's signature)

25. Attendant's **OWN** signature E. L. Clark M.D. (D.O., Midwife, etc.)
and address ASHTON IDAHO Date NOV. 12. 1943

27. Given name added on ..... by ..... (Registrar's signature)

NOV 24 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

765-228010-354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county Seven years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? seven yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Juanita Faye Gonzales

5. Date of Birth of Child (Month, day, year) 7/28/1919

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Delfido Gonzales
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Elbrazo, Colo. (City or town) (State or foreign country)
14. Exact Occupation Sugar Beet Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie E. Lemmons
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Galena, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Fannie E Gonzales (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 23 years, and that Doctor (First name) Hollister (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie E Gonzales Signature

6047 - 3rd Northwest, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of November 1942

(SEAL) Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Mark Tedder, Registrar.

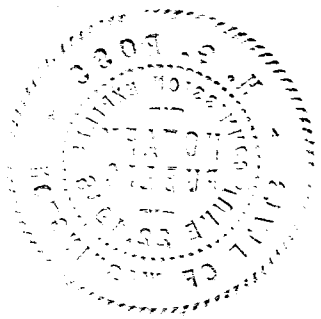
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



552-20-0119-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361468
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Goldburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Goldburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goldburg Ida

4. **FULL NAME OF CHILD** Comfort Gladys Nesbitt

5. Date of Birth of Child (Month, day, year) Feb 10, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Nesbitt

11. Color or Race Scotch

12. Age at time of THIS birth 38 yrs.

13. Birthplace Payette (City or town) Idaho (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Beech

17. Color or Race English

18. Age at time of THIS birth 33 yrs.

19. Birthplace Challis (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the da and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 23 years, and that Mrs John Thompson (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Nesbitt Signature

Eagle Idaho RI P. O. Address

Subscribed and sworn to before me this 21 day of Nov., 1942

(SEAL) Margaret E. Mason Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1943

FEB 8 1945

DELAYED REGISTRATION LAW[6]

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-101-027-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361485
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County JEROME (b) City JEROME
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 5 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEROME
(c) City JEROME
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) JEROME IDA.

4. FULL NAME OF CHILD VERNE LEROY KING

5. Date of Birth of Child (Month, day, year) July 1, 1919

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME KARL CLARENCE KING

11. Color or Race WHITE

12. Age at time of THIS birth 33 yrs.

13. Birthplace WORTHINGTON (City or town) MINNESOTA (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME PEARL SMITH

17. Color or Race WHITE

18. Age at time of THIS birth 36 yrs.

19. Birthplace FAIRMOUNT (City or town) ILLINOIS (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 12:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by KARL C KING (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that LUCY A CUTTS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karl Clarence King Signature

Fairmount Ill RD 2 P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942.

(SEAL) Alice M Jones Notary Public, residing at Fairmount, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Maud Fledderjohn, Registrar.

OCT 16 1950

MAY 16 1969

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

689-227-026-455

361489

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County JEFFERSON (b) City ROBERTS
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county SIX years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City ROBERTS
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts, Ida.

4. FULL NAME OF CHILD MYRTLE HELEN WHITLATCH

5. Date of Birth of Child (Month, day, year) Feb. 27, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd [redacted]

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Stillman Whitlatch

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Lemyick (City or town) Ohio (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Adalene Denny

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Bethel (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif.
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Leo. — Zeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Whitlatch Signature

Lynnville Ore. P. O. Address

Subscribed and sworn to before me this 18th day of Nov, 1942

(SEAL) [illegible] Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary H Eldon, Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-115040-249

361528

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. Mission ave
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. Mission ave
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg Ida

4. **FULL NAME OF CHILD** James Melvin Taylor

5. Date of Birth of Child (Month, day, year) 4. 15. 1918

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Raymond Taylor
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Elma (City or town) Washington (State or foreign country)
14. Exact Occupation engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Juanita Lorean Smith
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Gates (City or town) Ore (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature H. C. Lindsay M.D. Midwife Address Kellogg Idaho Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Dr H C (First name) Lindsay (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Formerly Juanita Lorean Taylor) Juanita Lorean Ketterman Signature

5402 7th St Yakima Wash P. O. Address

Subscribed and sworn to before me this 24th day of October A. D. 1942

(SEAL) E. A. Herrin Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by Mary F Elder, Registrar.

— address — over — lent —

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Laura M. Taylor,
515 North 4th Street,
Yakima, Washington.

669-201-231-291

United States
Department of Commerce
Bureau of the Census

NOV 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361529
Local Reg. No. 101
Reg. Dist. No. 230

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. Village
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 1 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. Village
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce

4. FULL NAME OF CHILD Irene Katherine Wortman

5. Date of Birth of Child (Month, day, year) Feb. 1 1919

6. Sex female **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles B. Wortman
11. Color or Race White **12.** Age at time of THIS birth 61 yrs.
13. Birthplace Pattensburg (City or town) Mo (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Brash
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Amherst (City or town) S. Dakota (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6-A M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Wortman (Last name); who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. E. Taylor M.D. (dead) Midwife Address Nezperce Idaho Date 11-6-42

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr Taylor (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Wortman Signature

P. O. Address

Subscribed and sworn to before me this 16 day of November, 1942.

(SEAL) Mary M Mitchell Notary Public, residing at Nezperce Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 16 42 by Albert [illegible] Registrar.

NOV 21 1942

SEP 2 9 1970

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-214-032-633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
NOV 23 1942 STATE OF IDAHO

State File No. 361625
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Kimama
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Kimama
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimama, Ida

4. **FULL NAME OF CHILD** Pauline Erna Praegitzer

5. Date of Birth of Child (Month, day, year) Nov. 14, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gottlieb Praegitzer
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Odessa (City or town), Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Ottmar
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Odessa (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life ~~years~~, and that Rebecca Will (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gottlieb Praegitzer — Signature

Paul, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of November, 19 42

(SEAL) C. E. DeMary — Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel K. Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-217-B/b-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361633
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Burley (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home of Mother
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Burley
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wanda Aileen Scott

5. Date of Birth of Child (Month, day, year) March 17, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milton Scott
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Mae Solley
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Utah } ss.
County of Salt Lake Utah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Doctor~~ aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Gwindusife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. L. Scott Signature
36 North 5 West P. O. Address

Subscribed and sworn to before me this 24 day of November, 1942

(SEAL) R. M. Carlson Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1973

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

× 731-207034-853

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361787
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Heyburn, Ida.

4. **FULL NAME OF CHILD** Bernice Platts

5. Date of Birth of Child (Month, day, year) Feb. 7, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Chauncey Williams Platts
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Diamond (City or town) Idaho (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Veda Kate Wellenwell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ogden, Weber Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 years, and that Bernice (First name) Platts (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Veda K. Platts Signature
Rural P. O. Address

Subscribed and sworn to before me this day of Dec. 19
(SEAL) H. A. Boyer Probate Judge & Ex-Officio Notary Public, residing at Rupert
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-126-026-954

361790

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Duane Thomas Roylance

5. Date of Birth of Child (Month, day, year) July 26, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Darwin Thomas Roylance
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Mapleton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Remington
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Dr. (First name) Anderson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+Mrs Alta Roylance Signature

246 No. 2nd West, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 25th day of November, 1942

(SEAL) Adeline Cooke Notary Public, residing at 534 Colorado St Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel H Eccles, Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

'296-123-027-335

361806

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Hazelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Hazelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ivan Ellsworth Brown

5. Date of Birth of Child (Month, day, year) 5/23/1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Allen Brown
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Sleepy Eye (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None other

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Belle Cleveland
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Waupun (City or town) Wis.consin (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 23 years, and that Mrs. Julia (First name) Kelley (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Allen Brown Signature

Tigard Oregon P. O. Address

Subscribed and sworn to before me this 28 day of November, 19 42

(SEAL) W. H. Root Justice of the Peace District of Tigard

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel Helms, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

816-128-006-766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361811
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot,
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot,
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot,

4. FULL NAME OF CHILD Mertin William Hawkes

5. Date of Birth of Child (Month, day, year) August 28, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Sidney Hawkes
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Panquitch, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Genevieve Pearl Goodwin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Genevieve Hawkes (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature J. O. Hamptun M.D. Midwife Address Blackfoot, Idaho Date 11-27-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel W. Hopkins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

AUG 21 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-124-37445

361818

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Her Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Idaho

4. FULL NAME OF CHILD Champ Clark Ramsey

5. Date of Birth of Child (Month, day, year) Sept. 24, 1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mat[illegible] Ramsey
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Springfield, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Dunham Ramsey
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Three Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Jane Dunham (First name) (Last name) who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Jane Dunham M.D. Midwife Address Hotsprings Date Jan

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by , Registrar.

DEC 7 1942

JAN 17 1967
MAY 26 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-110-014-795

361837

361837

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Wilder
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county X years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Wilder
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Klavid Hayes Law Jr
5. Date of Birth (Month, day, year) July 10 1919
6. Sex M.
7. Twin or Triplet
8. If so—born 1st, 2nd, 3rd
9. No. months of Pregnancy 9
10. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Klavid Hayes Law (Sr.)
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Post Boy (City or Town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Greene
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bueter (City or Town) So. Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
    (c) Born alive and now dead | (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Pearl Law (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Maud Felder

26. (a) DEC 11 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** W B Bond M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 4-13-42

DEC 11 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

331-2003-0012-997

361843

361843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361843
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hollister
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hollister
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Arlie Irene Clampitt

5. Date of Birth of Child (Month, day, year) Nov. 3, 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harold E. Clampitt
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Stillwater, Okla. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zeola Zigler
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Stillwater, Okla. (City or town) (State or foreign country)
20. Exact Occupation Own Home
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 23 years, and that ~~no one but myself~~ (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zeola Jane Clampitt Signature
General Delivery Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of December, 1942.

(SEAL) Stanley Jr. Gray Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mark F Felder, Registrar.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-119-043-315

361865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361865
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. RESIDENCE OF FATHER (city, state) Cascade Idaho

4. FULL NAME OF CHILD Ralph Joseph Van Pappelem
5. Date of Birth of Child (Month, day, year) Nov 19 - 1919
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Remie Joseph Van Pappelem
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Aspelaere (City or town) Belgium (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Mae Lane
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 23 years, and that Dr. Nagle (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Mae Van Pappelem Signature

RFD Meridian Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 19 42

(SEAL) O M Kaag Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 2, 1942 by Mabel Felton, Registrar.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-220-016-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361904
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. -No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Barbara Hill

5. Date of Birth of Child (Month, day, year) July 20, 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Hill
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business Black Smith

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Storey
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Edison (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 23 years, and that Dr. C. K. Kathen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett Storey Kearns Signature
Marysville Wash. Box 1334 P. O. Address

Subscribed and sworn to before me this 27th day of November, 1942

(SEAL) Emory C. Lathrop, Notary Public, residing at Marysville, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 3 1942 by Mary L. Hayden, Registrar.

DEC 7 1942

2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-203026-893

361968

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO
Jefferson

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby Ida

4. **FULL NAME OF CHILD** Neola Brothers

5. Date of Birth of Child (Month, day, year) April 3, 1917

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Brothers
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Springhill (City or town) Montana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Trades

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Jessie Hill
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hoytsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 10:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Hill Brothers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Nov 30th 1942

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Dr. H. A. (First name) Anderson (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Jessie Brothers Signature

1518 E Sublette, Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 16 day of October, 1942

(SEAL) N. J. Reynolds Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel Tolson, Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-22-2392-854

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362067
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County of Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county — years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County of Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls, Idaho

4. FULL NAME OF CHILD Elsie Lorraine Kulm

5. Date of Birth of Child (Month, day, year) Jan. 21, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Kulm

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace New Gluckstahl, Russia (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena May Hedberg

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Hatch (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of IDAHO, County of Bonner. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 years, and that Mrs. Paul Metophel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lena Kulm — Signature
Vay, Idaho — P. O. Address

Subscribed and sworn to before this 20th day of November, 19 42

(SEAL) Notary Public, residing at Sandpoint, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel M. Gilpin, Registrar.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-201-022-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Alta Stewart

5. Date of Birth of Child (Month, day, year) July 1, 1919

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James E. Stewart
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy A. Atkinson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 23 years, and that D. Sharpe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Devine B Nelson Signature

Teton, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of December, 1942

(SEAL) Ex Officio, Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

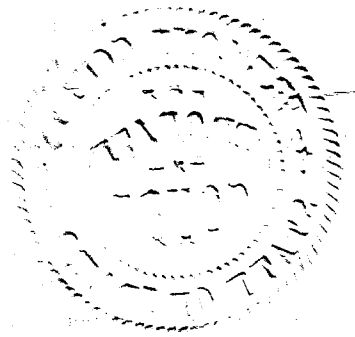
DEC 14 1942

APR 10 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



668-207-042-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362107
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City ~~Twin Falls~~
(c) Street Address or R.F.D. No. 1 - Buhl, Ida
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Doria Etta Wohllaib

5. Date of Birth of Child (Month, day, year) May 7, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Wohllaib
11. Color or Race White American
12. Age at time of THIS birth 37 yrs.
13. Birthplace Afton (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Verne Kevan
17. Color or Race White American
18. Age at time of THIS birth 34 yrs.
19. Birthplace Dow City (City or town), Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that Dr. Thos (First name) S. Wasson (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Verne Wohllaib Signature

Route #3, Twin Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 42.

(SEAL) N. P. Smith Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel K. Gedstone, Registrar.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-101 041-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362211

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Teton (b) City Driggs

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Born at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Teton

(c) City Driggs

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Melvin Henry Hoffman

5. Date of Birth of Child (Month, day, year) Jan. 1st, 1919

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Hoffman

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Yerda Sophia Johnson

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Hallmsted (City or town) Swedan (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 23 years, and that Hannah (First name) Anderson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Yerda S. Stoddard Signature

Richmond, Utah P. O. Address

Subscribed and sworn to before me this 1st day of Dec., 19 42

(SEAL) Notary Public, residing at Richmond, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Nielsen, Registrar.

DEC 17 1942

APR 30 1951

JAN 22 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-108014 613

362254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362254
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Ray Everett Eells

5. Date of Birth of Child (Month, day, year) Jan. 8, 1919

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver H. Eells

11. Color or Race white

12. Age at time of THIS birth 49 yrs.

13. Birthplace Lissour County, Minn. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Wallace

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Wallowa county Washington (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 23 years, and that Elizabeth Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver H Eells Signature

Marsing, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December, 19 42

(SEAL) Leona S. Harris Notary Public, residing at Marsing, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1942 by Mabel Rehfeldt, Registrar.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-22-7028-245

Coeur d'Alene, Ida.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363319
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1320 E-8th
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 9 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1320 E-8th
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace Sweden

4. **FULL NAME OF CHILD** Elna Margaret Persons

5. Date of Birth of Child (Month, day, year) 9/29/19

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Leander Persons
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Nerike (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beda Piternela Sundquist
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Engesmaland (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 6-2-4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 23 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Albert Persons Signature
1320 E Street Coeur d'Alene Ida. P. O. Address

Subscribed and sworn to before me this 18th day of December 1942

(SEAL)

NOTARY PUBLIC FOR THE STATE OF IDAHO
Notary Public residing at COEUR D'ALENE, IDAHO
COMMISSION EXPIRES SEPT. 20, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 21 1942 by Mary E Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1973

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-206-203-842

363379

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363379

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Parents own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Hortense Hogan

5. Date of Birth of Child (Month, day, year) May 6 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Grover Cleveland Hogan	16. FULL MAIDEN NAME	Jane Hubbard
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	26 yrs.	18. Age at time of THIS birth	26 yrs.
13. Birthplace	Grace (City or town) Idaho (State or foreign country)	19. Birthplace	Bench (City or town) Idaho (State or foreign country)
14. Exact Occupation	Farmer & stockman	20. Exact Occupation	Housewife
15. Industry or Business	Cattle raising	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jane (First name) Hubbard (Last name) Hogan who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ospha A. Izatt M.D. Deceased Midwife Address Grace Idaho Date Dec. 12 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

248-225 029-256 363395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363395

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch Ida

4. **FULL NAME OF CHILD** Lorette May Buhl

5. Date of Birth of Child (Month, day, year) May 25, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alva James Buhl
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Potlatch (City or town) Idaho (State or foreign country)
14. Exact Occupation Saw Mill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Lucille Knowles
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Viola (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 25 years, and that Dr. (First name) LaPard (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loraine Buhl Signature

4026-11-N.E. Seattle Wn. P. O. Address

Subscribed and sworn to before me this 26 day of December, 1942

(SEAL) Dedeey Smith Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1943 by Mark F. Feder, Registrar.

JAN 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not~~ been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title ~~38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-117.010-463

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363438
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: General Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Dick Bert Dolbeer

5. Date of Birth of Child (Month, day, year) 12/17/1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert H. Dolbeer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mount Morris, N.Y. (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Building Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Molleur
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Grand Line, Quebec, Can (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Kate Murray M.D. Midwife Address Unknown Date 12/18/1942

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person for 23 years, and that Dr. Colthard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen M. (Dolbeer) Friedman Signature

1357 Franklin Denver, Colo. P. O. Address

Subscribed and sworn to before me this 18th day of December, 1942

My commission expires January 19, 1946 Arnold P. Schlesinger Notary Public, residing at Denver Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-904, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Keeler, Registrar.

DEC 24 1942

MAY 13 1943

MAY 1 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-230-022-763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 36349

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parnum
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: our residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parnum
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parnum, Idaho

4. **FULL NAME OF CHILD** Pearl Etta Watts

5. Date of Birth of Child (Month, day, year) April 30 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett Alanson Watts
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Deadwood (City or town) South Dakota (State or ~~foreign country~~)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Sarah Potter
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Albion (City or town) Idaho (State or ~~foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Everett (First name) Watts (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Langley M.D. ~~Midwife~~ Address Ashton Idaho Date 12-17-42

State of Idaho
County of Fremont ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that E. L. (First name) Langley (Last name) M.D. who attended this birth (is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everett A. Watts Signature

512-13 and Buhl P. O. Address

Subscribed and sworn to before me this 24 day of Dec., 1942

(SEAL) Theo Spielman Notary Public, residing at Buhl Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by Mabel [illegible], Registrar.

DEC 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-208023.819

363504

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363504
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Gem (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days
   IN **THIS** county — years 9 month 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Sweet
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.
   (f) Mother's mailing address Sweet, Idaho

3. **RESIDENCE of FATHER** (city, state) Sweet Idaho

4. **FULL NAME OF CHILD** FAY IONA YERGENSON

5. Date of Birth (Month, day, year) July 8. 1919

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 Mos

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** PARLEY E. YERGENSON
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sweet (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NORA HARWELL
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace TEXAS (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

26. (a) DEC 2 6 1940 (Date received) (b) Mark Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of Gem Idaho } ss.
County of Gem }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nora Yergenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fay Iona Yergenson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bird (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nora Yergenson Signature

Sweet Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of April, 1941.

(SEAL)

Caroline A. Douglas Notary Public, residing at Sweet, Idaho

DEC 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-222002-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363511
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Goodrich
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Goodrich
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida.

4. FULL NAME OF CHILD Mary Alberta Denney

5. Date of Birth of Child (Month, day, year) 3-22-1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel James Denney
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Leone Harmon
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Stillwater, Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 23 years, and that Hazel (First name) Schmitz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Leone Harmon Denney Thorson Signature
R No 3 Weiser Idaho P. O. Address

Subscribed and sworn to before me this 24th day of December 1942

(SEAL) Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mary Fuller, Registrar.

DEC 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may~~ be ~~received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-204026-255

363561

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home: Residence Route 1
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 3 months -4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Inez Beverly Warner

5. Date of Birth of Child (Month, day, year) 9-4-19

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Warner
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Custer City, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Ibra Beatrice Beery
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Rigby (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ibra Beatrice Warner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Emma C Berry M.D. Midwife Address 3130-10th Ave. Sacramento, Calif. Date 12-26-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1943

JUN 7 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 204 003-155

862585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello.
   (c) Street Address or R.F.D. No. 857 No Arthur.
   (d) Name of Hospital of Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery: Home.
   In Hospital or Maternity Home ..... Days
   In **THIS** county Life years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho. (b) County Bannock.
   (c) City Pocatello, Ida.
   (d) Street Address or R.F.D. No. Pocatello, Id.
   (e) How long has **MOTHER** lived in Idaho? Life. yrs.
   (f) Mother's mailing address (For registration notice): 676 West Lewis St. Pocatello, Ida.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** Dorthey Gwendolyn Meloy.

5. **DATE OF BIRTH** (Month, day, year) June. 4. 1919.

6. Sex female.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Fredrick Orange Meloy.

11. Color or Race White.

12. Age at time of THIS birth 37 yrs.

13. Birthplace Attica N.Y.
(City or Town) (State or foreign country)

14. Exact Occupation Hotel Clerk.

15. Industry Business Hotel Clerk.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gwendolyn Jenkins.

17. Color or Race White.

18. Age at time of THIS birth 28 yrs.

19. Birthplace Malad. Idaho.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (born alive, stillborn) at 3.05 P.M. on the date and at the place stated above, and that personal particulars were furnished by Fredrick Meloy. ather. (First name) (Last name), who is related to this child as father. (Mother, etc.)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Pocatello, Ida. Date 10-25/42

26. (a) 1 JAN 5 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 5 1943 JAN 20 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None.

(b) Labor: Complications: None.

Induced? No.

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? None.

Describe: None.

(2) Birth Injury? None.

Describe: None.

(3) Was mother given a Wasserman before delivery?

Yes..... No. NO. Pos..... Neg.....

(e) Signature of Physician: J. H. Lyons

DELAYED

231-203025 754

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363596
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Minnie Louise Stadtman

5. Date of Birth of Child (Month, day, year) 10/3/1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Charles Stadtman
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Hanover (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Frances Anderson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Benton county (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum soda and salt
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 23 years, and that John (First name) Stadtman (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ina Stadtman Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of December, 19 42

(SEAL) J. F. Kirtland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on JAN 5 1943 by [signature], Registrar.

JAN 5 1943

JAN 4 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-217006-293

363604

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Roella Sessions

5. Date of Birth of Child (Month, day, year) March 17, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Orlin Sessions
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Afton (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Beryl Killian
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Platem (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sil. Nit. 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7:30 A. M. on the date and at the place stated above and that personal particulars were furnished by Roella Dearborn (First name) (Last name), who is related to this child as Child herself (Mother, etc.)

25. Attendant's **OWN** signature Mrs. M. Roberts M.D. ~~Midwife~~ Address Shelley Ida Date Dec. 26th 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Lane } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 23 years, and that Mrs. M. Roberts (First name) (Last name), who attended this birth (Is now deceased) or ~~(cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ladean Sessions Signature

790 - West 5th ave. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 24th day of November, 1942

(SEAL) W. B. Dillard County Clerk ~~Notary Public, residing at~~ Ewa by Duckworth Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on DEC 4 1942 by [illegible], Registrar.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 108 016-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363641
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassa County (b) City Burley
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Burley, Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassa
(c) City Burley
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same as Mother

4. FULL NAME OF CHILD Lewis William Mellen

5. Date of Birth of Child (Month, day, year) Sept, 8, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Mellen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Kathrine Peterson
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace Risinge (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Wasn't any
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Dr. Patterson "Deceased"

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 23 years, and that Dr. Patterson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Kathrine Peterson Mellen Signature
1469 So. 3rd East, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 18th day of December, 1942

(SEAL) Leo A. Jardine Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 - 1943 by Mary F. Kuhlen, Registrar.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-101-012-319

363667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Howe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Howe, Idaho

4. FULL NAME OF CHILD Calvin Lowell McKinley

5. Date of Birth of Child (Month, day, year) Aug. 1, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas McKinley
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Green River, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Larson
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Camas, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 22 years, and that Emily Basinger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otto Rose McKinley Signature
Arco, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of December, 1942

(SEAL) Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel H. Gilpin, Registrar.

OCT 28 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-116-003-294

363782

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occured WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Chesterfield
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Chesterffield
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 10 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (if same) Soda Springs

4. **FULL NAME OF CHILD** Claud Aaron Hansen

5. **DATE OF BIRTH** (Month, day, year) July 16, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Aaron Hansen

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Sandpete, Utah
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sidback

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace Finland
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Hansen (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 6 1943 (Date received) (b) Mabel M. Nielsen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ellis Kackley M. D.
(D. O., Midwife, etc.)
Ellis Kackley, M.D.
and address Soda Springs Date 12/16/42

JAN 8 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DUP OF 1919 - 705811

DELAYED

415-110006-342

363778

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Reece Davies Jr

5. Date of Birth of Child (Month, day, year) Oct. 10- 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Reece Davies Sr.
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Escalante (City or town) Garfield County Utah (State or foreign country)
14. Exact Occupation Mine Operator
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Eva Luke
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Manti (City or town) Sampete County Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2:30 P M. on the date and at the place stated above and that personal particulars were furnished by Lamar (First name) Davies (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature F. W. Roberts M.D. Midwife Address Shelley Ida Date Jan 6-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

NOV 15 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-216-032 559

363889

United States Department of Commerce Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County [redacted] (b) City Shoshone
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County [redacted] Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone Idaho

4. **FULL NAME OF CHILD** Barbara Louise Lundeen

5. Date of Birth of Child (Month, day, year) Sept 16, 1919

6. Sex Female

7. Twin or Triplet alone

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Lundeen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming for self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Verlene
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tarkio (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that the midwife-name forgotten (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Lundeen Signature

Chehalis Wash R#4 Box 160 P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1942

(SEAL) J. S. Pamesha Notary Public, residing at Chehalis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by [redacted], Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-112-003 795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363900
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Anthony Hospital, Pocatello
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1333 N. Harrison
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida.

4. FULL NAME OF CHILD Jimmy Franklin Phillips

5. Date of Birth of Child (Month, day, year) Jan. 12, 1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Franklin Phillips
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Lowell, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Trainman, railroad
15. Industry or Business Railroading

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Green
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 24 years, and that Dr. W. A. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Green Phillips Signature

128 North Tenth, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 43

(SEAL) ANNA KEEFE, Clerk District Court, Bannock County, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel M. Lipe Deputy, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-215001-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363956
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1609 N 11th Str
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1609 N. 11th St
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Audrey Louella Lee

5. Date of Birth of Child (Month, day, year) Oct. 15, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthew Lee

11. Color or Race Negro

12. Age at time of THIS birth 33 yrs.

13. Birthplace Memphis, Tenn.
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Berta Franan Star

17. Color or Race Negro

18. Age at time of THIS birth 22 yrs.

19. Birthplace Springfield Mo.
(City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23yr. 2mo. 26days years, and that Dr. Titus (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Berta Franan Lee Signature

1000-7th Ave., South Great Falls, Montana. P. O. Address

Subscribed and sworn to before me this ..... day of January, 1943

(SEAL) ..... Notary Public, residing at ..... NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Sept. 5, 1943

Received for filing on JAN 14 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-231007-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364158
Local Reg. No. 47
Reg. Dist. No. 410

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo Idaho

4. FULL NAME OF CHILD Mae Mildred Sowers

5. Date of Birth of Child (Month, day, year) March 31, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emphield Hiram Sowers

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Frankford, Ohio (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Mae Martin

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Picabo, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ... A.M. on the date and at the place stated above, and that personal particulars were furnished by Christina Sowers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. / Midwife ... Address ... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Mrs. Roda Freeman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Christina M. Sowers Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) R. D. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-1943 by Robert M. Wright Registrar.

JAN 19 1943

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-229039-392

365268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City ROCKLAND
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County POWER
(c) City ROCKLAND
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? HO yrs.

3. RESIDENCE OF FATHER (city, state) ROCKLAND, IDA.

4. FULL NAME OF CHILD THEDA BARA MANHART (maiden name)

5. Date of Birth of Child (Month, day, year) July 29, 1919

6. Sex FEMALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME EDWARD LORENZO MANHART
11. Color or Race WHITE **12.** Age at time of THIS birth 33 yrs.
13. Birthplace EVANSTON (City or town) WYOMING (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ADA ELINOR LISH
17. Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.
19. Birthplace ROCKLAND (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Solution Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 12.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ADA ELENOR MANHART (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature ADA ELENOR MANHART M.D. Midwife Address 2552 E. Walnut Pasadena Date Dec. 29-42

State of CALIF. County of Los Angeles CO. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 23 years, and that Dr. Leonarda G. Logan (First name) (Last name), who attended this birth is in Am. Falls, Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Elenor Manhart Signature

~~My~~ Commission Expires February 6, 1946

2552 E. Walnut, Pasadena Calif. P. O. Address

Subscribed and sworn to before me this 29th day of December, 1942

(SEAL) G. J. Yeuton Notary Public, residing at Pasadena Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-104016-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD ARLYSS VOY MABEY

5. Date of Birth of Child (Month, day, year) Jan. 4, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Mabey

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Marion (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Jones.

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Elba (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 24 years, and that Dr A.F.O. Nielson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elza margret Mabey Signature

Oakley Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1943

(SEAL) C. G. Larson Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-223003-331

365343 365343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365343
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alice M. Brown

5. Date of Birth of Child (Month, day, year) Nov 23, 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert C. Brown
11. Color or Race Wh
12. Age at time of THIS birth 44 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Clark
17. Color or Race Wh
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 24 years, and that attending physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

207 N. 4th
P. O. Address

Subscribed and sworn to before me this 25 day of Feb. 1943, 19

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913 Idaho Code Annotated)

Received for filing on FEB 25 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955704018-238

365628

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CLEARWATER (b) City CAVENDISH
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Cavendish
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) 1 yr 5 mo - Rupa

4. FULL NAME OF CHILD Charles Sherman Leeper

5. Date of Birth of Child (Month, day, year) January 4, 1919

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Alf Otho Leeper.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ia Iowa (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda May Sabell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grand Traverse Co. Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 24 years, and that Dr. (First name) Trimble (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda M. Leeper Signature
6712 - South Tyler Tacoma P. O. Address

Subscribed and sworn to before me this 18th day of February, 1943.
(SEAL) [signature] Notary Public, residing at Tacoma, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1943 by Mabel Fielden, Registrar.

FEB 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 111 022 253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) ST. ANTHONY, IDAHO

4. **FULL NAME OF CHILD** WILLIAM STEINMANN

5. Date of Birth of Child (Month, day, year) APRIL 11, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CARL STEINMANN
11. Color or Race WHITE
12. Age at time of THIS birth 47 yrs.
13. Birthplace SHOENHAGEN (City or town) GERMANY (State or foreign country)
14. Exact Occupation LABORER & FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AUGUSTA BECKMEIER
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace AMELET (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child FIVE (b) Born alive and now living FIVE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 23 years, and that Mrs. John Dillinger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augusta Steinmann Signature
Box 104, St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of Feb., 19 43.

(SEAL) Ralph Linton Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mark H Elder, Registrar.

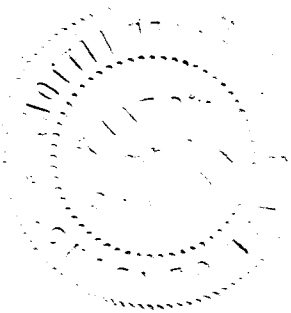
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



362-12-032-134

365634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address (For registration notice): Boise, Idaho, P.O. Box 276
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Antonio Sotola.

5. **DATE OF BIRTH** (Month, day, year) May 21 - 1919

6. Sex Male.

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Sotola.

11. Color or Race White.

12. Age at time of THIS birth 29 yrs.

13. Birthplace Gatas. (City or Town) Equi, Spain (State or foreign country)

14. Exact Occupation Sheep Herder.

15. Industry Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josie Aldana.

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Guernica (City or Town) Spain (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 9 M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Sotola (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Boise. Date Feb. 3/43

26. (a) FEB 8 1943 (Date received) (b) Mary Field (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

FEB 8 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? Talipes Equino Varus

Describe: Talipes L. foot. Cured in

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No No Pos..... Neg.....

(e) Signature of Physician:

DELAYED

255-728-003-251

365643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannack (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   IN **THIS** county 19 years 1 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannack
   (c) City Thatcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Thatcher, Idaho

4. **FULL NAME OF CHILD** MILTON BENNETT

5. Date of Birth of Child (Month, day, year) Nov. 28, 1919

6. Sex Male

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Arthur Bennett
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Thatcher, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Ann Seamons
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 23 years, and that Charity Gray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Saint Signature

4019 Fremont Ave. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this third day of February, 19 43.

(SEAL) [signature] Notary Public, residing at Seattle.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by [signature], Registrar.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

499 122027 845

365645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome Ida

4. **FULL NAME OF CHILD** William E Dirk

5. Date of Birth of Child (Month, day, year) June 22, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Jesse L Dirk

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Pine Summit (City or town) Penn. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny May Hunsinger

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Bloomsburg (City or town) Penn. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Jesse (First name) Dirk (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Mrs Hill M.D. Midwife Address Jerome Idaho Date 2/2/43

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse L Dirk Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1943

(SEAL) William E Comstock Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 Probate Judge & Ex-Officio Clerk Mabel Fuller, Registrar.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 23-038 168

365696

365696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gayette (b) City Gayetty
(c) Street Address or R.F.D. No. 616 N. 7th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida Idaho (b) County Gayette
(c) City Gayette
(d) Street Address or R.F.D. No. 616 N. 7th St
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clara Mae Howard

5. Date of Birth of Child (Month, day, year) March 23, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Howard
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nampa (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Jane Johnson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Gayette (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 62 years of age, that I have known this person for 23 years, and that Ida Avey (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Ellen Bassett Signature
1205 E Washington Boise Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943.
(SEAL) Pauline Ambrose Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 11 1943 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RELEASED

863 / 31 018-453

365700 365700

United States Department of Commerce Bureau of the Census

Be sure the information is as of date of birth of THIS child

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365700
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Teakean~~ Clearwater (b) City Teakean
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Teakean
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Teakean Idaho

4. FULL NAME OF CHILD ELZIE RAY HOLDERREED

5. Date of Birth of Child (Month, day, year) Jan. 31 1919

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Holderreed
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Plymouth (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Lucinda Detrick
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Ashland (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Grays Harbor }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 24 years, and that Elzie (First name) Holderreed (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie Lucinda Holderreed Signature

Oakville Wash. P. O. Address

Subscribed and sworn to before me this 9 day of Feb. 1943

(SEAL) Ralph H. Goss Notary Public, residing at Oakville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1943

JAN 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-115042-244

365804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elmer Griffith

5. Date of Birth of Child (Month, day, year) August 15, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME W. E. Griffith
11. Color or Race Wh
12. Age at time of THIS birth 40 yrs.
13. Birthplace Huntingburd, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Summers
17. Color or Race Wh
18. Age at time of THIS birth 37 yrs.
19. Birthplace Bevier, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the old acquaintance (Mother, etc.) and Neighbor of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 23 years, and that Dr. H. N. Leete (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Hershey Signature

Box 741 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of August, 1943.

(SEAL) C. E. Bailey Probate Judge Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Mabel E. Gibson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

HOLD BIRTH PLACE DELAYED

667-21-9010-745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365862
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Wanda Faye Fox
5. Date of Birth of Child (Month, day, year) Jan. 19 1919
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Glen Roy Fox
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace St. Joe (City or town) Missouri (State or foreign country)
14. Exact Occupation Horse Dealer
15. Industry or Business Gov't. Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Wynona Leavitt
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Washburn (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 24 years, and that Wanda Faye Fox (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perry Raymond Fox Signature
a F.N.G. Phoenix Ariz. P. O. Address

Subscribed and sworn to before me this day of Feb 1943

(SEAL) My Commission Expires February 16, 1946

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Registrar.

FEB 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-207 (40-813

365868

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 1 2 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 16th & Emerson Sts.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 16th & Emerson
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Mildred Louise Winchell

5. Date of Birth of Child (Month, day, year) Dec. 7, 1919

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Wesley Winchell
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Afton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Home Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Bethany Jane Hall
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace True, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at -/-A- M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature A. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Feb 8-43

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-126-008-693

366015 366015

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Rosebery
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Rosebery
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Rosebery, Idaho

4. FULL NAME OF CHILD Herbert Earnest Meador

5. Date of Birth of Child (Month, day, year) Feb. 24, 1918

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Manfred Edwin Meador

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Berry County, Mo (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margret Blanche Williams

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Adrein County Mo. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of New Mexico
County of Colfax } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that No doctor (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret Blanche Meador Signature

Maxwell R.R.#1 N. Mex. P. O. Address

Subscribed and sworn to before me this 15th day of Feb., 1943

(SEAL) Lucio Lopez Notary Public, residing at Maxwell, New Mex.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires Sept. 26, 1943

Received for filing on FEB 24 1943 by Mary H. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-227-036-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366090
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Vera La Vene Scott

5. Date of Birth of Child (Month, day, year) March 27, 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chester Lewis Scott
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Baker, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosetta Bright
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Bird City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Vera Jackson Scott (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Scott Signature

F.F.D. Rainier, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of February, 1943

(SEAL) N. N. Blumensaadt Justice of the Peace Notary Public residing at Rainier, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mabel F. Elder, Registrar.

FEB 2 2 1943

OCT 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-210-025-175

366904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 7 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand Ida.

4. FULL NAME OF CHILD April Mc Murray

5. Date of Birth of Child (Month, day, year) May 10-1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Monteville (Mont) J. Mc Murray
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Uree (City or town) N. Carolina (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose I. Agee
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Paris (City or town) Arkansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 23 years, and that Dr. Cora Alcorn (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose McMurray Signature

1100-8th-Street Clarkston Washington P. O. Address

Subscribed and sworn to before me this 16th day of February, 1943

(SEAL) C. P. Finkle Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Ward E. Long, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-220 010-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 366102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Nola C. Ellingford

5. Date of Birth of Child (Month, day, year) Nov. 20, 1919 Idaho

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel R. Ellingford
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace Ammon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude J. Covert
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Medina (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:40 A M. on the date and at the place stated above, and that personal particulars were furnished by Maude J. Grue (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ina C. Mellas M.D. Midwife Address Idaho Falls, Idaho Date Nov. 20-1919.

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

JAN 22 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-101016-434

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 366107

Local Reg. No.

Reg. Dist. No.

Cassia

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ~~Minidoka~~ (b) City Burley

(c) Street Address or R.F.D. No. --

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County ~~Minidoka~~

(c) City Burley Cassia

(d) Street Address or R.F.D. No. --

(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Minn.

4. FULL NAME OF CHILD John Mack Barlow

5. Date of Birth of Child (Month, day, year) Mar. 1, 1919

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ianthius W. Barlow

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Bountiful, Davis Co., Utah (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe McMullen

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Heber, Wasatch Co., Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, ~~the undersigned~~, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(I.W.Barlow) - I. W. Barlow Signature

1354 S. 9th W., Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 15th day of February 1943

(SEAL) Mel Burke Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-115029-532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366116
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 7 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26½ yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Idaho

4. FULL NAME OF CHILD WILLIAM JACOB CLARK

5. Date of Birth of Child (Month, day, year) Sept. 15, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM MONROE CLARK
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Juliaetta (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE MAE ECKMAN
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace ~~Juliaetta~~ TROY Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 24 years, and that Dr. W. H. (First name) Ehlen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Eckman Clark. Signature

Route 1, Juliaetta, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 19 43.

(SEAL) BESSIE BABCOCK, Ex-officio Auditor and Recorder Notary Public residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) By Jane E. Kinyon Deputy.

Received for filing on FEB 22 1943 by Mary F. Elder, Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 - 210 031 553

367187

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address (For registration notice): Nezperce, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho

4. **FULL NAME OF CHILD** Doris Lorraine Stevens

5. Date of Birth (Month, day, year) Febs 10, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lloyd Frank James Stevens

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Glen (City or Town) South Dakota (State or foreign country)

14. Exact Occupation Bookkeeper

15. Industry or Business Farmer's State Bank.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evangeline Nelson

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Latah (City or Town) Washington (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol - 1/8

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at 2:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Evangeline Stevens (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mary F Elder

26. (a) FEB 24 1943 (Date received) (b) ____ (Registrar's signature)

25. Attendant's **OWN signature** Thos F. Kent M.D. (D.O., Midwife, etc.)
and address ____ Date ____

27. Given name added on ____ by ____ (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child.
Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS

FEB 25 1949

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? yes

(4) Signature of Physician:

John F. Gantt M.D.

DELAYED

364 112-039 657

367240

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367240

Local Reg. No.

Reg. Dist. No.

MAR 9 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City AMERICAN FALLS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City AMERICAN FALLS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) AMERICAN FALLS

4. **FULL NAME OF CHILD** CLARENCE HERMANN COMNICK

5. Date of Birth of Child (Month, day, year) APRIL 12, 1919

6. Sex MALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HERMAN FREDRICK COMNICK
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace ARLINGTON (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation MECHANIC
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AUGUSTA WILHELMENA WEGNER
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs.
19. Birthplace ARLINGTON (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at about 5:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Herman F. Comnick (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature H. F. Comnick M.D. ~~Midwife~~ Address Payette, Idaho Date 3-8-43

AFFIDAVIT

State of Idaho, County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for since birth years, and that Herman F. Comnick (First name) (Last name), who attended this birth is listed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augusta Comnick Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 1943

(SEAL) Irwin C. Seif, Notary Public, residing at Payette Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-204022-314

367307

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Idmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Idmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idmon Idaho

4. FULL NAME OF CHILD Frances Josephine Schaller

5. Date of Birth of Child (Month, day, year) 6-4-19

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Joseph Schaller
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Saguache (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Campbell
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Blyth (City or town) Scotland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that Dr. R.D. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Koschades Signature
DuBois, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of February, 1943.

(SEAL) John H. Knapp Notary Public, residing at DuBois, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Com expires Apr 18 1946

Received for filing on FEB 26 1943 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-210 010 942

367385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 5 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona, Idaho

4. **FULL NAME OF CHILD** Dortha Jane Standley

5. Date of Birth of Child (Month, day, year) Feb. 10, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hyrum Standley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Viola Russell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Vernal (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 23 years, and that Sarah (First name) Rowberry (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Viola Standley Signature

Idaho Falls, Idaho, R#3 P. O. Address

Subscribed and sworn to before me this 18 day of Feb. 19 43

(SEAL) W. L. Stevinik Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 CLERK OF THE DISTRICT COURT by Mabel E. Elder, Registrar.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 230 007 897

367399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 4

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lillian May Willis

5. Date of Birth of Child (Month, day, year) May 30, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Walter Albert Willis

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Blockton, Iowa (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian May Higgins

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Dundy Co Nebraska (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of San Bernardino ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 24 years, and that Mrs. Hubert Stanfield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillian May Willis Signature

My Commission Expires Dec. 8, 1943

607 Waterman San Bernardino P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1943

(SEAL) Lea Hagen Notary Public, residing at San Bernardino, Cal.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-21 010-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367454
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonnieville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 250-13th st
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonnieville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 250 - 13th st
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAZEL ARDELLE BODDY

5. Date of Birth of Child (Month, day, year) Nov. 17, 1919

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME DAVID SAMUEL BODDY
11. Color or Race white **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Kankee, (City or town) Illinois (State or foreign country)
14. Exact Occupation Policeman
15. Industry or Business Law enforcement

MOTHER OF CHILD

16. FULL MAIDEN NAME EDNA B. McBride
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by David S. Boddy (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 23 years, and that DR. NOLISTER (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Samuel Boddy Signature

Box 1935, Reno, Nevada P. O. Address

Subscribed and sworn to before me this 7th day of January, 1943

(SEAL)

Dorothy R. Stewart Notary Public, residing at 132 Lincoln Reno Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) My Commission Expires May 14, 1946

Received for filing on MAR 3 - 1943 by Mary F. Elder, Registrar.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied ~~by a certificate of the attending~~ physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-223034855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn.
(d) Street Address or R.F.D. No. Box 214.
(e) How long has **MOTHER** lived in Idaho? 5-4 yrs.
(f) Mother's mailing address Heyburn, Idaho.

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Bertha Inez Beaty.

5. Date of Birth (Month, day, year) June 23, 1919.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Jane Beaty.
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Oneida Iowa. (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Bee Keeper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Geneva Henderson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Des Moines Iowa. (City or town) (State or foreign country)
20. Exact Occupation Store Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6
23. Number of children of this mother: (a) At time of birth and including this child [redacted] (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 3 1946 (Date received) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Dr. Cutler moved away. M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Minidoka } Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie G. Beaty, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Bertha Inez Beaty (Name of person on certificate above) as Relation (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Cutler (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie G. Beaty Signature
Heyburn P. O. Address

Subscribed and sworn to before me on this 14 day of Jan, 1947

(SEAL) Henry Wilmeth Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1945

MAR 4 1943

MAR 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

295-23-022-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367509
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Jean Singleton

5. Date of Birth of Child (Month, day, year) Dec. 31, 1919

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George E. Singleton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wilford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude P. Dickinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Buffalo (City or town) Wyoming (State or foreign country)
20. Exact Occupation wife & mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho, County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. Nielson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude P. Singleton Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 1943.

(SEAL) O. Mecerney, Probate Judge, ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

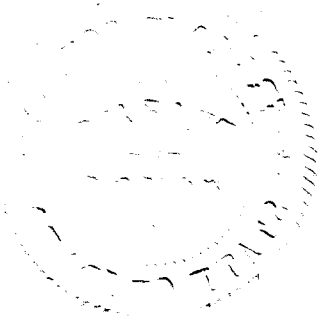
MAR 6 1943

NOV 26 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-222-014-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR -8 1943

State File No. 367601
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. Rt.# 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Sarah Frances Betts

5. Date of Birth of Child (Month, day, year) Oct. 22, 1919

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie L. Betts
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Nampa (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Grace Jones
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Carrollton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at -- 2 p.m. (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Viola Betts (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife (Dr. Payne, Nampa, Idaho--now deceased Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 22 years, and that Mrs. Viola Betts (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Sandy Signature
Nampa, Idaho--Rt.# 2 P. O. Address

Subscribed and sworn to before me this 27th day of February, 1943

(SEAL) Hazel Lamm Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR -8 1943 by Maud Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such~~ report may be received and ~~filed by~~ the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-120-022-38K

367634

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 367634
Local Reg. No.
Reg. Dist. No.

MAR - 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Drummond
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: Child born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Drummond
   (d) Street Address or R.F.D. No. General Delivery.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME.

4. **FULL NAME OF CHILD** Franklin Neal Murdock

5. Date of Birth of Child (Month, day, year) March 20, 1919

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Murdock
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Farr West (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Jane Thomas.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ogden (City or town) Utah. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 25 years, and that Doctor (First name) Meachem (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude Jane Murdock Signature

2627 Monroe Ave, Ogden Utah. P. O. Address

Subscribed and sworn to before me this 5th day of march, 1943.

(SEAL) My Commission Expires Mar. 23, 1945 Ellis Stewart, Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR - 8 1943 by Mavel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

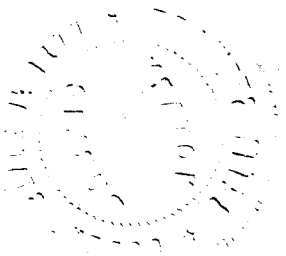
MAR 10 1943

JUN 26 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464-100-024-218

367638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Bliss
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Bliss
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bliss, Idaho

4. **FULL NAME OF CHILD** Don Mouser

5. Date of Birth of Child (Month, day, year) 10-20-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of ~~Pregnancy~~ 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Mouser
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lebanon (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Sayre
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Arcadia (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum H20
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5A M. on the date and at the place stated above, and that personal particulars were furnished by Ada (First name) Mouser (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature x Irene E Mouser M.D. ~~Midwife~~, Address x 911 4 M-1 Nampa Ida, Date x Mar 2

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Ivan F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 6 1976

MAR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-29-006-799

367703

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 6 Idaho Falls
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: At home
IN **THIS** county 2 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 6 Idaho Falls
(e) How long has **MOTHER** lived in Idaho? 2 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lillian Loretta Adamson

5. Date of Birth of Child (Month, day, year) 4-19-1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Monroe Adamson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Shelley Ida. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Priest
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Taylor Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Selma Priest (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Edwin Sister M.D. ~~Midwife~~ Address Shelley Ida. Date 3-10-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary E. Rodgers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-227.005-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367706
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BENEWAH (b) City Tensed
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Catholic Sisters Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County BENEWAH,
   (c) City Sanders
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Seven

4. **FULL NAME OF CHILD** Marguerite Agnes Mae Brown

5. Date of Birth of Child (Month, day, year) March 27, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Brown
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hockison (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie A. Weiste
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Fredtick (City or town) South Dakota (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multonomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 24 years, and that Marguerite (First name) Brown Kanzler (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie A. Brown Signature
234 N.E. Sacramento St. Portland, Ore. P.O. Address

Subscribed and sworn to before me this 6 day of March, 1943.

(SEAL) Leonnee Cook, Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires Dec 26 1944

Received for filing on MAR 13 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

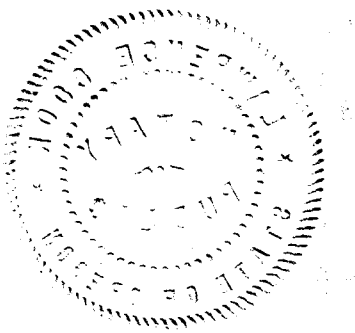
FEB 4 1975

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-11a-032-132

367707

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 11 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD David William Becker

5. Date of Birth of Child (Month, day, year) Feb'y 12 - 1919

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William August Becker
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace New Rome (City or town) Minnesota (State or foreign country)
14. Exact Occupation Fieldman for Sugar Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Evelyn Albright
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lewis (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

~~22.~~ Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Jerome } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ..... years, and that Dr. C. F. Zeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Becker Signature
R.D. #3 Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1943

(SEAL) O. M. Williamson Notary Public, residing at Jerome Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DISCLOSED

243-21 [illegible] 419

367734

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Goshen
   (c) Street address or R. F. D. No. 11 Shelley
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery: at home
   In Hospital or Maternity Home ..... Days
   In THIS county 6 years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Goshen
   (d) Street address or R. F. D. No. 11 Shelley
   (e) How long has MOTHER lived in Idaho? 32 yrs.
   (f) Mother's mailing address (For registration notice): R2 Shelley
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Stella Louise Butler

5. **DATE OF BIRTH** (Month, day, year) 10-18-1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Butler
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Camp Floyd (City or Town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Ethel Martin
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace ..... (City or Town) ..... (State or foreign country)
20. Exact Occupation South Bountiful Utah
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Ethel Butler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 13 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M. D. (D. O., Midwife, etc.)
and address Shelley Date 2-17-43

FEB 14 1973
APR 23 1973
JUN 20 1974

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

294-206-010-356

367843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 282 - 10th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 282 - 10th St
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Loretta Bernice Simpson

5. Date of Birth of Child (Month, day, year) Oct 6, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Simpson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Parker (City or town) Idaho (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Midland Elevator Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Newark
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Snyder (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Ollie (First name) Thomas (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Allie Newark Thomas M.D. Midwife (Mother) Address 1111 - E 36 st Date 3/15/43

State of Oklahoma
County of Tulsa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 23 years, and that Unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allie Newark Thomas Signature

1111 E. 36th St. Tulsa, Okla P. O. Address

Subscribed and sworn to before me this 15th day of March, 19 43

(SEAL)

Golden F. Roberts, Notary Public, residing at Tulsa, Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires 5-11-44

Received for filing on MAR 20 1943 by Mabel Hilton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

944-22-5-014-793

367861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 3rd & Everett Sts
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 3rd & Everett St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Florence Geralding Imus

5. Date of Birth of Child (Month, day, year) Oct. 25, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George William Imus

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Wheeler County, Nebraska (City or town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME D. Fern Pickrel

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Merrick County, Nebraska (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Dr. T. D. Farrar (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. D. Fern Imus. Signature

My Commission Expires May 28, 1944 910 SE 30th Avenue, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of March, 1943

(SEAL) F. M. Knight Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Mark F. Eder, Registrar.

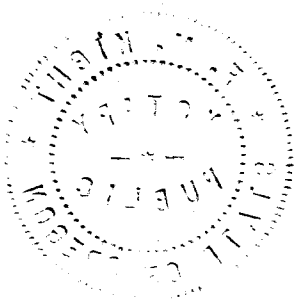
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



483-117.009-415

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Mrs. Emma Lancaster's Maternity Home
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Edgemere
(d) Street Address [redacted] R.F.D. No.
(e) How long [redacted] MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)
Edgemere, Idaho

4. FULL NAME OF CHILD WALTER LEE MITCHELL

5. Date of Birth of Child (Month, day, year) Mar. 17, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Earl Mitchell

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Roseburg (City or town) Oregon (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Littleton Davis

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Nevada (City or town) Mo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO, County of Bonner, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Emma (First name) Lancaster (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert M Davis Signature
Route #2, Sandpoint, Idaho P. O. Address

Subscribed and sworn to before this 11th day of March, 19 43,
(SEAL) Mrs. S. McNeal Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mabel F. Felder, Registrar.

MAR 22 19[redacted]

APR 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-114-018-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367876
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Fraser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Fraser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fraser Idaho

4. **FULL NAME OF CHILD** Otis John Cochrell

5. Date of Birth of Child (Month, day, year) 7/19/19

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy M.Cochrell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nola S. Snyder
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Randolph County, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 23 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nola S Cochrell Signature

Greer (R.F.D.) Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1943.

(SEAL) H.E. Wallrath, Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mavel F Eddy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549-108-028-114

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of J. A. James R.F.D. No 2.
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'alene
(d) Street Address or R.F.D. No. 1619 Cda Ave.
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jack Clifford Durdy

5. Date of Birth of Child (Month, day, year) 1-8-1919

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde E. Durdy
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Roscoe (City or town) Missouri (State or foreign country)
14. Exact Occupation Clerk in Retail Lbr. Office
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Julia James
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Antonagon (City or town) Mich. (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 72 years of age, that I have known this person from birth years, and that Dr. John Busby (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mrs. Frank Lamms Signature
Rte. 2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1943.
(SEAL) E. Hamilton Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Mary H. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1972

MAR 24 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-27-026-595 369134

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369134
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** NELLIE MAY NIELSEN

5. Date of Birth of Child (Month, day, year) Feb 27, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Nielsen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cleveland, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Nielsen
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cleveland, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Clara Nielsen (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana
County of Silver Bow } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years years of age, that I have known this person xx since birth years, and that ~~Doctor Call~~ Dr. O. B. Beller (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Nielsen Signature
614 W Silver P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943

(SEAL) Charles Brogan, Notary Public, residing at Butte, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by [redacted], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

+ 919-217-001-383

369165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Barber
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Barber
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Barber Idaho

4. FULL NAME OF CHILD Gladys Maxine Martin

5. Date of Birth of Child (Month, day, year) June 17, 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elza Thomas Martin
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Parma (City or town) Idaho (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Bookkeeper

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Mae Tyler
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Knox Co (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 23 years, and that Dr. (First name) Schuntz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Nielson Signature
1412 E ast Bennock, Boise Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942
(SEAL) Esther Rash Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 8-10-46

Received for filing on APR 7 1943 by Mabel H. Edgerton, Registrar.

APR 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-103-010-365

369167 369167

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls, Ida.
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls,
   (d) Street Address or R.F.D. No. R.F.D. 4
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) R.F.D. #4 - Idaho Falls, Idaho.

4. **FULL NAME OF CHILD** KENNETH IRA HAYNER

5. Date of Birth of Child (Month, day, year) January 3rd, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Edward Haynes
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Middleport, (City or town) New York (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Evelyn Long
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Dayton, (City or town) Nebraska, (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that Ellen L. (First name) Long (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Evelyn Haynes Signature
R.F.D. #3 - Idaho Falls, Idaho, P. O. Address

Subscribed and sworn to before me this 5th day of April, 1943

(SEAL) Earl T. Peterson, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires - March 29th, 1944.

Received for filing on APR 8 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-21-1004-813

36918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369182
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Ferne Elizabeth Wilker

5. Date of Birth of Child (Month, day, year) April 18, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willian Henry Wilker
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Yates
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Paris, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 23 years, and that Dr. Richard J. Sutton (First name) (Last name), who attended this birth connot be found (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Wilker McMahill Signature

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 2, 1943

Beaverton, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of April, 1943

(SEAL)

Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1943 by Mary E Eldredge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 8 1972

APR 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-224-006-962

369179 369199

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369199
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county 28 years months days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 23 yrs.
   (f) Mother's mailing address (For registration notice): Shelley Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ida Lucille Balling

5. **DATE OF BIRTH** (Month, day, year) 8-24-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Max A. Balling

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Copenhagen Den.
    (City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business City of Shelley

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara M. Robertson

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Shelley - Idaho
    (City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mercurochrome 2%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara M. Balling (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Edwin Cutler M. D. (D. O., Midwife, etc.) and address Shelley Date 4-11-43

26. (a) ..... (Date received) (b) Mar 7 '44 (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 17 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: Breech Presentation

Induced? _____

(c) State all operations for delivery Manual
Fractured Left Humerus

(d) Did baby have any:

(1) Congenital Malformation? Loose ankles

Describe: _____

(2) Birth Injury? Broken Humerus

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes _____ No No Pos. _____ Neg. _____

(e) Signature of Physician:

Edwin Ritter M.D.

DELAYED

265-203-035-133

369226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 369226

State File No. 369226
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Winchester
   (c) Street Address or R.F.D. No. R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Winchester
   (d) Street Address or R.F.D. No. R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester, Ida.

4. **FULL NAME OF CHILD** Willetta Aletha Swearingen

5. Date of Birth of Child (Month, day, year) Sept. 3, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Roma Swearingen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Dixie, Washington, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amanda Allen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Latah, Wash. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.). Dr. McLaughlin who attended birth is now deceased.

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Klamath } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 23 years, and that Dr. (First name) McLaughlin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Swearingen Signature

Mrs. Sheridan, Ore. Box 375 P. O. Address

Subscribed and sworn to before me this 21st day of April, 1943

(SEAL) Notary Public, residing at Sheridan Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-206-032-133

369347

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: parents home
(e) Mother's stay BEFORE delivery: IN THIS county 11 years [illegible] months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Edna Marie Cox

5. Date of Birth of Child (Month, day, year) 10-6-1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lester Cox

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Woodlawn, (City or town) Virginia (State or foreign country)

14. Exact Occupation welder now. (farmer at time of birth)

15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Miller Allen

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace American Falls, Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was a (Born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dill M.D. Midwife Address Shoshone Date March 29/43

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Dr. Dill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie A. Cox (Hattie Miller Allen Cox) Signature
3032 Chaucer St., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943

(SEAL) Mrs F Miller Notary Public, residing at 1224 Olympic Drive, LOS ANGELES CALIF.
My Commission Expires [illegible]

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1943 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1 1970

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-218-003-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369357
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Pocatello General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Box Elder
   (c) City Brigham
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? none yrs.

3. **RESIDENCE OF FATHER** (city, state) Brigham, Utah

4. **FULL NAME OF CHILD** Marie Stander

5. Date of Birth of Child (Month, day, year) Dec. 18, 1919

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry C. Stander
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Brigham (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business —trucker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Olsen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Brigham (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Utah
County of Box Elder } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 23 years, and that the doctor (First name) (Last name), who attended this birth cannot now be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Olsen Stander Signature

408 W. 1st N., Brigham, Utah. P. O. Address

Subscribed and sworn to before me this 29th day of March, 19 43

(SEAL) W. W. Eckman, Notary Public, residing at Brigham, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-218-210-665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369451
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route # 3
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 11 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route # 3
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Hazel Campbell

5. Date of Birth of Child (Month, day, year) Feb. 18, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Easton Campbell
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Esclante (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpentry

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Eveline Owen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho Falls, Idaho R.3 (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ada E (First name) Campbell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Annie Hall M.D. Midwife Address Ogden Utah Date Mar 19

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary E Elder, Registrar

APR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693.217-031-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369485
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No. Box. Del
(d) Name of Hospital or Maternity Home: Home Birth
(e) Mother's stay BEFORE delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No. Box. Del
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Ida.

4. FULL NAME OF CHILD Twyla Mable Wilson

5. Date of Birth of Child (Month, day, year) MAR. 27 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Cicero Wilson
11. Color or Race White **12. Age at time of THIS birth** 43 yrs.
13. Birthplace Murphysburg (City or town) Ga. (State or foreign country)
14. Exact Occupation LaBorer
15. Industry or Business Monuments

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Mary Smith
17. Color or Race White **18. Age at time of THIS birth** 41 yrs.
19. Birthplace Sturgerville (City or town) Mo. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 8 **(b) Born alive and now living** 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature ____ M.D. / Midwife Address Ney Ohio Date

State of Oregon } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 23 years, and that O. A. (First name) Taylor (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Mary Wilson Signature
Ashland Oregon P. O. Address

Subscribed and sworn to before me this 9 day of April, 19 42

(SEAL) E. H. Belknap Notary Public, residing at Ashland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com. expires 5/12/1944

Received for filing on MAY 18 1942 by Mabel E Bolger, Registrar.

APR 1 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-29-029-665

369653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Rural
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah County, Ida.

4. **FULL NAME OF CHILD** Iris Lorraine Hickman

5. Date of Birth of Child (Month, day, year) Dec. 29, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Hickman

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace ~~Potlatch County~~ Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Blyth Wonders

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Des Moines Iowa (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at 8:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Iris Dean (First name) (Last name), who is related as daughter (Mother, etc.)

25. Attendant's **OWN** signature J D Leitch M.D. ~~Midwife~~ Address Ft Lewiston Wash Date 4, 12, 43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mabel H Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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797-009-015-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369660
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, Idaho

4. **FULL NAME OF CHILD** Ida Marie Piper

5. Date of Birth of Child (Month, day, year) Dec. 9th 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert C Piper
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Florence (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Meredith Marie Kreps
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Thurman (City or town) Iowa (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Meredith M. Piper (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tyson M.D. ~~Midwife~~ Address Soda Springs Ida Date 3/12/43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1943 by Mary F Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RELEASED

386-227003-759

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 1204 No. Arthur
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 1204 No. Arthur
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Margaret Jane Lyon

5. Date of Birth of Child (Month, day, year) December 27, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Blaine Lyon
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Machinist--UPRR
15. Industry or Business Union Pacific Railroad Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Perkins
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 23 years, and that Dr. I. W. Lynn (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Lyon Signature

1204 No. Arthur, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of April, 1943

(SEAL) My Commission Expires Jan. 24, 1944 Helen Darling, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1943 by Mary F. Elder, Registrar.

APR 2 9 1943

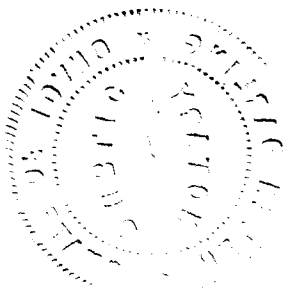
FEB 16 1949

FEB 6 1984

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



356-223003-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370927
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Do not know
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Colorado (b) County
(c) City Denver
(d) Street Address or R.F.D. No. Do not know
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address passed on

3. **RESIDENCE OF FATHER** (city, state) passed on

4. **FULL NAME OF CHILD** Dimple Inez Lewis

5. Date of Birth (Month, day, year) Feb. 23, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Otis Lewis

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Saybrook (City or town) Illinois (State or foreign country)

14. Exact Occupation Brakeman Railroad

15. Industry or Business Rug Cleaning

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethyl Ferris

17. Color or Race white

18. Age at time of THIS birth 29 years

19. Birthplace Denver (City or town) Colorado (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 30 1943 (Date received) (b) Mabel Hagen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Illinois
County of Cook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Evelyn Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dimple Inez Lewis (Name of person on certificate above) as Aunt (Father's Sister) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× Evelyn Lewis Moore Name

720 E. 78th St. Chicago, Illinois P. O. Address

Subscribed and sworn to before me on this 26 day of April 1943

(SEAL) Thomas J. Oglesby Notary Public, residing at 1420 W. Lawrence Ave Chicago

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-220023-719

370961

370961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. Rt 1 12th St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. 12th St Rt 1
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Hazel Wilson

5. Date of Birth of Child (Month, day, year) Nov. 20. 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lemuel Wilson
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Walla Walla (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Margaret Park
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Colby (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life years, and that Mrs. Shappley (First name) (Last name), who attended this birth declared (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hazel Wilson Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 10 day of May, 1943.

(SEAL)

Laurie Aubrey, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mary Felder, Registrar.

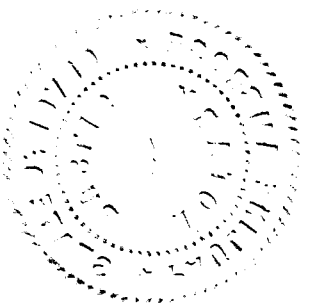
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-219 010-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home: Born at my home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 10 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho #1

4. **FULL NAME OF CHILD** Flora Henrietta Stosich

5. Date of Birth of Child (Month, day, year) September 19, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ivan Stosich
11. Color or Race Austrian
12. Age at time of THIS birth 43 yrs.
13. Birthplace Duga Gard (City or town), Austria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Thekla Weidhaase
17. Color or Race German
18. Age at time of THIS birth 40 yrs.
19. Birthplace Werdau (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... .M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 23 years, and that Dr. T. C. (First name) Hollister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Stosich Signature

RFD Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Apr., 1943.

(SEAL) Eugene Olsen, Notary Public, residing at Iona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Maud E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 218 022 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371012
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City Squirrel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City Squirrel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Squirrel Ida

4. FULL NAME OF CHILD HARRIET RUBY MOORE

5. Date of Birth of Child (Month, day, year) Nov 18 - 1919

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CLIFF MOORE
11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
13. Birthplace PIERCE (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA LAURA ROSS
17. Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
19. Birthplace MARCUS (City or town) SOUTH DAKOTA (State or foreign country)
20. Exact Occupation BEAUTY OPERATOR
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that C. C. Meacham (First name) M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L Moore Signature

P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 43

(SEAL) Thos B Hayes Notary Public, residing at Ashton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Mabel E Felger, Registrar.

JAN 8 1962

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jack Leonard Codding

5. Date of Birth of Child (Month, day, year) Sept. 7, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John SullivanCodding

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Kansas (City or town) (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Garnet Frances Haynes

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace La Grande (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by L. C. Haynes (First name) (Last name), who is related to this child as Grandfather (Mother, etc.)

25. Attendant's **OWN** signature L. C. Haynes, M.D. ~~Midwife~~ Address Pocatello, Ida. Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 - 1943 by Maud E. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Plummer
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Plummer
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plummer, Idah

4. **FULL NAME OF CHILD** Elaine Madelon Foetly

5. Date of Birth of Child (Month, day, year) Dec 18, 1942

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Conrad Foetly
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hermione Emma Ida Zehm
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fairfield, Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Benewah } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 years, and that Dr. Claude Lewis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hermione Emma Ida Foetly Signature

Plummer, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1943

(SEAL)

Benj. J. McFadden Notary Public, residing at Plummer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on MAY 11 1943 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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371212

State File No. 371212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 2 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Ida

4. **FULL NAME OF CHILD** Ruby Rosalene Barker

5. Date of Birth of Child (Month, day, year) Jan. 17, 1919

6. Sex female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joshua Edward Barker
11. Color or Race white
12. Age at time of THIS birth 56 yrs.
13. Birthplace Dallas (City or town) Texas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Hughes
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Eldora (City or town) Ill. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 24 years, and that Dr. Stone (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth D. Strange Signature
220 Shoshone St. Boise P. O. Address

Subscribed and sworn to before me this 4th day of June, 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 4-1943 by Registrar.

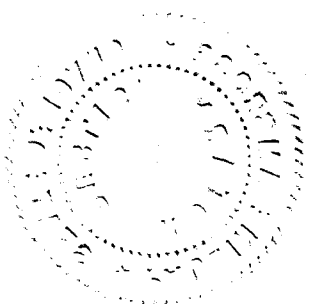
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-21-006866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. - - -
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Helen Frances Garwood

5. Date of Birth of Child (Month, day, year) May 11, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vance Archie Garwood
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Troy, (City or town) New York (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business Union Pacific Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Lina Elizabeth Howell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Anaconda (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrs.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lina Elizabeth Garwood (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature J E Roberts M.D. Address Shelley, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1919 by Mabel E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-12-026-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372362
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Annis
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Annis

4. **FULL NAME OF CHILD** Blaine F. Hall

5. Date of Birth of Child (Month, day, year) March 21, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Riley Hall
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mina Bitton
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Menan, (City or town) Idaho. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Riley (First name) Hall (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho. }
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all his life years, and that Mary (First name) Hall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Riley Hall Signature

Lorenzo Route #1. Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of May, 19 43

(SEAL) George M Lawson, Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Mary F Eddy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-205-002-748

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372518
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** DORIS ELEANOR WARD

5. Date of Birth of Child (Month, day, year) Aug 5 - 1919

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Cash Ward
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Jackson County (City or town) North Carolina (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel May Fuge
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace near Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Weber } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since her birth years, and that Dr. William M. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel May Fuge Ward Signature

1145 Liberty Avenue, Ogden, Utah P. O. Address

Subscribed and sworn to before me this 17th day of May, 1943.

(SEAL)

Paul D. Wilson, Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My comm. ex. Nov. 11, 1943

Received for filing on MAY 26 1943 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1155-201-030-127

372569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Juanita Elizabeth Mendiola

5. Date of Birth of Child (Month, day, year) June 21, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cipriano Mendiola
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Viscaya, Spain (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rita Camille Aspitarte
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Viscaya, Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Gooding, Idaho } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for since birth years, and that Dr. Wright (First name), of Salmon, Idaho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cipriano Mendiola Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 43.

(SEAL)

Notary Public residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 7 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-124-004-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372577
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Dingle
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Dingle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle Ida

4. **FULL NAME OF CHILD** Edward Francis Kibby Jr.

5. Date of Birth of Child (Month, day, year) JAN. 24, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Francis Kibby Sr.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Osceola (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Ethel Baker
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Canning (City or town) Missouri (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Cleo (First name) Tyler (Last name), who is related as Elder Sister (Mother, etc.)

25. Attendant's **OWN** signature Cleo Tyler M.D. Midwife Address 871 N. Lafayette Place Los Angeles California

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cleo Tyler Signature
871 N. Lafayette Park Pl. P. O. Address
Los Angeles 43

Subscribed and sworn to before me this 3rd. day of June, 19 43

(SEAL) F. M. Canning Notary Public, residing at LOS ANGELES

My Commission Expires June 29, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Mary F. Feder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

372662 372662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. West Court Street
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. West Court St
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Catherine Stover

5. Date of Birth of Child (Month, day, year) Dec 26, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Danforth Stover
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oaktree (City or town) New Jersey (State or foreign country)
14. Exact Occupation Asst Gen Mgr.
15. Industry or Business Pacific & Idaho Northern Rwy

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith May Woods
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Gordon (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 23 yrs 6 mos years, and that Dr W. H. Marshall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. F. D. Stover, Signature

1611 Jefferson P. O. Address

Subscribed and sworn to before me this 29 day of June, 1943

(SEAL) Laurence Andrus, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mark H Felder, Registrar.

JUN 29 1943

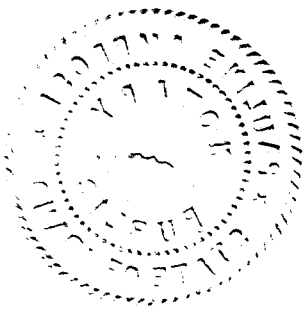
OCT 7 1958

JUL 28 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-22-7014-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372707
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Darlington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Darlington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Darlington, Idaho

4. **FULL NAME OF CHILD** Lula Katherine Robertson

5. Date of Birth of Child (Month, day, year) May 27, 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph William Robertson
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Minerva Goodman
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Darlington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 24 years, and that Dr. Charles (First name) Baker (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Goodman Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of June, 19 43

(SEAL) R. V. McCoy, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-214-006-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372746
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley Ida
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shilley
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Ida

4. **FULL NAME OF CHILD** Ruby Isabelle Hansen

5. Date of Birth of Child (Month, day, year) Jan. 14th 1919

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George D. Hansen
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Henry (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Kennetta Teagle
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Minan (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Arg 1% 3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Isabella Kennetta Hansen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. E. Roberts M.D. ~~Midwife~~ Address Shelley Ida Date June 9th 43

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such ~~date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-118-014-453 #4,10, amended 02-05-07 ns

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372762
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address of R.F.D. No. don't know
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Caldwell

4. **FULL NAME OF CHILD** Warren Alturas [redacted] Stanton

5. Date of Birth of Child (Month, day, year) Nov 14, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Royal Alturas Stanton
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Mayfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Millett
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Jefferson (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Marion } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 23-7 mos years, and that H. F. [redacted] (First name) Neal (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora M. Stanton Signature
Salem Oregon 176 Market St Address

Subscribed and sworn to before me this 14th day of June, 1943

(SEAL)

Kenneth L. Rakedall, Notary Public, residing at Salem Ore
Commission expires Jan. 22, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1943 by Mabel F. Elder, Registrar.

APR 19 1982

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
VITAL STATISTICS
07 FEB -1 AM 9:50

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ SS
County of _____

Certificate No. 19-372762
Date Filed June 17, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Warren Alturas (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 18, 1919 (Date of Event)
in Caldwell (Canyon Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Line 4 Child's surname	unlisted	Stanton
Line 10 Father's surname	unlisted	Stanton

Subscribed and sworn to before me this 1/29/ day of 2007
Notary Public, Virginia Roy
Residing at 580 Winter St. NE #415 Salem, OR 97301
My commission expires 7/8/2009
(Seal)

Signature of Applicant
1125 13th St. NE. Salem, Or. 97301
Street Address, City, State and Zip

OFFICIAL SEAL
VIRGINIA ROY
NOTARY PUBLIC - OREGON
COMMISSION NO. 393180
MY COMMISSION EXPIRES JULY 8, 2009

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Signature of Applicant

Street Address, City, State and Zip

01-17-07

OBVIOUS ERROR WHEN MOTHER FILLED OUT THE DELAYED CERTIFICATE-SHE DID NOT INCLUDE THE FAMILY SURNAME FOR BABY AND FATHER BUT SIGNED THE CERT AS MRS DORA M STANTON

ID CARD (OREGON) FOR WARREN ALTURAS STANTON ISSUED 02-05-97 VIEWED BY VS

MEDICARE CARD FOR WARREN STANTON ISSUE 11-0-84

ID BC 05-1228 FOR ROYAL FLAVELLE STANTON BORN 10-09-05 IN MERIDIAN (ADA CO) SHOWING PARENTS AS DORA MILLET AND RAYAL ALTURUS STANTON VIEWED BY VS

717-128-032-213

United States
Department of Commerce
Bureau of the Census

JUN 21 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372871
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Dietrich
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Dietrich
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edwin Kent Gage

5. Date of Birth of Child (Month, day, year) Oct 28-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Russell Gage
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Parkson (City or town) S. Dak. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Eva Ballinger
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Medicad Lake Wash (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Florence B. Gage (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jessie M. Foy ~~M.D.~~ Midwife Address Dietrich. Date Oct 28. 1919

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lincoln }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence B. Gage Signature
Dietrich Ida P. O. Address

Subscribed and sworn to before me this 19 day of June, 1943

(SEAL) Fay M. Merrill Com. Cpt. Notary Public, residing at Twin Falls.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1943 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-229-033 759

374083

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County.....Madison..... (b) City..Sugar City...
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....born at home.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County....Madison.....
(c) City.....Sugar City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?....30....yrs.
(f) Mother's mailing address....Rexburg, Idaho..
3. **RESIDENCE OF FATHER** (city, state)...Rexburg, Idaho

4. **FULL NAME OF CHILD**.....Eveline Leatha Chandler.....
5. Date of Birth (Month, day, year)....Jun. 29, 1919
6. Sex. female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**.....Stephen Chandler.....
11. Color or Race.....white.....
12. Age at time of THIS birth....28....yrs.
13. Birthplace.....Rexburg, (City or town) Idaho (State or foreign country)
14. Exact Occupation.....farming.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Blanche Adele Perrenoud..
17. Color or Race.....white.....
18. Age at time of THIS birth.....26..years
19. Birthplace.....Weber Canyon, (City or town) Utah (State or foreign country)
20. Exact Occupation.....housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child.....3... (b) Born alive and now living...6....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was....born alive (born alive, stillborn) at....10.....P..M. on the date and at the place stated above, and that personal particulars were furnished by....Blanche Chandler (First name) (Last name), who is related to this child as.....Mother (Mother, etc.)

26. (a).....JUN 28 1943 (Date received) (b)..... (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or..... (D.O., Midwife, etc.)
and address Date

27. Given name added on..... by..... (Registrar's signature)

State of.....Idaho.....
County of.....Madison..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....Blanche Chandler....., being first duly sworn, say that I am.....related to..... (Related to (or) acquainted with)
.....Eveline Leatha Chandler..... (Name of person on certificate above) as.....mother and daughter..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Dr. Redford..... (Name of attendant at birth), who attended said birth.....cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Blanche Chandler.....Name

.....Rexburg, Idaho.....P. O. Address

Subscribed and sworn to before me on this.....18th.....day of.....June.....

(SEAL) JUN 23 1943 .....Mary Smith.....Notary Public, residing at.....Rexburg.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 8 1943

SEP 1 2 1972

MAY 1 0 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

389 126-006154

374108

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 25 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: At residence of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley, RFD 2
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Merlen Earl Christofferson

5. Date of Birth of Child (Month, day, year) May 26, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sim C. Christofferson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Andersen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Villingerod, Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Agnis

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Christofferson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. E. Roberts M.D. Midwife Address Shelley Ida Date June 10-43

State of Idaho } ss.
County of Bingham }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for all his life and that Dr. F. E. Roberts (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Christofferson Signature

Shelley, Idaho, RFD 2 P. O. Address

Subscribed and sworn to before me this 16th day of June, 1943

(SEAL)

A. Andersen, Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUN 29 1943

719-103 022-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374181
Local Reg. No.
Reg. Dist. No.

JUN 23 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City SPENCER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County FREMONT
   (c) City SPENCER
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) SPENCER Idaho

4. **FULL NAME OF CHILD** VERN DWIGHT GARDNER

5. Date of Birth of Child (Month, day, year) April 3 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Parley A Gardner
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace SALT LAKE CITY (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Reta Peterson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Richfield, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Elva (First name) Gardner (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 24 years, and that Dr. J. J. Trueter (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elva P Gardner Signature

Pocatello Idaho R1 S. P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1943

(SEAL) B Daly, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-208 019 - 544

374197

United States
Department of Commerce
Bureau of the Census

JUN 28 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374197
Local Reg. No. 6-64
Reg. Dist. No. 6-8

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Custer (b) City Darlington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address (For registration notice):
   Darlington Ida
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Darlington Ida

4. **FULL NAME OF CHILD** Dorothy Isabel Smith

5. **DATE OF BIRTH** (Month, day, year) Sept 8 1919

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Franklin Smith

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Darke Co Ohio
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Jane Emmons

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Darke Co. Ohio
(City or Town) (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11-30 P M. on the date and at the place stated above, and that personal particulars were furnished by Irene Jane Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Father

26. (a) May 31-43 (Date received) (b) Rose Nowak (Registrar's signature)

25. Attendant's **OWN signature** Lewis F Smith M.D.
(D.O., Midwife, etc.)
and address Darlington Date April 11 1943

27. Given name added on ..... by .....
(Registrar's signature)

FEB 25 1974

AUG 25 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

212-113026652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374216
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Leland Lavon Baker

5. Date of Birth of Child (Month, day, year) Dec. 13, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Levi Baker
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Lewiston, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna May Webster
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rock Springs, Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-eight years of age, that I have known this person for Life years, and that Josephine Rowe, (nurse) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Levi Baker Signature

Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 30th day of June, 1943

(SEAL)

W. L. Swensen, ~~Notary Public~~, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

CLERK OF THE DISTRICT COURT

Received for filing on JUL 2 - 1943 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such ~~date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869 229 026 689

374261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Terreton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Terreton.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Five yrs.

3. **RESIDENCE OF FATHER** (city, state) Five

4. **FULL NAME OF CHILD** Vera, Adaline, Yorty

5. Date of Birth of Child (Month, day, year) March 29th 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo,

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William, Elliot, Yorty
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Milwaukee (City or town) Wis (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary, Elsie, Whitlatch
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lemyick Ohio (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Whatcom }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 24 years, and that Dr. C. B. Beller (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Elsie Yorty Mrs. Mary Elsie Yorty Signature

1709-34th St, Bellingham, Wn. P. O. Address

Subscribed and sworn to before me this 29th day of June, 1943.

(SEAL)

Margaret Harris Notary Public residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

COUNTY AUDITOR

Received for filing on JUL 3 - 1943 by Maud F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1948 JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such ~~report~~ may be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-125004-785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374456
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Herald Max Jensen,

5. Date of Birth of Child (Month, day, year) 7/25/1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Jensen
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Naomi Phelps.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Used medicine but dont know name.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of IDAHO
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for all his life and that George (First name) F. Ashley, (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Naomi P. Jensen Signature

Montpelier, Idaho, Rural R. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1943.

(SEAL) Chas E Kapps, Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1943 by Mabel F Eldredge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup of 1919-74009

713 226 006 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374482
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City RFD*Blackfoot
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City RFD - Blackfoot
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** THERESSA LEE PAIMER

5. Date of Birth of Child (Month, day, year) Jan. 26, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HENRY MARTIN PAIMER
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARION LIVINGSTONE
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Randolph, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-seven years of age, that I have known this person for 24 years, and that Marion Crawford (First name) midwife, (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Palmer Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 19 43.

(SEAL) M A McClure, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1943 by Mabel H Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-207-025-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Coeur D' Alene
   (c) Street Address or R.F.D. No. 817 Wallace Avenue
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur A' Alene, Idaho
   (d) Street Address or R.F.D. No. 817 Wallace Avenue
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur D' Alene, Ida

4. **FULL NAME OF CHILD** DOROTHY LOUISE GERDES

5. Date of Birth of Child (Month, day, year) June 7, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Tjark Remers Gerdes
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Minonk, Ill (City or town) (State or foreign country)
14. Exact Occupation Insurance
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Elizabeth Wendland
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Minonk, Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helen Gerdes Signature

817 Wallace Avenue, Coeur D' Alene Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 1943.

(SEAL)

Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375663
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. R.F.D. No.1
   (d) Name of Hospital or Maternity Home: Home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years &6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. R.F.D. No.1
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Garren Lamont Peterson

5. Date of Birth of Child (Month, day, year) May 2, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nephi H. Peterson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpentry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Loveda Hansen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ---- M. on the date and at the place stated above, and that personal particulars were furnished by Annie Loveda Peterson (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Miller M.D. Midwife Address Idaho Falls Date May 7, 1919.

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 26 1943 by Mary H. Elder, Registrar.

JUL 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DISCLOSED

519-22-1057-294

375698 375698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375698
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Madaline Merl Harris

5. Date of Birth of Child (Month, day, year) May 22, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Milton Bunyan Harris
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bellville, (City or town) Arkansas (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business Northside Canal Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Perl Letta Simmons
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for life years, and that Dr. Geller (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perl Letta Harris Signature
130½ B. Buena Vista, Burbank Cabin P.O. Address

Subscribed and sworn to before me this 2 day of August, 1943

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 2 1943 by , Registrar.

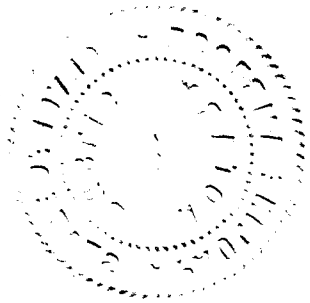
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 - 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413-205-001-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 375711

State File No. 375711
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary L. Mateovich

5. Date of Birth of Child (Month, day, year) Jan 5-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mark Mateovich
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Austria (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Antonia Milenkovich
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Austria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for life years, and that Dr. Halvorson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Antonija Mateovich Signature
3208 - 8th Ave. So. Boise P. O. Address

Subscribed and sworn to before me this 10th day of August, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 10-1943 by Mary E Eagan, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of [illegible]

349-124-038-693

375718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375718
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** James Richard Currie

5. Date of Birth of Child (Month, day, year) Nov. 24, 1919

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gilbert T. Currie
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Paxton (City or town) Illinois (State or foreign country)
14. Exact Occupation Baggage Agent.
15. Industry or Business U. P. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Grace Williams
17. Color or Race W.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Auburn (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that O. H. (First name) Avey, M. D. (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs G. T. Currie Signature

1314 North 18th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of August, 19 43

(SEAL)

Paulene Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 13-1943 by Maud E. Long, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1943

DELAYED REGISTRATION LAW

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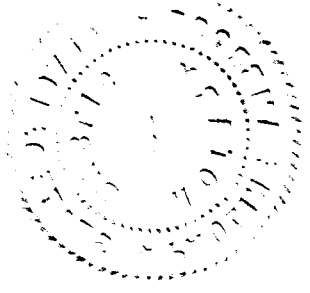

713-231-01K-255

375726

375726

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375726
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessee Madeline Patton

5. Date of Birth of Child (Month, day, year) May 31 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry M. Patton
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Sewell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for life years, and that Lida Adams (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Patton Signature
1125 Fee St P. O. Address

Subscribed and sworn to before me this 16 day of Aug. Boise, 1943.

(SEAL)

Pauline Cambral, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 16-1943 by Maud E. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-21-037-319

375729

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375729
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Mc Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Mc Lamar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Mc Lamar Idaho

4. FULL NAME OF CHILD Jewel Berniece Howard

5. Date of Birth of Child (Month, day, year) May 13 1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henery Howard
11. Color or Race white **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Evansville Indiana (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura May Carlton
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Idaho } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for fifty years, and that Mrs. Birmingham (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura M. Howard Signature
R. 3. Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 16 day of August, 1943
(SEAL) Julia Ambrose Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 13-1943 by Mary E. Reed, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1945

AUG 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-228-00K-156

375824

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Nounan
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 9 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Nounan
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nounan, Idaho

4. **FULL NAME OF CHILD** Grace Helen Bartschi

5. Date of Birth of Child (Month, day, year) February 28, 1919

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Edward Bartschi
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Lucille Jewett
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nounan (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrole 10% solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person all her life years, and that Dr Geo F Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAN
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Ernest Bartschi Signature
Nounan, Ida. P. O. Address

Subscribed and sworn to before me this 2 day of July, 1943.

(SEAL) Levi Alan, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Maud Hilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

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393-224.007-396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 875829
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Gannett
   (c) Street Address or R.F.D. No. On Ranch
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Gannett
   (d) Street Address or R.F.D. No. On a Ranch
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Della Mae [redacted] Lilya

5. Date of Birth of Child (Month, day, year) Oct 24 1919

6. Sex Girl

7. Twin or Triplet If [redacted] born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barney LeRoy Lilya
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ma Alice Crone
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mountain Grove, Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:32 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Della Crone (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Della Crone MD Midwife Address Gannett Ida Date Oct 24 1919

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Mabel F Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1970

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when such report is accom-~~ panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

VR 759-202-044-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375838
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 29 W. Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 29 W. Idaho
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho.

4. **FULL NAME OF CHILD** Verna June Gerdeau

5. Date of Birth of Child (Month, day, year) Nov. 2, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Curthur Thomas Gerdeau
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Payette Idaho (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Beryl Boyd.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kingston Mo. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Hattie (First name) Gallahan (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Hattie Gallahan MD Midwife Address 1501 Wilshire Blvd Los Angeles, Calif. Date 7/31/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 24 years, and that Dr. E. O. (First name) Finney (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Gallahan Signature

1501 Wilshire Blvd, Los Angeles P. O. Address

Subscribed and sworn to before me this 31st. day of July, 1943.

(SEAL) James A. Ferra, Notary Public, residing at NOTARY PUBLIC

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) in and for the County of Los Angeles, State of California. My Commission Expires Feb. 18, 1944

Received for filing on AUG 5 1943 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1957

AUG 5 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup of 1919-75337

855-104036-813

375879

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONIDA (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. HIGHWAY
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONIDA
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD RAYMOND ALBERT HENSLEY

5. Date of Birth of Child (Month, day, year) FEB 4 - 1919

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ALBERT CRITTENTON HENSLEY
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace MUSES MILLS (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation R.R. on U.P.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME TAMRY LOUISE HALL
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace McDOWELL (City or town) KENTUCKY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 24 years, and that Anzy Hensley, (First name) (Last name), who attended this birth Now deceased, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tamry Louise Campbell Signature
728 South Main St. Pendleton, Ore. P. O. Address

Subscribed and sworn to before me this 3 day of August, 1943.

(SEAL)

Notary Public, residing at Pendleton, Oregon,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 15 1944.

Received for filing on AUG 6 1943 by Mary Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED PUP of 1916-68765

154-10 8 D75-415

375884

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

AUG 4 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Caribou (b) City Soda Springs
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ... Days
   In THIS county ... years ... months ... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 28 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state): Soda Springs

4. FULL NAME OF CHILD: Orson Carl Anderson

5. DATE OF BIRTH (Month, day, year): May 8, 1919

6. Sex: M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Carl John Anderson
11. Color or Race: W
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Denmark (City or Town) (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: Annie Laura Davids
17. Color or Race: W
18. Age at time of THIS birth: 38 yrs.
19. Birthplace: Bountiful, Utah (City or Town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4A M. on the date and at the place stated above, and that personal particulars were furnished by Annie Anderson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 6 1943 (Date received) (b) [signature] (Registrar's signature)

Attendant's OWN signature [signature] M. D. (D. O., Midwife, etc.)

and address Dr. Ellis Kackley Soda Springs Date 6/30/43

27. Given name added on ... by ... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 9 1943

LOCAL REGISTRATION OF BIRTHS

~~SEC. 38-213.~~ ~~All~~ births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a ~~proper~~ certificate of birth ~~with the local registrar, within the time required by this~~ article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

118-131-003-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375919
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 427 No. Main
   (d) Name of Hospital or Maternity Home: 427 No. Main
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 427 No. Main
   (e) How long has **MOTHER** lived in Idaho? 8 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Ida.

4. **FULL NAME OF CHILD** Thomas Junior Payne

5. Date of Birth of Child (Month, day, year) Dec. 31 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Fredrick Payne
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Evanston Wyo. (City or town) (State or foreign country)
14. Exact Occupation R/R. Fireman
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Boam
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Almy Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12. a M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Boam (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. Wooley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Boam Rose Signature
1015 So. 1 st. West S.L.C.U. P. O. Address

Subscribed and sworn to before me this 9th day of August, 1943

(SEAL) Comm. Expires 12/11/45 Edwin L. Guttermann, Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Mary E Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 36, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-207-612-363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375964
Local Reg. No. 5
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Eden
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Eden, Idaho

4. FULL NAME OF CHILD Maryorie Eileen Balis

5. Date of Birth of Child (Month, day, year) Nov. 3 - 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Henry Balis

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Waverly (City or town) Nebraska (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Cole

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Xantha (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. F. E. Dwight (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frank Balis Signature

Eden, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of August 1943.

(SEAL) C. A. Beebee, County Recorder ~~Notary Public~~, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1943 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1967

AUG 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-015-032-155

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No. 2½ Mi. E. of Shoshone
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county no years one months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

4. **FULL NAME OF CHILD** Mary Edith Tuel

5. Date of Birth of Child (Month, day, year) May 15, 1919

6. Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Justin Hill Tuel
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Shannon, Mason county, Ky. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Mary Averill
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lane, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child nine (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Lincoln } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-six years of age; that I have known this person for life of child years, and that Dr. W.H. (First name) Baugh (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Justin Hill Tuel Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1943.

(SEAL) Howard C. Robbins Judge, Probate Court, residing at Lincoln County, Idaho Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1943 by Maud F. Elden, Registrar.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-05-032-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375993
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No. 2½ Mi. E. of Shoshone
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county no years one months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? eleven yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Pearl Tuel

5. Date of Birth of Child (Month, day, year) May 15, 1919

6. Sex female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Justin Hill Tuel
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Shannon, Mason County, Ky. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Mary Averill
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lane, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ten (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lincoln }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-six years of age, that I have known this person for child's life years, and that Dr. W. H. Baugh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Justus Hill Tuel Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1943

(SEAL) Edward E. Atkins, Judge, Probate Court, Lincoln County, Idaho
Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1943 by Maud Teel, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1961

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 376021
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at Sugar Company dwelling
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida

4. **FULL NAME OF CHILD** Jes se Joe Samano

5. Date of Birth of Child (Month, day, year) Aug. 27, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lauro Samano
11. Color or Race Mexican
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mexico City (City or town) Mexico (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Garcia
17. Color or Race Mexican
18. Age at time of THIS birth 19 yrs.
19. Birthplace Tiolcatiche (City or town) Mexico (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum one drop
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ first (b) Born alive and now living first

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ know of the birth of this child, who was born alive (Born alive, stillborn) at 9:30 M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Samano (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address Jerome, Idaho — Date August 14 43

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 23 years, and that ..... (First name) ..... (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Garcia Samano Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 19 43

(SEAL) Estella H. Pierce, Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1943 by ..... Registrar.

JAN 23 1970

AUG 17 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-108-035-238

377208

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** Edward Albert Dau

5. Date of Birth of Child (Month, day, year) 1-8-19

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Dau
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rensburg (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria M. Schatz
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Rothenzimmern (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at before noon on the date and at the place stated above, and that personal particulars were furnished by John (First name) Dau (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address Star Route, Lewiston — Date 8-20-43

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 24 years, and that O.C. (First name) Carssow (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Dau Signature

Star Route, Lewiston P. O. Address

Subscribed and sworn to before me this 21st day of August, 1943

(SEAL) Russell Kandall, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1943 by Mark E. Eldridge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DISCHARGED

768-21-006-693

377278

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377278

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Aberdeen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Aberdeen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho 2yrs + yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eileen Ardys Gohman

5. Date of Birth of Child (Month, day, year) 4-17-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Voris Gohman
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Crawfordsville, Indiana (City or town) (State or foreign country)
14. Exact Occupation "Transfer + Storage"
15. Industry or Business Owner of " " Aberdeen.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Madge (Miles) Gohman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Overton, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 24 years, and that Malcolm (First name) MacKinnon (Last name) M.D. who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace M. Gohman Signature

Aberdeen, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of August, 1943

(SEAL) [illegible] Notary Public, residing at Aberdeen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1943 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1940

APR 26 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

741-205-001-269

377302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. R. #2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. R. # 2
   (e) How long has **MOTHER** lived in Idaho? 6 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Ida

4. **FULL NAME OF CHILD** Irva Frances Gray

5. Date of Birth of Child (Month, day, year) 2/5/19

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas P. Gray
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Walnut Grove (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Marie Bosple
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bell Prarie (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for life years, and that Dr. Neal (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Gray Signature

Meridian Ada. R. 2 P. O. Address

Subscribed and sworn to before me this 24 day of Sept., 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 24-1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

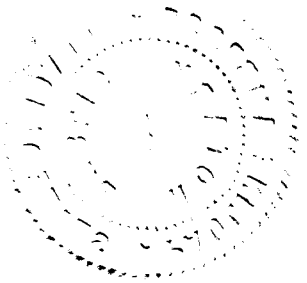
SEP 9 1969

SEP 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359-108-006-552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377445
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City BASALT
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City BASALT
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** DELVON WILSON CHIPMAN

5. Date of Birth of Child (Month, day, year) JAN. 8, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** EZRA JUSTIN CHIPMAN
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace CENTERVILLE, UTAH (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARISSA NATALIA HESS
17. Color or Race WHITE
18. Age at time of THIS birth 41 yrs.
19. Birthplace FARMINGTON, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag No 3
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4.39 A. M. on the date and at the place stated above, and that personal particulars were furnished by Clarissa Chipman (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. E. Roberts M.D. Midwife Address Shelly Ida Date Sept. 3-43

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 24 years, and that DR. ROBERTS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarissa Hess Chipman Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 19th day of AUGUST, 1943

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-129-022-299

377874

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377874
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years of months her life

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilford, Idaho

4. **FULL NAME OF CHILD** Charles Dean Dayton

5. Date of Birth of Child (Month, day, year) Dec. 29, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Agustus Dayton
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wilford, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Irene Birch
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wilford, (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Dr. Franck Watkins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna B. Dayton Signature
St Anthony Ida. R#1 P. O. Address

Subscribed and sworn to before me this 8 day of Sept., 1943

(SEAL) O.R. Meservy, Probate Judge, ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 8 [illegible] by Mary Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-202-027-698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377564
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Hazelton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Hazelton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** GOLDIE ARVILLA CHANDLER

5. Date of Birth of Child (Month, day, year) Jan. 2, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Elisha Chandler
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Huron County, Ohio (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Fry
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Buck Horn County, Colo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by May Chandler (now Leonard) (First name) (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature May Chandler Leonard, M.D. Midwife Address Denver, Colo. Date

State of Oregon
County of Coos } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 23 years, and that Dr. Price (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Chandler Signature

Bandon, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of August, 19 43.

(SEAL) [illegible], Notary Public, residing at Bandon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8474-127-035-869

377594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 377594
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Juliaetta
   (c) Street Address or R.F.D. No. R.D.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 0 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Juliaetta R.D.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Wilbur Frank Heimgartner

5. Date of Birth of Child (Month, day, year) July 27, 1919

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Heimgartner
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Ag

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mystie Hasenyager
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace State of Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that Dr. Turney (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mystie Heimgartner Signature

Juliaetta, Ida. P. O. Address

Subscribed and sworn to before me this 17 day of Sept., 19 43

(SEAL)

John R. O'Kelley Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1943 by Mabel Holder, Registrar.

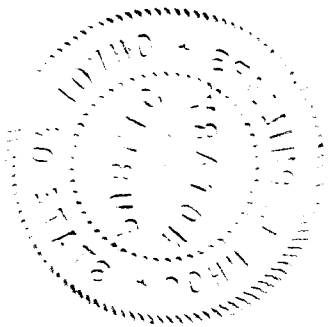
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-171-014 685

378774

United States
Department of Commerce
Bureau of the Census

SEP 23 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 439
Reg. Dist. No. 362

1. PLACE OF BIRTH:
(a) County CANYON (b) City NAMPA
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: MERCY HOSPITAL
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home 1 Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State IDAHO (b) County CANYON
(c) City NAMPA
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) NAMPA, IDAHO

4. FULL NAME OF CHILD JAMES BURKE STINSON

5. DATE OF BIRTH (Month, day, year) NOV. 21, 1919

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRANK LeMOYNE STINSON

11. Color or Race WHITE

12. Age at time of THIS birth 26 yrs.

13. Birthplace NEBRASKA (City or Town) (State or foreign country)

14. Exact Occupation RAILROAD FIREMAN

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGENE WHEATLEY

17. Color or Race WHITE

18. Age at time of THIS birth 25 yrs.

19. Birthplace CALIFORNIA (City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A. M. on the date (being the first child born at Mercy Hospital.)
and at the place stated above, and that personal particulars were furnished by MARGENE STINSON (First name) (Last name), who is
related to this child as MOTHER (Mother, etc.)

25. Attendant's OWN signature Geo. D. A. Kulow, M. D. (M. D., Midwife, etc.)
and address Nampa Idaho Date

26. (a) Sept 22 1943 (Date received) (b) Lyda Rodgers (Registrar's signature)

27. Given name added on by (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 4 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

314-224603-469

378828 378828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Lava Hot Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At my Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lava Hot Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vella Irene Campbell

5. Date of Birth of Child (Month, day, year) Jan 24. - 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Henry Campbell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Western (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Morrison
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for life years, and that Dr. Alcorn (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Mrs. Fred H. Campbell Signature
R-5-Boise P. O. Address

Subscribed and sworn to before me this 7th day of October, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 7-1943 by Mabel Felder, Registrar.

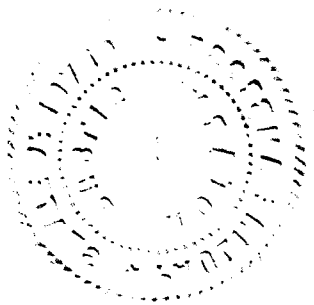
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693/28 039 873

378850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378850
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls

4. **FULL NAME OF CHILD** WALLACE ARTHUR WILCOX

5. Date of Birth of Child (Month, day, year) Oct. 28, 1919

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALAN FAIRFORD WILCOX
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Havelock (City or town) Iowa (State or foreign country)
14. Exact Occupation Assistant Cashier
15. Industry or Business 1st Nat'l Bank American Falls

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE A HICKERSON
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now forty-four years of age, that I have known this person for since birth years, and that C. F. Schiltz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alan F Wilcox Signature

800 E. State St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of October, 19 43.

(SEAL) Ina M. Taylor, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1943 by Mary Elder, Registrar.

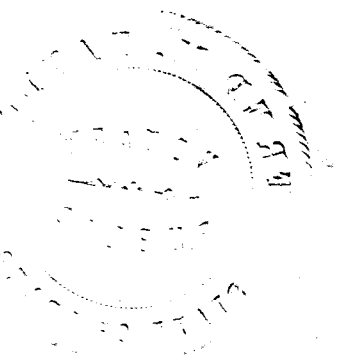
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



21-205006-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City
   (c) Street Address or R.F.D. No. BONE, IDA
   (d) Name of Hospital or Maternity Home: BORN IN PARENTS HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Bone, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LOFTON SAYER

5. Date of Birth of Child (Month, day, year) March 5, 1919

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM MARTIN SAYER
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Simmons
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Downey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Custer } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 24 years, and that Cline Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Simmons Sayer Signature
Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of September, 1943

(SEAL)

George S. Hendrox, Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1943 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 OCT 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may~~ be ~~received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-113 002-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378899
Local Reg. No. 2 5
Reg. Dist. No. 5 11

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State [redacted] Idaho (b) County Bannock
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft, Idaho

4. **FULL NAME OF CHILD** Ralf Roger Mabey

5. Date of Birth of Child (Month, day, year) Oct. 13 1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William A. Mabey
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Woodruff (City or town) Utah (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Lue Brisbey
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Milltown (City or town) Alabama (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by William A. Mabey (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature Dr. Brown M. D. M.D. Midwife Address Council, Idaho Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 23 years, and that Dr Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A Mabey Signature

Bancroft, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of September, 1943.

(SEAL) Willard Ball, Notary Public, residing at Bancroft, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 28, 1943 by Mrs Harrison Crowell, Registrar.

OCT 2 - 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1943

AUG 17 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-108 019-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378916

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City Mackay

(c) Street Address or R.F.D. No. none

(d) Name of Hospital or Maternity Home: Private home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer

(c) City Mackay

(d) Street Address or R.F.D. No. none

(e) How long has **MOTHER** lived in Idaho? 1 yr. 3 mos.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lloyd Stanley Morris

5. Date of Birth of Child (Month, day, year) April 8 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Roy Morris

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Ava (City or town) Illinois (State or foreign country)

14. Exact Occupation Engine Watchman

15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Malinda Watkins

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Lockwood, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma } ss.
County of Oklahoma }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 23 years, and that Dr. (First name) Starr (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. O.R. Morris Signature

Britton, Okla. P. O. Address

Subscribed and sworn to before me this 23 day of August 1943

(SEAL)

Notary Public, residing at Britton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 - 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 218006 345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Brigham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Brigham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho.

4. **FULL NAME OF CHILD** Myrl L Mitchell

5. Date of Birth of Child (Month, day, year) Feb 18 - 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Mitchell
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Cooper (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Elizabeth Lundquist
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature E Leon Carter M.D. ~~Midwife~~ Address Shelley Idaho Date 9-24-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mabel Helgesen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 210-028 959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since she was 1 yrs old.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho

4. **FULL NAME OF CHILD** Virginia Lillian Adams

5. Date of Birth of Child (Month, day, year) Feb. 10, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dott Rufus Adams
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Postmaster (deceased)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maude Reinhart
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace South Dakota. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Colorado } ss.
County of Denver }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 24 years, and that Dr Fran Wenz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M. Adams Signature
2943 S. Pearl Denver Colo. P. O. Address

Subscribed and sworn to before me this 8th day of October, 1943

(SEAL) Orville J. Fisher, Notary Public, residing at Denver Colo
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. Oct. 19, 1944

Received for filing on OCT 12 1943 by Mabel Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 6 1955

354-126 010-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379088
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Reuel Lake LeDOUX

5. Date of Birth of Child (Month, day, year) Sept. 26, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Barnabas Le Doux
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Missoula, Montana (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Church

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Opal Wood
17. Color or Race White
18. Age at time of THIS birth 2x 19 yrs.
19. Birthplace Gallatin, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 24 years, and that Mrs. Yabrow (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Edna Opal ~~Wood~~ LeDoux) now Edna O. Martineen Signature

2018 - 4th Ave, Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 11th day of Oct, 1943.

(SEAL) Wm A Hilder Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received ~~for filing~~ on OCT 19 1943 by Mabel Hilder, Registrar.

OCT 19 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-223003 255

379095

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379095
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yrs. years 1 yr. months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Katrina Jennie Produit

5. Date of Birth of Child (Month, day, year) April 23, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred J. Produit
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Wholesale clerk

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Senechale
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Campbell County Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wyoming } ss.
County of Hot Springs }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-four years of age, that I have known this person for twenty-four years, and that Doctor F. F. Castle (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Fred Produit Signature
Hudson, Wyoming P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1943

(SEAL) A. M. Berg, Notary Public, residing at Hudson, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by Mabel Hyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-21010-667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380406
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Guyaz
   (c) Street Address or R.F.D. No. Star Rt.
   (d) Name of Hospital or Maternity Home: At home of parents.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months At home. 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Guyaz
   (d) Street Address or R.F.D. No. Star Rt. No #
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Deloris Mae Spriggs

5. Date of Birth of Child (Month, day, year) Sept 11.1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Spriggs
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wheatfield (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer and Timber worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Maola Fogelsong
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Caney (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Rosie Foglesong (First name) (Deceased) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 23 years, and that Rosie Foglesong (First name) (Deceased) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Maola Spriggs Signature

Melrose Rt., Roseburg Oregon P. O. Address

Subscribed and sworn to before me this 17th. day of July, 19 43.

(SEAL) L. W. Rimmit, Notary Public, residing at Roseburg Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293 101-027-133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380514
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEROME (b) City EDEN
   (c) Street Address or R.F.D. No. GENERAL DELIVERY
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mother's stay **BEFORE** delivery: In THIS county 3 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County JEROME
   (c) City EDEN
   (d) Street Address or R.F.D. No. GENERAL DELIVERY
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) EDEN, IDAHO

4. **FULL NAME OF CHILD** RAYMOND CHESTER KILGORE

5. Date of Birth of Child (Month, day, year) JULY 1, 1919

6. **Sex** MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL** name FRED GUY KILGORE
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace WIOTA (City or town) IOWA (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ANNIS ETHEL ALLEN
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace MAMMOUTH SPRINGS (City or town), ARKANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE SOLUTION
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of North Dakota } ss.
County of Ward }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~57~~ years of age, that I have known this person for 24 years, and that Dr Price (given name unknown) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Guy Kilgore Signature

Minot, N.D. Grams Blk. Apt. 3 P.O. Address

Subscribed and sworn to before me this 16 day of September, 19 43

(SEAL) Carleton B Davis, Notary Public, residing at Minot, N.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Exp. 8-14-1947

Received for filing on NOV 1 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. Extra certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-213026 335

380554

380554

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380554
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Elsie Luella Ferguson

5. Date of Birth of Child (Month, day, year) March 13, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert John Ferguson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Utah, Logan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Ellenberg
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Josephine Newman M.D. Midwife Address Rigby R1 Idaho Date Nov 11 1943

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1943 by Mary Ellen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-230 010-259

380585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Grand Capital St
   (d) Name of Hospital or Maternity Home: own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Capitol and G St
   (e) How long has **MOTHER** lived in Idaho? 2 7 yrs. ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Paulena Merna Henderson

5. Date of Birth of Child (Month, day, year) 30-Aug-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Marion Francis Henderson
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Delphis (City or town) Kansas (State or foreign country)
14. Exact Occupation Trucker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eula Helen Berry
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 24 years, and that Da (First name) Hollister (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eula Helen Henderson Signature

Box 203 - Ida Falls P. O. Address

Subscribed and sworn to before me this 1 day of Nov, 1943

(SEAL)

John M Norris, Notary Public, residing at Ida Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com Expires 5/3/44

Received for filing on NOV 5 1943 by Mary Nelson Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1948
8 NOV
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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380618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380618
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? five yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Idaho.

4. **FULL NAME OF CHILD** Evan Bowen Garner

5. Date of Birth of Child (Month, day, year) November 19, 1943

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Evan True Garner
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Roy (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Florella Bowen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hoytsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Gladys B. (First name) Garner (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Story of Burley Idaho now dead Date

AFFIDAVIT

State of Idaho
County of Minidoka } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 5 years, and that Dr. (First name) Story (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Bowen Garner Signature
Emmett, Idaho, Route 2 P. O. Address

Subscribed and sworn to before me this 2 day of November, 1943

(SEAL) [signature], Notary Public, residing at Emmett, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 6 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Mineral
   (c) Street Address or R.F.D. No. Rural home
   (d) Name of Hospital or Maternity Home: my own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 11 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Mineral
   (d) Street Address or R.F.D. No. Rural home
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mineral, Ida.

4. **FULL NAME OF CHILD** Donald Elwood Tarter

5. Date of Birth of Child (Month, day, year) Mar. 25 1919

6. Sex Male

7. Twin or Triplet No single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Davis Tarter
11. Color or Race White, American
12. Age at time of THIS birth 47 yrs.
13. Birthplace Newbridge (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Rodelia Hill
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Baker, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Union } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 24 years, and that Lorena (First name) Robinette (Last name), who attended this birth Cascade, Idaho (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel R. Hood Signature

Union Ore P. O. Address

Subscribed and sworn to before me this 3rd day of November, 1943

(SEAL)

Leroy D. Smith, Notary Public, residing at Union Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-205-028-613

380706

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 724 Seventh St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 724 Seventh St.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida.

4. **FULL NAME OF CHILD** Margaret Elizabeth Fowler

5. Date of Birth of Child (Month, day, year) January 5, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Lafayette Fowler
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bollinger Mill, Missouri (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Compensation Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Wall
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Weir City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 24 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Wall Fowler Signature

802 Foster. Coeur d'Alene. Idaho P. O. Address

Subscribed and sworn to before me this 12th day of November, 1943

(SEAL) F. K. Fish Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by Mabel Holden, Registrar.

APR 1 1972

NOV 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-120-040-795

380723

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg Ida.

4. **FULL NAME OF CHILD** James Richard Derbyshire

5. Date of Birth of Child (Month, day, year) Aug. 20, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert R. Derbyshire
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Newport Minn., (City or town) (State or foreign country)
14. Exact Occupation Dray man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Grenfell
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Nevadaville Colo., (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:15 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Derbyshire (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. R. Mason, M.D. Midwife — Address Kellogg Idaho Date Nov. 5, 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-215-002-253

381834

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381834
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Meadows (b) County Adams
   (c) City Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows Ida

4. **FULL NAME OF CHILD** Margaret Lee Wilson

5. Date of Birth of Child (Month, day, year) Oct 15, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** James Albert Wilson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Meadows, Ida. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Madeline Becker
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Meadows, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Lydia Becker M.D. Midwife Address Meadows, Ida Date 11-12-43

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie E Kreibaum Signature

Meadows Idaho P. O. Address

Subscribed and sworn to before me this 13 day of Nov, 1943

(SEAL)

Notary Public, residing at New Meadows Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by , Registrar.

DEC 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-10-1024-493

381851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Wendell, Idaho
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: Not in hospital or maternity home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oklahoma (b) County Woods
   (c) City Waynoka
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 2 month yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell, Idaho

4. **FULL NAME OF CHILD** Roy Raymond Barrett

5. Date of Birth of Child (Month, day, year) Feb. 4, 1919

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Harrison Barrett
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kansas City, Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Dee Miles
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kingfisher, Okla (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Missouri } ss.
County of Vernon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now forty-six years of age, that I have known this person for all his life years, and that Do not remember (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Barrett Signature

P. O. Address

Subscribed and sworn to before me this 20th day of November, 1943

(SEAL) Emma Mason Notary Public, residing at Nevada, Missouri

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Comm Expires 2-17-44

Received for filing on NOV 30 1943 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1972

DEC 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed in Chapter~~ 2, ~~Title 38,~~ Idaho Code ~~Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-130-001-619

381901

381901

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. Rte #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD** Lenard J. Madsen

5. Date of Birth of Child (Month, day, year) Nov.30,1919

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Andrew Madsen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Monroe, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah E. Farmer
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Monroe, (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ (b) ~~Born alive and now living~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 24 years, and that Dr. H. F. (First name) Neal (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Madsen Signature
Rte. #1, Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 43

(SEAL) Notary Public, residing at Meridian,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1943 by Mabel H. Eden, Registrar.

DEC 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

HS-209-1033-8-19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382036
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Helen Manwaring

5. Date of Birth of Child (Month, day, year) April 9, 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Heber Manwaring
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mapleton (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Implements

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Zella Hart
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Menan (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Zella (First name) Manwaring (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. Keeler M.D. ~~Midwife~~ Address Burley, Ida Date 11-29-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 2 9 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1948

DEC 1 4 1943

MAR 1 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-113-035-319

382052

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City CAMERON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City CAMERON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** MARVIN FREDRICK SILFLOW

5. Date of Birth of Child (Month, day, year) MAR. 13, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FREDRICK W. SILFLOW
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace CAMERON, (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IONA LARSON
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace BLACK DIAMOND (City or town) WASH. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for always years, and that DR. STONEBURNER (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W Silflow Signature
CAMERON, IDAHO P. O. Address

Subscribed and sworn to before me this 6th day of DECEMBER, 19 43.

(SEAL) [signature], Notary Public, residing at KENDRICK.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the ~~Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELIVERED

959-125-006-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382075
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City ranch
   (c) Street Address or R.F.D. No. Shelley, R.F.D. 2
   (d) Name of Hospital or Maternity Home: Home on the ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years 4 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Ranch
   (d) Street Address or R.F.D. No. Shelley, R.F.D.2.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Fred Bennett Reid

5. Date of Birth of Child (Month, day, year) 2-25-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Ezekiel Reid
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace A rimo (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and Stock raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Katherine Just
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ranch (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% three
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Agnes (First name) Reid (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley, Idaho. Date 12-11-43

State of .....
County of ..... } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1943 by Mabel Fleiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-228 006 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388099
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Nancy Eloise Diggle

5. Date of Birth of Child (Month, day, year) Nov. 28 1919

6. Sex female

Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Diggle
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
14. Exact Occupation ~~Blackfoot~~ Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Graham Tendore
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Lillian D Tendore (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 24 years, and that Jos. (First name) Wheeler (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Tendore Signature
Arbon Idaho P. O. Address

Subscribed and sworn to before me this 15 day of December, 19 43.

(SEAL) Jesse D. Barger, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires 8-30-47

Received for filing on DEC 24 1943 by Mabel V. Lee, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-230-010-449

383214

United States
Department of Commerce JAN 17 1944
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383214
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bernice Irene Kalbfleisch

5. Date of Birth of Child (Month, day, year) May 30 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Frederick Kalbfleisch
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Osborne, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Melinda Durstein
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Osborne, Kansas (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that attendant (First name), unknown (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W F Kalbfleisch Signature
Filer Idaho P. O. Address

Subscribed and sworn to before me this 12 day of January, 1944.

(SEAL) Forest Hall, Notary Public, residing at Filer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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799 117 04 2 613

383237

United States
Department of Commerce
Bureau of the Census

JAN 26 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383237
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. no street No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. no street No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida.

4. **FULL NAME OF CHILD** Orvle Leslie Griffard

5. Date of Birth of Child (Month, day, year) Dec. 17, 1919

6. Sex male

7. ~~Twin~~ ~~Triplet~~

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Virece G. Griffard
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace St. Genevieve, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Waltman
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bruno, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (c) ~~At time of~~ birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Grace Griffard (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. H. Pike M.D. ~~Midwife~~ Address Oakland Calif Date 1/15/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 31 - 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-207029-213

383259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida.

4. **FULL NAME OF CHILD** Wilma Fern [redacted] Sams

5. Date of Birth of Child (Month, day, year) Nov. 7, 1919

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ernest E. Sams
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Genesee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna J. Satterfield
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Roby Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. W. E. Satterfield (First name) (Last name), who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. W. E. Satterfield M.D. Midwife Address 1716 21st Lewiston Idaho. Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383325
Local Reg. No. 741
Reg. Dist. No. 6

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County [redacted] (b) City Emmett
   (c) Street Address or R.F.D. No. 700 Blk Riverside
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months In Canyon Co. Idaho

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Emmett
   (d) Street Address or R.F.D. No. 700 Blk Riverside
   (e) How long has **MOTHER** lived in Idaho? 1907 yrs.

3. **USUAL RESIDENCE OF FATHER** (city, state) Unknown

4. **FULL NAME OF CHILD** Joseph Travis Hunter

5. Date of Birth of Child (Month, day, year) 5-21-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Usual Time

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Waite Hunter
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Boise Payette Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Jane Rasmussen
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Mt. Pleasant Sall Lake Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 PM M. on the date and at the place stated above, and that personal particulars were furnished by Jesse Hunter (First name) J.L. Reynolds M.D. (Last name), who is related as Joseph Waite Hunter Father (Mother, etc.) Mother Died - Jan. 29 - 1934.

25. Attendant's **OWN** signature J.L. Reynolds (Father, etc.) M.D. Midwife Address Emmett Date 1-10-44

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1944 by Mabel Holder, Registrar.

JAN 15 1968

OCT 29 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the~~ local ~~registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 120-005-753

384444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384444
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BENEWAH (b) City ST. MARIES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BENEWAH
(c) City ST. MARIES
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Sam Solomon Holstein

5. Date of Birth of Child (Month, day, year) 12 20 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Holstein

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Schandahl (City or town) Russia (State or foreign country)

14. Exact Occupation Sawmill

15. Industry or Business lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Getz

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Schandahl (City or town) Russia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Holstein (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 24 years, and that Dr (First name) Smith (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Holstein Signature

St Maries Idaho P. O. Address

Subscribed and sworn to before me this 17 day of January, 1944

(SEAL) Ray A Berube Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

NOV 15 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 123 035 386

384545

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384545

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Southwick

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thomas Leroy Wittman

5. Date of Birth (Month, day year) Oct 23 1919

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Oscar Wittman

11. Color or Race White **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Leroy (City or town) Wis (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Thomas

17. Color or Race White **18.** Age at time of THIS birth 27 yrs.

19. Birthplace Pomona (City or town) Missouri (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mrs Myrtle Deobald (Mother, etc.)

26. (a) JAN 18 1944 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Mrs Myrtle Deobald M.D. (D.O., Midwife, etc.)
and address Sta A1 Box 246 Bremerton Wash Date Jan 14-44

State of Washington } ss.
County of Kitsap }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, the undersigned, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Thomas Leroy Wittman (Name of person on certificate above) as a friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Myrtle Deobald Signature

Sta A1 Box 246 Bremerton Wash P. O. Address

Subscribed and sworn to before me on this 14 day of January 1944

(SEAL) Notary Public, residing at Bremerton

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

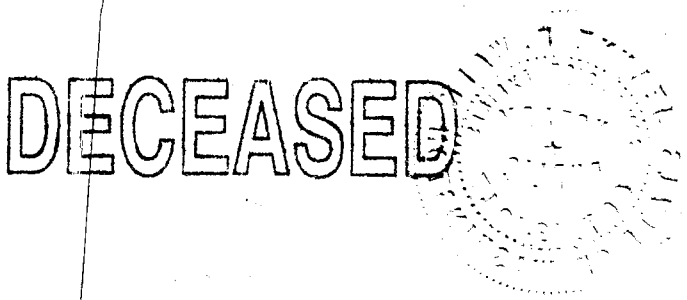
FEB 19 1944

MAY 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



663-208003-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384599
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 633 South 5th
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years, 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 633 South 5th
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Ruth Ellamae Wolff

5. Date of Birth of Child (Month, day, year) 1-8-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Frank Wolff.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Deadwood, S Dak (City or town) (State or foreign country)
14. Exact Occupation Locomotive Engr.
15. Industry or Business U.P.R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Leone Kilbourn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Pearl Leone (First name) Wolff (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Lyon M.D. Midwife Address Pocatello Ida. Date 1/27/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1944

MAY 1 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-223-029-263

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

FEB 11 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384692
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. R. F. D. Box 53.
   (d) Name of Hospital or Maternity Home: On Home Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Idaho

4. **FULL NAME OF CHILD** Edith Elizabeth Newell.

5. Date of Birth of Child (Month, day, year) August 23, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustas Newell
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Boller
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Canton (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon } ss.
County of Multnomah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 24 years, and that Dr. (First name) Russell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Alma Allison Signature

R. 2 Box 131B Sherwood Oregon O. Address

Subscribed and sworn to before me this 9th day of February, 1944.

(SEAL)

John T. Harlow. Notary Public, residing at Portland, Ore.

My Commission Expires Sept. 7, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1944 by Mabel Fielder, Registrar.

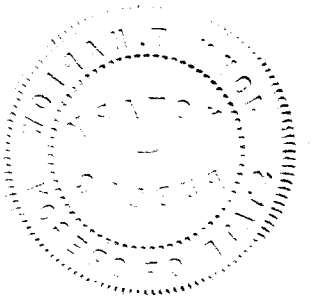
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



6942291010565

384700

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls.
   (c) Street Address or R.F.D. No. Hill Street.
   (d) Name of Hospital or Maternity Home: My Grandmothers home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 29 days.

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Power.
   (c) City American Falls.
   (d) Street Address or R.F.D. No. R.R. Star.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Katherine Melissa Orders.

5. Date of Birth of Child (Month, day, year) 10 - 29 - 1919.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no.

FATHER OF CHILD

10. **FULL NAME** John Ruben Orders.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grove City, (City or town) Ohio. (State or foreign country)
14. Exact Occupation R.R. Fireman.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachael Forest Noel.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marsland (City or town) Nebraska. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature Dr L E Rogers M.D. Midwife Address Pocatello Date 2/4/44

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-228-010-651

United States Department of Commerce
Bureau of the Census

FEB 7 1944 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: Home of Parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 1 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace Etta Harris

5. Date of Birth of Child (Month, day, year) February 28, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Benjamine Harris
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mason City, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Jeannette Fearheller
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Laurens, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Santa Clara } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 24 years, and that T. C. (First name) Hollister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Etta Jeannette Harris Signature

448 South 10th Street
San José 12, California P. O. Address

Subscribed and sworn to before me this 31st day of January, 1944.

(SEAL) Melvin H. Johnson, Notary Public, residing at San José, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by _____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-126 022-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384736
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City CHESTER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City CHESTER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) CHESTER IDAHO

4. **FULL NAME OF CHILD** FRED LAVON WARDELL

5. Date of Birth of Child (Month, day, year) 10/26/19

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ARCHIBAL WARDELL
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace TWIN GROVES (City or town) IDAHO (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE ETTA CAMPBELL
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace TRACY CITY, (City or town) TENNESSE (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Burmah (First name) Hathaway (Last name), who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature Juniette G. Brown M.D. Midwife Address St Anthony Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

387-10-4-06-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385989
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Goshen
   (c) Street address or R. F. D. No. 11 Shelley
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery: At home
   In Hospital or Maternity Home ____ years ____ months ____ days
   In THIS County

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Goshen
   (d) Street address or R. F. D. No. 11 Shelley
   (e) How long has MOTHER lived in Idaho? 43 yrs.
   (f) Mother's mailing address (for registration notice): Shelley R 2
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Quintin Verlin Christensen

5. **DATE OF BIRTH** (Month, day, year) 11-4-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Neils Christensen

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Hyrum (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ardena Killian

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Glenwood (City or Town) Utah (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Was a standard serological test for syphilis performed? Yes ____ No No Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

24. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
   (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Jas. N. Christensen (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. Attendant's OWN signature Edwin Cutler M. D. (D.O., Midwife, etc.)
   and address Shelley Date 2-28-44

27. (a) MAR 6 - 1944 (Date received) (b) Mary Felder (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

MAR 10 1944

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386027
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Independence
   (c) Street Address or R.F.D. No. Rexburg Route #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Independence
   (d) Street Address or R.F.D. No. Rexburg Route #1
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Independence, Ida

4. **FULL NAME OF CHILD** Alex Francis Gold

5. Date of Birth of Child (Month, day, year) Jan. 12, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dubois Frederick Gold
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Independence (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Stoddard
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Spencer (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b.a. (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mamie (First name) Stoddard (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature G. G. Kespe M.D. ~~Midwife~~ Address Burley, Ida Date 3/11/44

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 1944 by Mary Hodges, Registrar.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386044
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bloomington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: father's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bloomington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bloomington, Ida.

4. **FULL NAME OF CHILD** Rose Hill [redacted]

5. Date of Birth of Child (Month, day, year) 3/19/1919

6. Sex f

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** LeRoy Hill
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Aland
17. Color or Race W
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by LeRoy Hill (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Bloomington, Idaho Date 2/26/44

AFFIDAVIT

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 25 years, and that Nurse- name not known (First name) (Last name), who attended this birth can not locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LeRoy Hill Signature

P. O. Address

Subscribed and sworn to before me this 26 day of Feb., 1944.

(SEAL) Lane Lamb, Notary Public, residing at Clerk District Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 15 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386072
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Mc Thorne
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Harold Shelley Davis

5. Date of Birth of Child (Month, day, year) March 23, 1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Davis
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant & Motion Picture Theatre
15. Industry or Business Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Shelley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Shelley Davis (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley, Ida. Date 3-12-44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1944 by Mary Helen , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 17 1944

238-20-1143-753

386077 386077

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 386077
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Donnelly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home on ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Donnelly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lorene Ruth Scheline

5. Date of Birth of Child (Month, day, year) July 20, 1919

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George E Scheline
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Galesburg (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Peters
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace St. Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Valley }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person all her life years, and that Mrs. F. C. Shamell (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bertha L White Signature
Lakefork, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of March, 1944.

(SEAL) Blair E. Armstrong, Notary Public, residing at Donnelly-Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

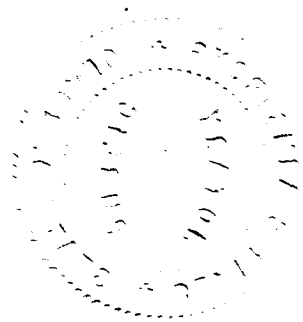
MAY 12 1964

MAR 2 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 795-217042-415

386105 386105

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 386105
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Ida

4. FULL NAME OF CHILD Etta Lucille Pierce

5. Date of Birth of Child (Month, day, year) June 17-1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Charles Pierce

11. Color or Race W

12. Age at time of THIS birth 26 yrs.

13. Birthplace Maine (City or town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Lee Davis

17. Color or Race W.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Plattsburg (City or town) Mo. (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 1%

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born alive~~ Stillborn at ~~M.~~ on the date and at the place stated above, and that personal particulars were furnished by Etta (First name) Pierce (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Twin Falls Ida Date June 17-19

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 - 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1956
APR 23 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

24-209-035-389.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida

4. FULL NAME OF CHILD Ruth Madelon Bair

5. Date of Birth of Child (Month, day, year) Dec. 9, 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jobe Hobert Bair
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Lexington (City or town) Kentucky (State or foreign country)
14. Exact Occupation Mill Worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Julia Christopher
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace State Center (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Mr. Mac Laughlin (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helen Julia Bair Signature
2014-E. 11th, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 14 day of March, 1944

(SEAL) Louise D. Peterson Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1919-78139

14-106 003-253

387276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City GRACE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City GRACE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~20~~ 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) GRACE IDAHO

4. **FULL NAME OF CHILD** DONALD IRA ADAMS

5. Date of Birth of Child (Month, day, year) JAN. 6, 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HYRUM RUFUS ADAMS
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace LAYTON (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARM

MOTHER OF CHILD

16. **FULL MAIDEN NAME** WINNIE REVA BECKSTEAD
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace SALEM (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 12:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by WINNIE (First name) R. (First name) ADAMS (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now FIFTY years of age, that I have known this person for 25 years, and that DR. (First name) HUBBARD (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnie Reva B. Adams Signature

GRACE IDAHO P. O. Address

Subscribed and sworn to before me this 15th day of March, 1944

(SEAL)

Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1944 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 723 010 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387296
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona Idaho

4. **FULL NAME OF CHILD** Gordon R Steele

5. Date of Birth of Child (Month, day, year) Nov 23 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John R Steele
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Iona (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Waldram
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Mrs Myrtle Steele (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Mellor M.D. ~~Midwife~~ Address Idaho Falls Ida Date Nov. 22 1919

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1944 by Mary Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

MAR 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: L.D.S. Hospital
   (e) Mother's stay **BEFORE** delivery: —
   In Hospital or Maternity Home one Days
   In **THIS** county years months 14 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Clark
   (c) City Spencer
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.
   (f) Mother's mailing address (For registration notice): — Spencer
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Helen Lawson

5. **DATE OF BIRTH** (Month, day, year) Dec. 30, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd fourth

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Lawson

11. Color or Race white

12. Age at time of **THIS** birth 43 yrs.

13. Birthplace Don't know (City or Town) Sweden (State or foreign country)

14. Exact Occupation Merchant

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Biddle

17. Color or Race white

18. Age at time of **THIS** birth 40 yrs.

19. Birthplace Ogden (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living yes
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Lawson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 24 1944 (Date received) (b) Mary [illegible] (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)

and address ... Date ...

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

962-213003 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bannock.
   (c) City Pocatello, (d) Street Address or R.F.D. No. 1321 So. 5th Ave.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Elizabeth Robinson

5. Date of Birth of Child (Month, day, year) Aug. 13. 19.

6. Sex Female.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Whit Robinson.
11. Color or Race white, American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kansas City (City or town) Kansas. (State or foreign country)
14. Exact Occupation Truck driver.
15. Industry or Business Truck Driver

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Wood.
17. Color or Race white American
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hugo (City or town) Colorado. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (Born alive, stillborn) at 2P M. on the date and, at the place stated above, and that personal particulars were furnished by Mrs Whit Robinson. (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Pocatello. Date Mar. 27. 1944.

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19.

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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APR 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387395
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Hazelton
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Hazelton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Chester Southworth

5. Date of Birth of Child (Month, day, year) Dec. 10, 1919

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Sylvester Southworth
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Dingle (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Estelle Boden
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Brigham (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child Third (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Beulah Estelle Boden Southworth (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 24 years, and that Dr. Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Estelle Southworth Signature
1616 - 11th St, Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 44.

(SEAL)

Notary Public, residing at Salt Lake City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 - 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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387396 387396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Oreana
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Oreana
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Celia Lewis

5. Date of Birth of Child (Month, day, year) Feb 19 - 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. Henry Lewis
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Silver City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Oreana

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Maud Carruthers
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Canyon City, Col. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Mrs Mungar (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded, under Chapter 139, 1937 Session Laws.

Mrs Maud Lewis Signature

614 N 5th St. Boise P. O. Address

Subscribed and sworn to before me this 6 day of April, 19 44

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 6-1944 by Myrl Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

767-219006-415

387443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387443
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Basalt Idaho

4. **FULL NAME OF CHILD** Reta Pope

5. Date of Birth of Child (Month, day, year) April 19, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Leland Pope
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Elva Davis
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 25 years, and that Alice A Sessions (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elva Gribble Signature

Emmett Ida Rt 1 P. O. Address

Subscribed and sworn to before me this 21 day of April, 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 21-1944 by, Registrar.

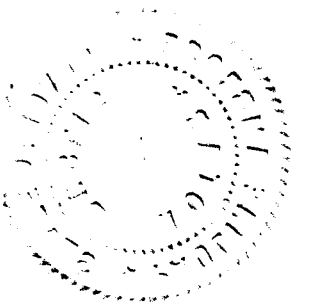
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-107-040-911

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387451
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. Deadwood Gulch
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. Deadwood Gulch
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same.

4. **FULL NAME OF CHILD** Neil Berger Bloom

5. Date of Birth of Child (Month, day, year) September 7-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Andrew Bloom
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Norway. (City or town) (State or foreign country)
14. Exact Occupation Smelter worker.
15. Industry or Business Bunker Hill Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Borghild Baaen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Norway. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the family physician (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 20 years, and that Dr. Alex. McCracken (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. C. Lindsay, M.D. Signature
Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1944.

(SEAL)

Stella Brown, Notary Public, residing at Kellogg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1968

APR 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 130010 154

387485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Unknown
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Unknown
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) IdahoFalls, Ida

4. **FULL NAME OF CHILD** Eugene Huston Hite, Jr.

5. Date of Birth of Child (Month, day, year) Nov. 30, 1919

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Huston Hite
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Western Oregon (City or town) (State or foreign country)
14. Exact Occupation Agent
15. Industry or Business Railway Express Agency, Inc.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mina May Anderson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Colfax, Wasnington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 24 years, and that doctor (name unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene Huston Hite Jr. Signature
1357 Alisa St., Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 28th day of March, 1940

(SEAL) S. R. Crankenstein Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1940 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-220-025-457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387542
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Riggins
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Riggins
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vera Isabella Hodie

5. Date of Birth of Child (Month, day, year) February 20, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clifford Hodie
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hollenberg (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Rosella Dempsey
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Hastings (City or town) Minnesota (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive/stillborn) at , M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie (First name) Hodie (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Samantha Hollenbeck M.D. Midwife Address Riggins Ida Date Feb 20 1919

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 25 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 2 1968 by Mabel Helgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

916-101 035-294

387577

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387577
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lyrton
   (c) Street Address or R.F.D. No. 1107 9th St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Montana (b) County Custer
   (c) City Miles City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Ida.

4. **FULL NAME OF CHILD** George Elden Rafferty

5. Date of Birth of Child (Month, day, year) July 1 - 1919

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Eldon Rafferty
11. Color or Race W.
12. Age at time of THIS birth 24 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Ella Kurtzfeldt
17. Color or Race W.
18. Age at time of THIS birth 16 yrs.
19. Birthplace Hamburg (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for (years, and that Emma Ella Rafferty (First name) (Last name) who attended this birth Dr Carson (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Ella Rafferty Signature

Miles City Mont P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-210 044 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Heath
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Heath
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 4 yrs. 5 mo

3. **RESIDENCE OF FATHER** (city, state) Heath, Idaho.

4. **FULL NAME OF CHILD** Ellen Gertrude Hannaman

5. Date of Birth of Child (Month, day, year) Aug. 10, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Newton Madison Hannaman
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Pontiac (City or town) Illinois (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ella Hare
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wentworth, South Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Julia Hannaman (First name) (Last name), who is related as mother, etc.

25. Attendant's **OWN** signature [signature] M.D. Address Caldwell Ida. Date 4-10-44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Benton }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that Dr. Whitman (First name) lives in Ca,bridge, Idaho (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia E. Hannaman Signature

P. O. Address

Subscribed and sworn to before me this 8th day of April, 1944

(SEAL) [signature], Notary Public, residing at Prosser Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-125-022-419

388697

388697

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388697
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Fremont (b) City Ashton
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street address or R. F. D. No. 262 5th Ave. N.
   (e) How long has MOTHER lived in Idaho? 39 yrs.
   (f) Mother's mailing address (For registration notice):
   262 5th N. Twin Falls Idaho
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Keith Judd

5. DATE OF BIRTH (Month, day, year) Nov. 25, 1928

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Daniel Fuller Judd

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Pima (City or Town) Arizona (State or foreign country)

14. Exact Occupation Hardwear clerk

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mabel Marshall

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Parquitch (City or Town) Utah (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
   (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 O'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice Mabel (First name) Judd (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 1 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mary Calonge M. D. (D. O., Midwife, etc.)
and address Ashton Idaho Date May 28

JUN 1 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

553-203-AB-466 388704 388704

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388704
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 5 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State 15 yrs. (b) County 15 yrs.
   (c) City 15 yrs
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Claie Bel Nelson

5. Date of Birth of Child (Month, day, year) Nov. 3, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Nelson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Soda Point (City or town) Idaho (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Bel Moore
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 24 years, and that Dr T. C. Hollister (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora B. Nelson Signature
P O Box 1842 Boise, Idaho P. O. Address

Subscribed and sworn to before me this 2d day of June, 1944

(SEAL) D. L. Davis, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

964-221-028-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388709
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Post Falls
   (c) Street Address or R.F.D. No. Third Ave.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Post Falls
   (d) Street Address or R.F.D. No. Third Ave.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nowa Louise Romanoff

5. Date of Birth of Child (Month, day, year) Sept. 21, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pete Romanoff
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Cardin
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of King } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for years, and that Dr. Frank Leslie McCauley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Romanoff Peterson Signature

Rte 4 Bx 885, Kent, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 44

(SEAL)

Gene Holland Notary Public, residing at Kent

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Hodges, Registrar.

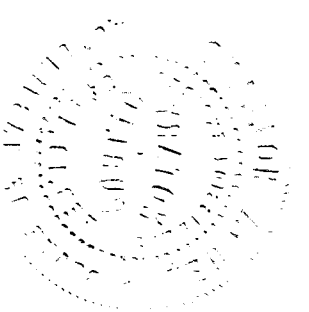
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



855-208-044-267

388727

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. R.D. #1.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 11 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Lola Hindmarsh

5. Date of Birth of Child (Month, day, year) March 8-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Bert Hindmarsh
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Lopez
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wauneta (City or town) So. Dakota (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 25 years, and that Dr. F. A. Finney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Hindmarsh Signature

..... P. O. Address

Subscribed and sworn to before me this 17th day of April, 1944.

(SEAL) ..... Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Helgen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-216-035-342

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 388804
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Culdesac (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: --
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution -- In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Culdesac (If outside city or town limits, write RURAL)
(d) Street No. -- (If rural, give location)

3. Full name of child Mary Rose Higheagle
4. Date of birth 7 (Month) 16 (Day) 1919 (Year)
5. Sex: Female
6. Twin or triplet -- If so—born 1st, 2d, or 3d --
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name Antoine Higheagle
10. Color or race Indian 4/4
11. Age at time of this birth 36 yrs.
12. Birthplace Sweetwater, Idaho (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Himself

MOTHER OF CHILD
15. Full maiden name Josephine Luke
16. Color or race Indian 4/4
17. Age at time of this birth 26 yrs.
18. Birthplace Lewiston, Idaho (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business at own home

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 5:30a.m. on the date above stated and that the information given was furnished by Josephine Luke Matt, related to this child as Mother

24. Date received by local registrar APR 25 1944
25. Registrar's own signature _____ (Registrar)
26. Date on which given name added _____ by _____

Attendant's own signature Josephine Luke Matt
M. D., midwife, or other _____ Date signed April 10,1944
Address Lapwai, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

This is to certify that the above information is true and correct and is in accordance with the information on file in the Northern Idaho Indian Agency and the information furnished by the mother of Mary Rose Higheagle.

A. G. Wilson, Superintendent
Northern Idaho Indian Agency,
Lapwai, Idaho

This is to certify that the above information is true and correct and is in accordance with the information on file in the Northern Idaho Indian Agency and the information furnished by the mother of Mary Rose Higheagle.

A. G. Wilson, Superintendent
Northern Idaho Indian Agency,
Lapwai, Idaho

695-214-007745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Arimo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Arimo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arimo Idaho

4. **FULL NAME OF CHILD** Bertha Fink

5. Date of Birth of Child (Month, day, year) March 14, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Fink
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Providence (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pollie Ann Gunter
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Swain Co. (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Pollie Ann G. Fink (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 25 years, and that Elizibeth (First name) Stinger (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓Pollie Ann Fink Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1944.

(SEAL)

Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1944 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-227-016-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388912
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: Unknown
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley

4. **FULL NAME OF CHILD** Hazel Marvilla Shackelford

5. Date of Birth of Child (Month, day, year) May 27, 1919.

6. Sex Femal

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nick Shackelford
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Lorraine Bright
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Knoxville (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 24 years, and that Cannot remember (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Lorraine (Bright) Reed — Signature

355 So. Arthur, Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me this 1st. day of May, 19 44

(SEAL) Theodore N. Gallie, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-223-001-415

388932

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
X(a) County ADA (b) City BOISE
X(c) Street Address or R.F.D. No. 810 Main St
X(d) Name of Hospital or Maternity Home: St. LUKES
(e) Mothers stay **BEFORE** delivery In **THIS** county years 2 months 11 days 4

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Boise Idaho (b) County Ada
(c) City Idaho
(d) Street Address or R.F.D. No. 810 Main St
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** MARTHA ALICE SCHMIDT

5. Date of Birth of Child (Month, day, year) January 23 1919

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** XCHARLES SCHMIDT
11. Color or Race X WHITE
12. Age at time of THIS birth X 28 yrs.
13. Birthplace X NEW BRUNSWICK N.J. (City or town) (State or foreign country)
14. Exact Occupation X PHOTOGRAPHER
15. Industry or Business X PHOTO STUDIO

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma Lenor Davis
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Enterprise Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 yes - 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of Province of Alberta
County of Dominion of Canada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the X FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now X 53 years of age, that I have known this person for Since 1917 yrs, and that X R. L. (First name) X GLASE (Last name), who attended this birth X cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Charles Schmidt Signature

X 2nd X Edmonton Alta. P. O. Address

Subscribed and sworn to before me this X 2nd day of X May, 19 A. D. 194X

(SEAL) Mabel Helder, Notary Public, residing at Edmonton Alberta.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 - 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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852-120-004-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388940
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~26~~ 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho.

4. **FULL NAME OF CHILD** Ferris Marvin Hess

5. Date of Birth of Child (Month, day, year) Feb. 20, 1919

6. Sex Male

7. Twin or Triplet . If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Hess
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bloomington. (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Beulah Allred
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Paris. (City or town) Idaho. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Nov Sivol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Feb 20 1919 (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by Caroline (First name) Hess (Last name), who is related as mother. (Mother, etc.)

25. Attendant's **OWN** signature R J Sutton M.D. Midwife Address Oakley Ida Date 4/29/44

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1944 by Mary Heder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the~~ birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-022-035-954

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 388964
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai, Idaho (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: None (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution ___ In this community ___ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai, Idaho (If outside city or town limits, write RURAL)
(d) Street No. --- (If rural, give location)

3. Full name of child Iva Wilson
4. Date of birth Feb. 22, 1919 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name Charley Wilson
10. Color or race Indian 11. Age at time of this birth 32 yrs.
12. Birthplace Almota, Washington (City, town, or county) (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business ---

MOTHER OF CHILD
15. Full maiden name Jeanette Reuben
16. Color or race Indian 17. Age at time of this birth 37 yrs.
18. Birthplace Sweetwater, Idaho (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business ---

21. Children born to this mother: 14
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 7
(c) How many children were born dead? 4

22. Mother's mailing address for registration notice:
Lapwai, Idaho
c/o Northern Idaho Agency

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 6 a. m. on the date above stated and that the information given was furnished by Charley Wilson, related to this child as Father.

24. Date received by local registrar MAY 16 1944
25. Registrar's own signature Mabel Fielder
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Charley Wilson
M. D., midwife, or other Father Date signed May 10,1944
Address Lewiston, Idaho, RFD #1

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

This is to certify that the above information is true and correct and is in accordance with the information on file in the office of the Northern Idaho Indian Agency and the information furnished by the father of Iva Wilson.

A. G. Wilson,
Superintendent
Northern Idaho Indian Agency
Lapwai, Idaho

MAY 16 1944

Mabel Fielder

[redacted]

Charley Wilson

This is to certify that the above information is true and correct and is in accordance with the information on file in the office of the Northern Idaho Indian Agency and the information furnished by the father of Iva Wilson.

A. C. Wilson,
Superintendent,
Northern Idaho Indian Agency
Lapwai, Idaho

791-101-022-3/4

388968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Eden
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Joseph Gray

5. Date of Birth of Child (Month, day, year) 12 - 1 - 1919

6. Sex male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Samuel Gray
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Victoria B C Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Cummins
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 5-0- M. on the date and at the place stated above, and that personal particulars were furnished by Hazel (First name) Gray Summers (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for Since Birth years, and that ____ (First name) ____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Gray Summers Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May, 1944

(SEAL) William G. Comstock Notary Public, residing at Jerome Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by Probate Judge & Ex-Officio Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1956

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-102037-819

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyee (b) City King Hill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Indiana (b) County Marshall
   (c) City Plymouth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Charlie Wilbert Parish

5. Date of Birth of Child (Month, day, year) May 2 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Parish
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Haines
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E. Parish (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Ida Fawcett M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Parish Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1944 by Mabel Holden, Registrar.

MAY 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569 220025-899

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390081
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Lelear Water
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Lelear Water
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10

4. **FULL NAME OF CHILD** Leah Jane Northrup

5. Date of Birth of Child (Month, day, year) 11-20-1919

6. Sex Female

7. Twin or Triplet 1

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy yes

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Cleveland Northrup
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lou Emma Yingst
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wheaton Arkansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name ~~prophylactic used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lou Emma Smith (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lou Emma Smith M.D. Midwife Address Huntsville R.F.D. 2 Box 94, Date 5-20, 1944

AFFIDAVIT

State of Arkansas
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 24 years, and that Lou Emma Smith (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lou Emma Smith Signature
Huntsville, R.F.D. 2 Box 94 P. O. Address

Subscribed and sworn to before me this 26 day of May, 1944.

(SEAL) E. S. Stamps, J.P. Notary Public, residing at Kingston

~~(Note: Perjury~~ is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 by Mary Yelder, Registrar.

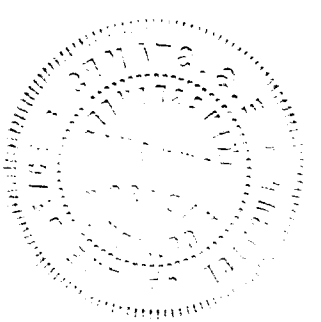
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not ~~been recorded~~, or ~~in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



316-209 005-265

390163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City near Tensed
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: born at Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City near Tensed
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? ~~29~~ 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tensed Idaho

4. **FULL NAME OF CHILD** Jessie Maude Lawson

5. Date of Birth of Child (Month, day, year) Nov. 9, 1919

6. Sex female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guynther Gus Lawson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oliver Springs, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Maude Bovey
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Farmington Washington (City or town) (State or foreign country)
20. Exact Occupation Farmers housewife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that Wm. B. (First name) Riley, MD. (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Maude Lawson Signature

Star Route, Tekoa, Washington P. O. Address

Subscribed and sworn to before me this 24th day of May, 1944.

(SEAL) L. C. Burson, Notary Public, residing at Tekoa, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mary Meyer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-127006-844

390226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390226
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City SHELLEY
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City SHELLEY
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? Whole life yrs.

3. **RESIDENCE OF FATHER** (city, state) SHELLEY

4. **FULL NAME OF CHILD** JOHN CALVIN HANSEN

5. Date of Birth of Child (Month, day, year) Oct. 27 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOSEPH C. HANSEN

11. Color or Race WHITE

12. Age at time of THIS birth 47 yrs.

13. Birthplace BLOOMINGTON IDAHO (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA HUMPHERYS

17. Color or Race WHITE

18. Age at time of THIS birth 37 yrs.

19. Birthplace PARIS (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% Sol.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Hansen (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 4/17/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1944 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1953
JUN 27 1972

1944 6 NOV.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be prepared and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635 217024 345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

390240 State File No. 390240
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County GOODING (b) City WENDELL
   (c) Street Address or R.F.D. No. R.F.D
   (d) Name of Hospital or Maternity Home: FARM
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County GOODING
   (c) City WENDELL
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) WENDELL, IDA.

4. **FULL NAME OF CHILD** VELMA CATHERINE FLEENOR

5. Date of Birth of Child (Month, day, year) APR. 17 1919

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOE. HENRY FLEENOR
11. Color or Race WHITE
12. Age at time of THIS birth 52 yrs.
13. Birthplace BRISTOL (City or town) VIRGINIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAGGIE MAY TUNNELL
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs.
19. Birthplace ROGERSVILLE (City or town) TENN. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by MAGGIE (First name) FLEENOR (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simmons M.D. Address Wendell Idaho Date 6-13-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

135-126022.519

390241 390241

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemennt (b) City Lamont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Lamont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Lamont, Idaho

4. FULL NAME OF CHILD Sylvester Ernest Alexander

5. Date of Birth of Child (Month, day, year) Nov. 26, 1919

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Ernest Alexander
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Austin (City or town) Texas (State or foreign country)
14. Exact Occupation Sawmill owner
15. Industry or Business Sawmill Operator

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Alice Vail
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Driggs (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 24 years, and that Eva (First name) Fair (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie A Alexander Signature

Grand View, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of June, 19 44

(SEAL) Clara Jenkins Notary Public, residing at Grand View, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1944 by Mabel Helgen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-10-2013-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390259
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Camas (b) City Fairfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Camas
   (c) City Fairfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fairfield, Idaho

4. **FULL NAME OF CHILD** Willis Clair Vandiver

5. Date of Birth of Child (Month, day, year) June 2 - 1919

6. Sex Male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Pearl Vandiver
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Knox City (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Woods
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Brashear (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Annie C. Thurber M.D. Midwife Address Fairfield Idaho Date May 10th 1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-128022-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Lloyd H. Gilbert

5. Date of Birth of Child (Month, day, year) June 28, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas H. Gilbert
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia D. Potter
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Julia D. Gilbert (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. Kellogg M.D. ~~Midwife~~ Address Ashton, Idaho Date 6/1-1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-117 033 299

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390338
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Plano
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plano

4. **FULL NAME OF CHILD** Frank Bringhurst Witney

5. Date of Birth of Child (Month, day, year) April 17 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Witney
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace New Zealand (City or town) (State or foreign country)
14. Exact Occupation Farmer (at time of this) Birth
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Bringhurst
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Springville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Utah }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 25 years, and that Lorin E. Rich (First name) (Last name), who attended this birth don't know location (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel Witney Signature
Springville, Utah P. O. Address

Subscribed and sworn to before me this 5th day of June, 1944.

(SEAL) My Commission Expires 11/18/45 Lucy Swanson, Notary Public, residing at Springville Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1944 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-220-026-759

390363 390363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Idaho
   (c) Street Address or R.F.D. No. Lewisville, Idaho
   (d) Name of Hospital or Maternity Home: Born at Parent's Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? All her life. yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville, Idaho

4. **FULL NAME OF CHILD** ROBA JARDINE

5. Date of Birth of Child (Month, day, year) Jan. 20, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Jardine
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lewisville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Geisler
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Menan (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rhoda (First name) Jardine (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 25 years, and that Tennessee Florin (First name) Maynard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rhoda G. Jardine Signature

Menan Idaho P. O. Address

Subscribed and sworn to before me this 22 day of June, 1944

(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1944 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

713-216 029-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Genesee
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 2 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Agnes Mavargaret Gallaher

5. Date of Birth of Child (Month, day, year) Dec. 16, 1919

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Boyd Gallaher
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Knoxville, (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mertens
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lawrence (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Okanogan } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for since birth years, and that Dr. Tooney (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gallaher Signature

Okanogan P. O. Address

Subscribed and sworn to before me this 14th day June, 19 44.

(SEAL) E. D. Glancy, Notary Public, residing at Omak, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 138, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-127.015-539

391436

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce Bureau of the Census JUN 8 1944

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 63
Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
   (a) County Caribou (b) City Soda Springs
   (c) Street address or R. F. D. No. _____
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home _____ Days
   In THIS County _____ years _____ months _____ days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street address or R. F. D. No. _____
   (e) How long has MOTHER lived in Idaho? 19 yrs.
   (f) Mother's mailing address (for registration notice): Soda Springs, Ida.
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Thomas Russell Gunnell

5. **DATE OF BIRTH** (Month, day, year) Oct. 27, 1919

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas R. Gunnell
11. Color or Race White
12. Age at time of THIS birth _____ yrs.
13. Birthplace Wellsville, Utah (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Eliason
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Logan Utah (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Was a standard serological test for syphilis performed? Yes _____ No ✓ Approximate date _____
23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
24. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
    (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Effie Gunnell (First name) (Last name), who is related to this child as mother (Mother, etc.).

27. (a) Aug. 29, 1944 (Date received) (b) Dr Russell Tyers (Registrar's signature)

28. Given name added on _____ by _____ (Registrar's signature)

26. Attendant's **OWN signature** Dr Russell Tyers, M. D. (D.O., Midwife, etc.)
and address Soda Springs Idaho Date 8/29/44

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

dup of 1919-379093

BOTH DELAYED

962-24-001-295

391529 391529

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City near Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City near Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) near Boise Ida

4. FULL NAME OF CHILD Emma Jane Rose

5. Date of Birth of Child (Month, day, year) Nov. 14th 1919

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Judson Rose
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Beaver city (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Bingman
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Lachede (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 noon a M. on the date and at the place stated above, and that personal particulars were furnished by Anna E. (First name) Rose (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 22 years, and that Emma (First name) Rose (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E Rose Signature
R.D.5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 19 44

(SEAL) John Jackson Notary Public, residing at Probate Judge Ada County, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on JUL 13 1944 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1971

JUL 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-119-006-859

391538

391538

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391538
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham.
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Herbert R. Packard

5. Date of Birth of Child (Month, day, year) Nov. 19 - 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Revel L. Nephi Packard
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Herbert
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Iona (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Packard (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for 24 years, and that Dr. F. E. Roberts (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Josephine Herbert Packard Signature

234 12th St., Idaho Falls, Idaho Address

Subscribed and sworn to before me this 13th day of July, 1944

(SEAL) ____, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1169-323-010-515

391634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391634
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Route 3
   (d) Name of Hospital or Maternity Home: at family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months 9 days 23

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Route 3
   (e) How long has **MOTHER** lived in Idaho? 26 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls - Idaho

4. **FULL NAME OF CHILD** Florence Helen Jordan

5. Date of Birth of Child (Month, day, year) Dec. 23 - 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Walbridge Jordan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pawnee City (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Mary Vance
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pawnee City (City or town) Nebraska (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature H. D. Rhoades M.D. ~~Midwife~~ Address R 458 Idaho Falls Ida Date July 7 - 44

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-21500 44-619

391652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. # 2
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years 4 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. # 2
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state): NAMPA IDAHO

4. **FULL NAME OF CHILD** [redacted] Lois Swedin

5. Date of Birth (Month, day, year) March 15-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bothon Swedin
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Elsinore (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Farmer
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Monroe (City or town) Utah (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living yes
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by MRS. A. SKEEN (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) [illegible] 6 1919 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. Ruth L. Nelson M.D. (Midwife) (D.O., Midwife, etc.)
and address Meridian Ida Date 4-22-1942

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dupe of 41-69039

195-218-026-892

391694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 1 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby Idaho

4. **FULL NAME OF CHILD** Alice Ruth Arnsberger

5. Date of Birth of Child (Month, day, year) Oct 18, 1919

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Watson Arnsberger
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Crawford (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Claire Hibben
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Poplar Bluff (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 25 years, and that Charlotte (First name) Gillmore (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel Arnsberger Signature

..... P. O. Address

Subscribed and sworn to before me this 10th day of July, 1944

(SEAL)

Paul A Dimond, Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1944 by Mabel Yelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-212010-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 392812
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. R. F. D. # 2
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. R. F. D. # 2
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Id.

4. **FULL NAME OF CHILD** Lenora Fern Matteson

5. Date of Birth of Child (Month, day, year) June 12, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Merrills Raymond Matteson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fort Dodge, (City or town) Kansas (State or foreign country)
14. Exact Occupation Assistant Freight Inspecter
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Ritter
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Enterprise (City or town) Illinios (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Kate Ritter (First name) (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature Wm Linnard M.D. Address 4-122½ De Longpre Ave Los Angeles, California Date July 14/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1944 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299215040-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392879
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. 909 Riverside St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. 909 Riverside St.
   (e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Ila Brien

5. Date of Birth of Child (Month, day, year) May 15, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Albert Brien
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace ____ (City or town) Wisconsin (State or foreign country)
14. Exact Occupation mining
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Frances Dachs
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Marshfield (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Clackamas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 25 years, and that Dr. (First name) McCracken (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Frances Dach Brien (signature)

2018 11th & Division Sts.
Oregon City, Oregon

Subscribed and sworn to before me this 27th day of July, 19 44.

(SEAL) Paul C. Franken, Notary Public, residing at Ore. Ci...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my comm. exp. 12/13/44

Received for filing on JUL 31 1944 by ____, Registrar.

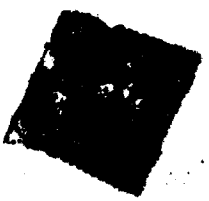
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

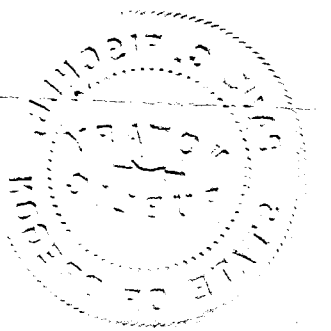
JUL 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





466 223 008-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Banks
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leona Estelle Moore

5. Date of Birth of Child (Month, day, year) Aug. 23-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Columbus Newman Moore
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jannie Clare
17. Color or Race W
18. Age at time of THIS birth 18 yrs.
19. Birthplace Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for life years, and that L. A. N. Moore (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A N Moore
Signature

Eagle, Idaho
P. O. Address

Subscribed and sworn to before me this 31 day of July, 1944

(SEAL)

Eunice Aukbee, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 31-1944 by Mabel Holder, Registrar.

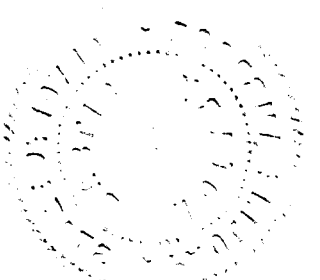
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381 224 003-755

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Turner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD María de la Luz Gómez ~~Sotres~~ Chavez

5. Date of Birth of Child (Month, day, year) Sept. 24/1919

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 3rd. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Antonio Gómez Chávez.
11. Color or Race Mexican. **12.** Age at time of THIS birth yrs.
13. Birthplace Lagos de Moreno, Jalisco, Mex. (City or town) (State or foreign country)
14. Exact Occupation Railroad Track.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Soledad Sotres Peña.
17. Color or Race Mexican. **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Pachuca, Hidalgo, Mex. (City or town) (State or foreign country)
20. Exact Occupation Her home work.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Soledad S. de Gomez (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of U.S.A. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 23 years, and that Dr. H. Hubbard (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Soledad S. de Gómez Signature
Independencia No. 10. P. O. Address

Subscribed and sworn to before me this day of 19
(SEAL) Notary Public, residing at Embarquivel

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1944 by Mabel Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286 213 006 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393059
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City BLACKfoot
   (c) Street Address or R.F.D. No. University Ave.
   (d) Name of Hospital or Maternity Home: Our Own home-
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City BLACKfoot
   (d) Street Address or R.F.D. No. University Ave.
   (e) How long has **MOTHER** lived in Idaho? 1 yr. 5 Mos.

3. **RESIDENCE OF FATHER** (city, state) City

4. **FULL NAME OF CHILD** BARBARA LOU SHORT

5. Date of Birth of Child (Month, day, year) MAY 13 1919

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Short
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Blandenesville, Ill. (City or town) (State or foreign country)
14. Exact Occupation Delivery man
15. Industry or Business American Railway Express

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie Vera DAVIS.
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hotchkiss, Colo. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 24 years, and that Dr Hoover (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Abbie Short Signature

B2114 - 9th Ave P. O. Address Spokane, Wash

Subscribed and sworn to before me this 12th day of August, 1944

(SEAL) ..... Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-172-006-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 19 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394344
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Ephriam Lynn Hanks

5. Date of Birth of Child (Month, day, year) Jan. 12 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephriam Franklin Hanks
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Charleston Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Jensen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Montpelia Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:10 P M. on the date and at the place stated above, and that personal particulars were furnished by Leah (First name) Jensen (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature E. Quiler M.D. Midwife Address Shelley Ida Date 8-17-44.

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Yelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

39-130 256-369

394385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelly
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelly
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Shelly, Ida.

4. FULL NAME OF CHILD Alma Wayne Larsen

5. Date of Birth of Child (Month, day, year) Sept. 30, 1919

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy X

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Sofus Larsen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Twitchell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1% 1/8

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above and that personal particulars were furnished by Elsie E. Larsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Date 8-23-44

State of Nevada } ss.
County of Churchill }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 24 years, and that Dr. Cutler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elsie E. Larsen Signature
West Star Route, Fallon, Nevada P. O. Address

Subscribed and sworn to before me this 11th day of August, 19 44

(SEAL) G. C. Hampton, G. Clerk Notary Public, residing at Fallon, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Churchill County

Received for filing on AUG 28 1944 by Mabel Fuller Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-22-1210-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394390
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNIVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. LAVA ST.
   (d) Name of Hospital or Maternity Home: HOME.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNIVILLE
   (c) City IDAHO FALLS.
   (d) Street Address or R.F.D. No. LAVA ST.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS, IDA.

4. **FULL NAME OF CHILD** EMILY LUCILLE FOSTER.

5. Date of Birth of Child (Month, day, year) AUGUST 27-1919

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WARWICK WM FOSTER.
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace PARK CITY (City or town) UTAH. (State or foreign country)
14. Exact Occupation FIELD ENGINEER
15. Industry or Business MECHANICS HAND TOOLS.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY HANNA FOSTER
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace POCATELLO (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of CALIFORNIA
County of ALAMEDA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 25 years, and that OR. SHOUPE. (First name) (Last name), who attended this birth DECEASED. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H. Foster Signature
#2122 LAKESHORE AVE. P. O. Address
OAKLAND, CALIF

Subscribed and sworn to before me this 19th day of August, 1944

(SEAL)

Ina Goodenough, Notary Public, residing at Oakland Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1944 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-204-004-912

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394453
Local Reg. No.
Reg. Dist. No. 552

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Georgetown
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Georgetown
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lenna Susan Hess

5. Date of Birth of Child (Month, day, year) May 4, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Leslie Hess
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Georgetown, Idaho (City or town) (State or foreign country)
14. Exact Occupation Garage Mechanic & Blacksmith
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inger Cecelia Rassmussen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Solution
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Inger Hess (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Montpelier, Idaho Date 9-7-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1944 by Mabel Helgesen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1919 - 68329

866-201-044-295

394485

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394485
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Wash (b) City Wiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days 10

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Wash
   (c) City Wiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wiser Ida

4. **FULL NAME OF CHILD** June Addie Hand

5. Date of Birth of Child (Month, day, year) 4/1/19

6. Sex f

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Ray Hand
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Wiser (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Bragg
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 25 years, and that Dr. Marshall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Hand Signature

P. O. Address

Subscribed and sworn to before me this 25 day of September, 1944.

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 25-1944 by Mabel Felton, Registrar

SEP 2 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

84-111-220-864

395579

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Pine
(c) Street Address or R.F.D. No. ====
(d) Name of Hospital or Maternity Home: Private home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No. ====
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Pine, Idaho

4. FULL NAME OF CHILD Joseph Caldwell Hudson

5. Date of Birth of Child (Month, day, year) July 11, 1919

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Joseph Hudson
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Jenkins (City or town) Missouri (State or foreign country)
14. Exact Occupation Store keeper
15. Industry or Business general merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Willa Velma Young
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace East Lynn (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 25 years, and that Mrs. Jennie Potter (First name) (Last name), who attended this birth as midwife is at Pine (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willa Caldwell Signature

Box 56, Wendell, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of September, 19 44.

(SEAL) Brandt Bird Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 195

SEP 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-218-024-035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395580
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Edna Arlene Brennen

5. Date of Birth of Child (Month, day, year) Apr. 18, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Friend Brennen
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Hendley, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Wayland Fleenor
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Persia, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Carrie W. Brennan (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Simonton M.D. ~~Midwife~~ Address Wendell Ida Date 8-28-44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7 1966

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

433-201-207-384

395750

395750

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norma McClure

5. Date of Birth of Child (Month, day, year) 8-1-1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James B. McClure
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Crossmolin (City or town) Co Antrim (State or foreign country) Ireland
14. Exact Occupation Ditch rider & Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Valentine Thurber
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Fairview (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Annie C. Thurber ~~M.D.~~ Midwife Address Fairfield Idaho Date June 7th 1944

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 20 1944 by Mary Folger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-219-025-753

393762

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

OCT 16 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 393762
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Idaho

4. **FULL NAME OF CHILD** Edna Mercedes Matthews

5. Date of Birth of Child (Month, day, year) DEC. 19, 1919

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Jesse Conrad Matthews
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Williamston, Michigan (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business INDUSTRY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA AGATHA Peterson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rushford, MINN. (City or town) (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 24 years, and that E. N. Bryan, M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Agatha Matthews Signature

Kamiah, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of September, 1944.

(SEAL) Laura Anderson, Notary Public, residing at Bremerton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1944 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-207-032-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395768
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Kimama, Idaho
   (c) Street Address or R.F.D. No. Kimama
   (d) Name of Hospital or Maternity Home: None (Born At Home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Kimama
   (d) Street Address or R.F.D. No. Kimama
   (e) How long has **MOTHER** lived in Idaho? 6 yrs 5 Mos.

3. **RESIDENCE OF FATHER** (city, state) Kimama, Idaho

4. **FULL NAME OF CHILD** Helena Christina Sprenger

5. Date of Birth of Child (Month, day, year) April 7, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Johann Sprenger
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Rott
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11:00 p. M. on the date and at the place stated above, and that personal particulars were furnished by Rosina (First name) Sprenger (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address P.O Box 102 Lodi, California Date June 20, 1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of [illegible] } ss.
County of [illegible] }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 25 years, and that Johann (First name) Sprenger (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosina Sprenger Signature

P.O Box 102 Lodi, California P. O. Address

Subscribed and sworn to before me this 29th day of June, 1944

(SEAL)

John A Sandoz Notary Public, residing at Lodi, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 11 1944 by Mabel Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-208030-653

396903

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City MAY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: PARENTS HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City MAY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) MAY IDAHO

4. **FULL NAME OF CHILD** SARAH VIOLA RABENORT

5. Date of Birth of Child (Month, day, year) OCT 8, 1919

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** TONY HENRY RABENORT
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELLEN WELLS
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace REDMAN (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born alive, stillborn~~ at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lemhi }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 24 years, and that Dr. C. L. Kirtley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Rabenort Signature

May Idaho P. O. Address

Subscribed and sworn to before me this 25th day of August, 1944

(SEAL) Vinal Thompson, Notary Public, residing at May

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expired 5/20/48

Received for filing on NOV 1 1944 by Mary Allen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

368 129 026 434

396923

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. R. F. D. No. 3
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. R. F. D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** James Grant Loynd

5. Date of Birth of Child (Month, day, year) June 29, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Loynd
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Monroe, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Birtie Leona McMurtrey
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace [redacted]nhill, Alabama (City or town) (State or foreign country)
20. Exact Occup[redacted] Housewife
21. Indust[redacted] Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 25 years, and that Dr. Price (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertie Leona Loynd
Signature

Rigby, Idaho
P. O. Address

Subscribed and sworn to before me this 24th day of July, 19 44

(SEAL)

Margaret Smoak
Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm expires 10-13-44

Received for filing on NOV 17 1944 by [redacted] Registrar.

BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1964

MAY 17 1945

NOV 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report ~~may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-22809-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396981
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho.

4. FULL NAME OF CHILD LaVaughn Evelyn Gentry

5. Date of Birth of Child (Month, day, year) 12-28-1943

6. Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas William Gentry
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Rapid City (City or town) South Dakota (State or foreign country)
14. Exact Occupation Auto Mechanic.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evea Maudell Wall
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Wallsburg (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs E. D. Wall (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Mrs E. D. Wall M.D. Midwife Address Mackay Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 24 years, and that Dr Charles F Backey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Thos W Gentry Signature

Mackay P. O. Address

My Commission Expires Aug. 1, 1945

Subscribed and sworn to before me this 24 day of October, 1944

(SEAL) [signature], Notary Public, residing at Mackay Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1944 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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867-122-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396982

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROLLAND HOPKINS
2. Date Of Birth (month) 4 (day) 22 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: PERRY b. City or Town of Birth: PERRY
a. County: BANNOCK
b. City or Town of Birth: IDAHO

FATHER

6. Full Name of Father: CHARLES MONROE HOPKINS
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: LOUIE ELMINA WILDE
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rolland Hopkins
11. Present Address of Registrant: 1006 So. H.ST. Lakeview OREGON

NOTARY (Seal)

Subscribed and sworn to before me on February 17 1984

12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: 8/22 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church Mink Creek Ward, Idaho	Baptized May 5, 1928	Baptized May 5, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Perry, Idaho	Louie E. Wilde	Charles Hopkins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Oct.13,1945	Apr.22,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Perry, Idaho	-----	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
ertificate of Ordiantaion Deacon	LDS Church,W.E. Crane,Bishop	Feb.1,1931	Feb.1,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Perry, Idaho	Louie E. Hopkins	Charles Hopkins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 19 1984

FORM BH 56067 N.M

2-9-84

Hopkins

MAR 19 1984

867 122 003 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Moundvalley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock Valley
(c) City Moundvalley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rolland Hopkins

5. Date of Birth of Child (Month, day, year) Apr. 22, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Monroe Hopkins
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace Teschmush (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louie Elmina Wilde
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 25 years, and that Chatterty Gray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louie Elmina Wilde Hopkins Signature

Mink Creek, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of October, 19 44

(SEAL) Notary Public, residing at Preston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1944 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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851-105029-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County LATAH (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Ida.

4. FULL NAME OF CHILD Eugene Harmon Heath

5. Date of Birth of Child (Month, day, year) JAN. 5, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Newton E. Heath
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wallace Idaho (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred E. Kitchell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Daisy Washington (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for Mother years, and that (First name) (Last name), who attended this birth Several (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred E. Heath Signature
Juliaetta Idaho P. O. Address

Subscribed and sworn to before me this 25 day of November 1944.

(SEAL) Ethel Weingartner CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho, Sec. 17-714, Idaho Code Annotated.)

Received for filing on DEC 4 1944 by Mabel Helm, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-212023 557

398256

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398256
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elem (b) City Emmett
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Private residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — yrs. — mos. — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elem
   (c) City Emmett
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Lula Fay Spear

5. Date of Birth of Child (Month, day, year) May 12, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Bud Spear
11. Color or Race White
12. Age at time of THIS birth — yrs.
13. Birthplace Crawford Co. (City or town) Arkansas. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lee Tongeland
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Wellington, Arkansas (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive 10 (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Minnie Spear (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. L. Reynolds M.D. Midwife Address Emmett Idaho Date 12-6-44

AFFIDAVIT

State of — County of — } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the — (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — years of age, that I have known this person for — years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

— Signature

— P. O. Address

Subscribed and sworn to before me this — day of —, 19—

(SEAL) —, Notary Public, residing at —

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 - 1944 by Mabel Nelson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 108044-413

398260

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 1 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398260
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 20 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) WEISER, IDAHO

4. FULL NAME OF CHILD CECIL WALTER COOPER

5. Date of Birth of Child (Month, day, year) NOV. 8, 1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM WALTER COOPER

11. Color or Race WHITE

12. Age at time of THIS birth 46 yrs.

13. Birthplace KANSAS CITY (City or town), KANSAS (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME IVA MATHEWS

17. Color or Race WHITE

18. Age at time of THIS birth 40 yrs.

19. Birthplace WEISER (City or town), IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11:30 a.m. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON }
County of BAKER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FOSTER MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 17 years, and that DR. MARSHALL (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. W Houser Signature

Huntington Ore. P. O. Address

Subscribed and sworn to before me this 29th day of Nov. 1944

(SEAL) Notary Public, residing at Baker Ore. My Commission Expires Jan. 21, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1944 by Mary Felder, Registrar.

DEC 1 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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398 x 73

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398273
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard John Eells

5. Date of Birth of Child (Month, day, year) Aug. 3-1919

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Otis Eells
11. Color or Race W.
12. Age at time of THIS birth 37 yrs.
13. Birthplace Concordia, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Gannett
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bellevue, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of [redacted] Blaine }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life years, and that Mrs. Lloyd (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Eells Signature
Hailey, Idaho. R. P. O. Address

Subscribed and sworn to before me this 16 day of December, 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Bellevue, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 16-1944 by Mabel F. Ellen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23-211002-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DEC 8 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398353
Local Reg. No. 1074
Reg. Dist. No. 300

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADAMS (b) City COUNCIL
   (c) Street Address or R.F.D. No. No St. No.
   (d) Name of Hospital or Maternity Home: at parents' home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADAMS
   (c) City COUNCIL
   (d) Street Address or R.F.D. No. No. St. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** DORIS JANE BACUS

5. Date of Birth of Child (Month, day, year) MARCH 11 1919

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMIN ARTHUR BACUS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace MONDAMIN (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA MAY MATTESON
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace DORA (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Adams } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 25 years, and that Mrs. Sarah (First name) Manis (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Bacus Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 19 44

(SEAL) ____, Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-4-44 by Alma Hunter M.D., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Twin Falls
   (c) City Burley
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley Ida

4. **FULL NAME OF CHILD** Letha Muriel Lillibridge

5. Date of Birth of Child (Month, day, year) Jan 5 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. William Lillibridge
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Almoral (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Una Yeamon
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Victor (City or town) Ida (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for Since Birth years, and that Letha Muriel Lillibridge (First name) Dr. Keith (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Una Lillibridge Signature
Burley Ida RT 3 P. O. Address

Subscribed and sworn to before me this 16 day of Dec 19 44

(SEAL)

, Notary Public, residing at Burley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1944 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 0 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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399450

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Weippe, Idaho

3. RESIDENCE of FATHER (city, state) Weippe, Idaho

4. FULL NAME OF CHILD Seymour Teed

5. Date of Birth (Month, day year) August 8, 1919

6. Sex male

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph Sanford Teed

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Weippe (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace D. Snyder

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Hendricks (City or town) West Virginia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Grace D. Teed (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 23 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Rebecca Sparks M.D. (D.O., Midwife, etc.)
and address Ahsahka, Idaho Date 12/18/44

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Grace D. Teed, being first duly sworn, say that I am mother related to (Related to (or) acquainted with) Seymour Teed (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E.W. Horswill (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace D. Teed Signature
Weippe, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of December, 19 44
(SEAL) [signature] Notary Public, residing at Orofino, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-215 021813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of Esther L. Hatch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 6 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Claudia Iona Wilcox

5. Date of Birth of Child (Month, day, year) June 15, 1919 (9 ?)

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Alder Wilcox
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and School Teacher
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Iona Hatch
17. Color or Race White
18. Age at time of THIS birth 22½ yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Claude (First name) A Wilcox (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature L. B. Hodges M.D. ~~Midwife~~ Address 379 Boulevard, Logan, Utah Date Nov. 14, 1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-117-010-665

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399532
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mothers Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Harvey Thomas Brown

5. Date of Birth of Child (Month, day, year) February 17, 1929

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Farimorze Y. Brown
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Knab, (City or town) Cane County, Utah (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie S. Owen
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ammon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8. (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Katie S. Brown (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Clifton B. Knowles, ~~M.D.~~ Midwife Address ~~Iona~~ Iona, Idaho Date ~~December 28, 1944~~

AFFIDAVIT

State of ~~Idaho~~ Bonneville } ss.
County of ~~Bonneville~~ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

JAN 2 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1948

JAN 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4156-119.025-612

399559

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City MT. IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
NEIGHBOR JANE HINDMAN
(e) Mother's stay **BEFORE** delivery:
~~In Hosp. or Mat. Home. days.~~
IN **THIS** county 7 years 10 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City MOUNT IDAHO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD BURTON HAROLD JEFFRIES

5. Date of Birth (Month, day year) AUG. 19-1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME IRA JEFFRIES

11. Color or Race WHITE

12. Age at time of THIS birth 41 yrs.

13. Birthplace RICH HILL, MO. (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EVA or EVELYN WASHAM

17. Color or Race WHITE

18. Age at time of THIS birth 32 yrs.

19. Birthplace GREENRIVER WYOMING (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead | (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 8 1945 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON } ss.
County of STEVENS }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva Jeffries, being first duly sworn, say that I am related to (Related to (or) ~~acquainted with~~)
Burton Harold Jeffries (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Hindman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Jeffries Signature

Chewelah Wn. P. O. Address

Subscribed and sworn to before me on this 2 day of January 19 45

(SEAL) Neese Jones Notary Public, residing at Chewelah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1945

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-206.016-719

399604

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. North Albion
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. North Albion
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as Mother

4. **FULL NAME OF CHILD** Dean Bateman

5. Date of Birth of Child (Month, day, year) Oct. 6, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Albert Bateman
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace West Jordon, (City or town) Utah (State or foreign country)
14. Exact Occupation Laundry Driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ivy Myrtle Garside
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace South Jordon, (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Weber } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 25 years, and that Dr. George Cooper (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George A Bateman Signature

976 - 24th St. Ogden Utah P. O. Address

Subscribed and sworn to before me this 5 day of January, 1945.

(SEAL)

Marinda Barton, Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 - 1945 by Mabel Helgen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 2019

JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for~~ record ~~in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-213-039-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399608
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Roy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Roy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roy, Idaho

4. **FULL NAME OF CHILD** MARJORY ELEANOR WILCHER

5. Date of Birth of Child (Month, day, year) May 13, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Wilcher
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Tekoa, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Walker
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 25 years, and that Dr. Logan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu F. Mahhatt Signature

104-3rd St. So., Nampa P. O. Address

Subscribed and sworn to before me this 28th day of December, 1944

(SEAL)

Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1945 by Mary Hodges, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1962

JAN 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-224-010-057

Duplicate

400751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: PARENTS' RESIDENCE ROUTE #4
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? LIFE yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME AS MOTHER

4. **FULL NAME OF CHILD** BETH LUIE JOHNSON

5. Date of Birth of Child (Month, day, year) DECEMBER 24 1919

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** OSCAR WILHELM JOHNSON
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace IDAHO FALLS (City or town), IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARM

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PHOEBE LUCINA WEAVER
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace POCATELLO (City or town), IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Phoebe L. Weaver (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. L. Willson M.D. ~~Midwife~~ Address Idaho Falls, Ida. Date 1-10-45.

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1945 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-110 34-33

400754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No. 710 A
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. 710 A
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** Jean Vernon Rosa

5. Date of Birth of Child (Month, day, year) Aug. 11, 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emile Rosa
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Italy (City or town) France (State or foreign country)
14. Exact Occupation
15. Industry or Business Shearman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Alice
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Anaheim (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6 gtts
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:40 A. M. on the date and at the place stated above, and that personal particulars were furnished by Leona (First name) Rosa (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Rupert Idaho Date 1/11/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-129-234-559

400776

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Heyburn
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Heyburn
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Heyburn, Ida.

4. **FULL NAME OF CHILD** Brent Heiner Stimpson

5. Date of Birth of Child (Month, day, year) Aug. 29, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Ernest Stimpson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Riverdale, Utah (City or town) (State or foreign country)
14. Exact Occupation ~~Farmer~~ Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Heiner
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Morgan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha Heiner Stimpson (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature D M Cutler M.D. Midwife Address 279 2nd Ave. S.E. Date 1/8/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/3-016018-4/3

400781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clear Water
   (c) City Orofino.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino. Idaho

4. **FULL NAME OF CHILD** Elsie. Matthew

5. Date of Birth of Child (Month, day, year) August 16. 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen. Lewis. Matthew
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Great Falls. Mont (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie. Lama. Matthew
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Amherst. Virginia (City or town) (State or foreign country)
20. Exact Occupation Home. Wife
21. Industry or Business Home. Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) attended by Registered Nurse, now deceased,

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of West Virginia
County of Barbour } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty Five years of age, that I have known this person for Over Twenty Five years, and that Mrs. Johnson (First name), whose first name I dont recall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) and the mother is also deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephen Lewis. Matthew, Signature
Belington W.Va. Route 4 P. O. Address

Subscribed and sworn to before me this 29th day of November, 1944

(SEAL)

J Blackburn Ware, Notary Public, residing at Philippi, W.Va.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1945 by Registrar.

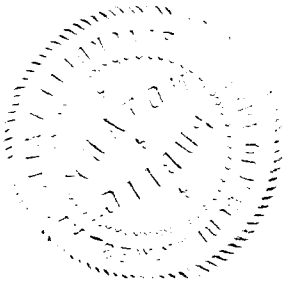
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



345-128-20-6413

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400789
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 9.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Donald Warren [redacted] Lundblade

5. Date of Birth of Child (Month, day, year) June 28-1919

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur W. Lundblade
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Fay Fullenwider
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Lundblade (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. P. Soderquist M.D. Midwife Address Idaho Falls Idaho Date 1/13/45

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1959

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-110-026-819

400818

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 22 1945

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. Route #1.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leland R.Kinghorn

5. Date of Birth of Child (Month, day, year) January 10, 1919

6. Sex Male **7.** Twin or Triplet None If so—born 1st, 2nd, 3rd None **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Kinghorn
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Harris Kinghorn
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Kinghorn (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Elizabeth Kinghorn (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 26 years, and that Elizabeth (First name) Kinghorn (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Kinghorn Signature

Route #1, Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 19th day of January, 1945

(SEAL) Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

April 5-1947

Received for filing on JAN 24 1945 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1945

AUG 25 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-114-022-619

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 40957
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 42 months 3 days 10

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

4. **FULL NAME OF CHILD** Glenus Eldred Palmer

5. Date of Birth of Child (Month, day, year) May, 14, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Palmer
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace West Jordan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May E. Wardle
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace South Jordan Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name)
who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 26 years, and that Lorin F. Rich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May E Palmer Signature
Route #2, St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January 1945.
(SEAL) Joseph A. Foster, Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 - 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-103-037-749

400964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Brungeau
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Brungeau
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Brungeau Idaho

4. **FULL NAME OF CHILD** Edward Lester Lawson

5. Date of Birth of Child (Month, day, year) Oct 3 1919

6. Sex male

7. Twin or Triplet twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Park Lawson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Esther Purjue
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Weiser Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Yakima }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Esther Lawson Signature

____ P. O. Address

Subscribed and sworn to before me this 5th day of Feb, 19 45

(SEAL) I K H Stone, Notary Public, residing at Sunnyside Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-202-210-253

400990

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400990
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT RESIDENCE 372 So WATER-IDAHO FALLS
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. 372 So WATER
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS

4. **FULL NAME OF CHILD** LEOTA MAY BARTLETT

5. Date of Birth of Child (Month, day, year) FEB. 2 - 1919

6. Sex FEMALE

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN W. BARTLETT
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace COPPERHILL - VIRGINIA (City or town) (State or foreign country)
14. Exact Occupation CITY PATROLMAN
15. Industry or Business CITY OF IDAHO FALLS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LEOTA MAY BELMEAR
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace MACON MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business (MOTHER IS DEAD)

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO } ss.
County of BONNEVILLE }

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for HER LIFE years, and that DR. H.D. SPENCER (First name) (Last name), who attended this birth NOT HERE (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Bartlett Signature

372 SO. WATER. IDAHO FALLS P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1945.

(SEAL) E. Coleman, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1945 by Mabel Hyde, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-120-010-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls,
   (c) Street Address or R.F.D. No. # 5
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. # 5
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Robert LeRoy Rasmussen

5. Date of Birth of Child (Month, day, year) June 20, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Rasmussen
11. Color or Race White American
12. Age at time of THIS birth 53 yrs.
13. Birthplace Farmington, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Smith
17. Color or Race White American
18. Age at time of THIS birth 45 yrs.
19. Birthplace Bountiful, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 4 years, and that Mary (First name) Godfrey (Last name) (midwife) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Rasmussen Signature
4104 - 39th SW Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of February, 1945

(SEAL) Vanessa L. Wiedebold, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 118026 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402117
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Jefferson (b) City Grant
   (c) Street Address or R.F.D. No. Ida. Falls, Rt. 5
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay BEFORE delivery: In THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Grant. 5
   (d) Street Address or R.F.D. No. Ida. Falls Rt
   (e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Grant, Ida.

4. FULL NAME OF CHILD Eldon Neal Wilson

5. Date of Birth of Child (Month, day, year) Jan. 18. 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Guy Wilson
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Williams
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Jefferson }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that H.D. Spencer M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Williams Wilson Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1945.

My commission expires April 6th 1947

M. Cummings, Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1945 by Mabel Briggs, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-224022-155

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No. Ranch Homes
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No. Ranch
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Ida

4. **FULL NAME OF CHILD** Fay Davis

5. Date of Birth of Child (Month, day, year) Feb 24 1919

6. Sex Female

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alfred Earl Davis
11. Color or Race White Am
12. Age at time of THIS birth 37 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher & Forester
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine L. Jenkins
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Goshen (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Alameda }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 24, above, that I am now 62 years of age, that I have known this person for 26 years, and that Dr (First name) Gray (Last name), who attended this birth address unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A E Davis
Signature
936 - Hayne Ave Oakland Calif
P. O. Address

Subscribed and sworn to before me this 24th day of February, 1945.

(SEAL)

S. R. Christensen, Notary Public, residing at 316 Howard Ave Piedmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by , Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402238
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idahofalls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idahofalls
   (d) Street Address or R.F.D. No. 5
   (e) How long has **MOTHER** lived in Idaho? Mins yrs.

3. **RESIDENCE OF FATHER** (city, state) Idahofalls Ida

4. **FULL NAME OF CHILD** Ruth June Jaeger

5. Date of Birth of Child (Month, day, year) June 17 1919

6 Sex Female Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Jaeger
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Benson (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes A. Kuresa
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Idahofalls (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Birth M. on the date and at the place stated above, and that personal particulars were furnished by Agnes A Jaeger (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature x Mrs Herman Jensen M.D. Midwife Address Swan Valley, Ida Date 7/26/45

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Agnes A Jaeger (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~twenty-two~~ years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by , Registrar

JAN 16 1969

JAN 10 1956

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-112 040-449

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Ida

4. **FULL NAME OF CHILD** Robert Joseph Milton Robinson

5. Date of Birth of Child (Month, day, year) Jan. 12, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Robinson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace New York. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business lead and silver

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Murray
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Joplin, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 28 years, and that Dr. (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Beatrice Bowlle Signature

Kalama, Wash P. O. Address

Subscribed and sworn to before me this 8th day of March 1945

(SEAL) Mrs I. Windnagle, Notary Public, residing at Kalama

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR [illegible] by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1966

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555-118-003-795

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402272
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No. 21 Rural
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 41 years 3 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs. Since birth

3. **RESIDENCE OF FATHER** (city, state) McCammon Ida.

4. **FULL NAME OF CHILD** Russell Neeser

5. Date of Birth of Child (Month, day, year) April 18, 1944

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William T. Neeser
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Providence (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer - Trapper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Roletta Green
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hilda Neese Wakley (First name) (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature J. J. Hodgins M.D. — Midwife Address Pocatello, Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-214 005-236

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census MAR 9 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402283
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City
   (c) Street Address or R.F.D. No. Benewah Star R.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 5 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City
   (d) Street Address or R.F.D. No. Benewah Star R.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** BYRDENE ELEANOR TAYLOR

5. Date of Birth of Child (Month, day, year) JUNE 14-1919

6. Sex female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** BYRD PATTERSON TAYLOR
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARM

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA LUCY SCOTT
17. Color or Race White
18. Age at time of THIS birth 49 yrs.
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that ~~I am~~ we are the mother + father (Mother, etc.) of the person whose name appears in Item 4, above, that ~~I am~~ we are now 73 and 66 respectively years of age, that I have known this person ~~for~~ since birth ~~years~~, and that (First name) (Last name) there was no attendant at birth, who attended this birth except affiants, (Is now deceased) or (Cannot be located) we further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Byrd Patterson Taylor
Anna Lucy Taylor Signature
Route 1 - Medical Lake, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of March 1945.

(SEAL) George Edward Evans, Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 by [illegible], Registrar

MAR 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-13-1008-331

40-91 402291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402291
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonde (b) City Treberry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at his grandmothers home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State California (b) County Los Angeles
   (c) City Hynes
   (d) Street Address or R.F.D. No. 1 Rt 8
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hynes Calif

4. **FULL NAME OF CHILD** Orville Clark Kirkpatrick

5. Date of Birth of Child (Month, day, year) Jan 31. 1919

6. Sex Male

7. Twin or Triplet If so—both 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank J. Kirkpatrick
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Hynes (City or town) California (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Mae Clark
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Frontier Co. (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Kirkpatrick (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Frank J. Kirkpatrick M.D. Midwife Address 5865 Rose Ave Long Beach Calif. Date Mar 14. 45

AFFIDAVIT

State of California } ss.
County of Los angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Bertha Jane Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha M. Kirkpatrick Signature
5865 Rose Ave. Long Beach P. O. Address

My Commission Expires July 25, 1948

Subscribed and sworn to before me this 13 day of March, 1945.

(SEAL) Edward F. Bryan Notary Public, residing at Long Beach Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 15 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1968

MAY 3 1976

MAR 31 1945

MAR 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-120-034-693

402322

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 7 1945

State File No.
Local Reg. No. 48
Reg. Dist. No. 454

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county ... years ... months ... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Ida

4. FULL NAME OF CHILD Norvel Leslie Van Every

5. Date of Birth of Child (Month, day, year) July 20, 1919

6. Sex Male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Burk James Van Every

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Beaver Co. (City or town) Oklahoma (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Sylvester Witherspoon

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Green Forest (City or town) Ark. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo. Silvol 1.5%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Living (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Burk (First name) Van Every (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature E. H. Ehmke M.D. ~~Midwife~~ Address Rupert, Ida Date 2-19-45

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-22-45 by E. H. Ehmke, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 211 001 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Naomi Elizabeth Moore

5. Date of Birth of Child (Month, day, year) Dec. 11, 1919

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Edwin Moore
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oak (City or town) Nebraska (State or ~~foreign country~~)
14. Exact Occupation Transfer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Elizabeth Howard
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Danbury (City or town) Nebraska (State or ~~foreign country~~)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Linn } ss.

I, the undersigned, being first duly ~~sworn~~ affirmed, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 25 yrs 4 mo years, and that Alice (First name) Reiman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Edwin Moore Signature

MY COMMISSION EXPIRES SEPT. 21, 1948 5 E 1st Lebanon Ore P. O. Address

Subscribed and ~~sworn~~ affirmed to before me this 13TH day of MARCH, 1945.

(SEAL) Rena Hassler, Notary Public, residing at LEBANON, OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813 201 036 816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403409
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Ward
   (a) County Oneida (b) City Mt View
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mothers home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Oneida
   (c) City Mt View
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt View Ida

4. **FULL NAME OF CHILD** Vica Hall

5. Date of Birth of Child (Month, day, year) Oct. 1, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Elmer Hall
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer - dry.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olive Haws
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mona (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer's wife ~~Teacher~~
21. Industry or Business Teacher (school.)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Box Elder } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 25 years, and that Dr. (First name) Crawshaw (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Olive Haws Hall and Warren Elmer Hall Signature

Garland, Utah P. O. Address

Subscribed and sworn to before me this 17th day of March, 1945.

(SEAL) Com. Exp. 2-4-47 John T. Shumway, Notary Public, residing at Garland, Utah,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1945 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315-104025-963

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403456
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Glenwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Glenwood
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Eugene Harry Lansing

5. Date of Birth of Child (Month, day, year) 6-4-1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank A. Lansing
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Britt (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estelle Rockford
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8: a. M. on the date and at the place stated above, and that personal particulars were furnished by Family Estelle Lansing (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Kitsap }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Agusta Wolfe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estelle R Lansing Signature
328 Pacific Bremerton Wn. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1945.

(SEAL) Rose A. Palmer, Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945

693 228010-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403459
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonne. (b) City Idaho Falls
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonne.
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kathleen Maveureen Wilson

5. Date of Birth of Child (Month, day, year) Nov. 28. 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Tom Clifton Wilson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Harmon
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 44 years, and that Merle (First name) Palmer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sarah E. Wilson. Signature
512 North Blvd. P. O. Address

Subscribed and sworn to before me this 22nd day of March, 19 45.

(SEAL) W. L. Brewrink, Clerk of the Dist. Court residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

By Grace McIntosh, Deputy

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945

351-223-022. 756

403498

403498

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

APR 2 1945 STATE OF IDAHO

State File No. 403498
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county / years 8 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Thora Leatham

5. Date of Birth of Child (Month, day, year) March 23 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Earl Leatham
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Christina George
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace College (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Morgan }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Dr. (First name) Gray (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Christina Leatham Signature
Morgan, Utah P. O. Address

Subscribed and sworn to before me this APR - 2 1945 day of ____, 19____.
(SEAL) ____, Notary Public, residing at Morgan, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by ____, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-201 033-714 403501

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Sugar City
(c) Street Address or R.F.D. No. Mexican Camp
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 0 years 7 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Sugar City
(d) Street Address or R.F.D. No. Mexican Camp
(e) How long has MOTHER lived in Idaho? 7mos x yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Idaho

4. FULL NAME OF CHILD PANFILA CARDOZA

5. Date of Birth of Child (Month, day, year) June 1, 1919

6 Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Pascual Cardoza
11. Color or Race Mexican
12. Age at time of THIS birth 43 yrs.
13. Birthplace LaParada zac, Mexico (City or town) (State or foreign country)
14. Exact Occupation Farmer, Sugar Beets
15. Industry or Business Sugar Beet Plant

MOTHER OF CHILD

16. FULL MAIDEN NAME Micaela Padilla
17. Color or Race Mexican
18. Age at time of THIS birth 39 yrs.
19. Birthplace LaParada zac, Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was .... (Born alive, stillborn) at .... M. on the date and at the place stated above, and that personal particulars were furnished by .... (First name) (Last name) who is related as .... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Contra Costa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 22 years, and that Nolverta (First name) Tavarez (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maria A Cardoza Signature
112 Ohio Avenue, Richmond, Calif P. O. Address

Subscribed and sworn to before me this 3rd day of April 1945.

(SEAL) Joy Cushing in and for the County of Contra Costa, State of California Notary Public, residing at Richmond, Calif

NOTARY PUBLIC

(Note: Perjury is punishable as a felony in Idaho) (My Commission Expires Sept. 1947)

Received for filing on APR 9 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396. 224 09 1631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City POTLATCH
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City POTLATCH
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) POTLATCH IDAHO

4. **FULL NAME OF CHILD** EUNICE LUCILLE TROTTER

5. Date of Birth of Child (Month, day, year) JULY 24, 1919

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LUTHER R. TROTTER
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace BRAINARD, MINNESOTA (City or town) (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ALICE FLANAGAN
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace OSSIO MINNESOTA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ID. 1% Argyrol SOL
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Flanagan (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Thompson M.D. ~~Midwife~~ Address Moscow Idaho Date 4/5/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-213032-697

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 19 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404584
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Kimama
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Kimama
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimama, Idaho

4. **FULL NAME OF CHILD** Erna Hertha Praegitzer

5. Date of Birth of Child (Month, day, year) April 13, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilhelm Praegitzer
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherina Fix
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kassel (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that ____ (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharina Praegitzer Signature

8020 S.E. 25th Portland, Ore. P. O. Address

Subscribed and sworn to before me this 17 day of April, 1945.

(SEAL)

Notary Public for Oregon
My commission expires Sept. 4, 1948

Ernest Hawes, Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

APR 25 1945

Received for filing on ____ by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-222024-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404620
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County GOODING (b) City WENDELL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: FAMILY HOME
   (e) Mothers stay **BEFORE** delivery: APR 2 1945
   In **THIS** county 4 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County GOODING
   (c) City WENDELL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) WENDELL, IDAHO

4. **FULL NAME OF CHILD** RUTH GERTRUDE BARTLES

5. Date of Birth of Child (Month, day, year) 2-22-1919

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLARD TILLMAN BARTLES
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace FRANKFORT (City or town) INDIANNA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH GERTRUDE GAHLEY
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace ORLEANS (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSE KEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by ELIZABETH (First name) BARTLES (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature E. E. Simonton M.D. Midwife Address Gooding Hosp & Clinic Date 4-10-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

APR 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

395-105006-768

404664

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county — years 8 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Reinhold Elmer Link

5. Date of Birth of Child (Month, day, year) July 5, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Edward Link

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Eureka (City or town), South Dakota (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Gohl

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Eureka (City or town), South Dakota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 25 years, and that Midwife (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs T E Link Signature

P. O. Address

Subscribed and sworn to before me this 28th day of May, 1945

(SEAL) Mabel Felder, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1945 by Mabel Felder, Registrar

MAY 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-203024 271

404742

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 5 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 1¼ yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell Idaho

4. **FULL NAME OF CHILD** Mary Kathrine Sipe

5. Date of Birth of Child (Month, day, year) May 3rd 1919

6. Sex female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harold Mason Sipe
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Yale (City or town) Iowa. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Mae Spangler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bear Grove (City or town) Iowa. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Premature (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Mrs H M Sipe (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature E. W. Simonton M.D. ~~Midwife~~ Address Wendell Ida Date 5/3-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-207-026-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405928
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Hamer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Baby Was Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Hamer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessie Florence Richardson

5. Date of Birth of Child (Month, day, year) Aug 7 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Richardson
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Wayne county Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Metilda Holtom
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Crescent Utah (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 7 (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Florence Metilda Richardson Signature
Hamer P. O. Address

Subscribed and sworn to before me this 26 day of May, 1945.

(SEAL) Mayfield Sumner, Notary Public, residing at Hamer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by _____, Registrar

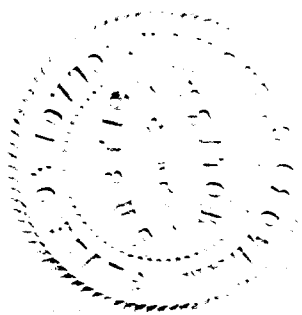
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313-216-010-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Declo
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born on Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Declo
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 9 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Declo, Idaho

4. **FULL NAME OF CHILD** Gwendlin Rose Tattersall

5. Date of Birth of Child (Month, day, year) February 16, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred A. Tattersall
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Victoria Mollom
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Sunderland (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living in Canada 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:P. M. on the date and at the place stated above, and that personal particulars were furnished by Fred A. Tattersall (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E.N. Ehmke M.D. Midwife Address Rupert Idaho Date 5-28-45

AFFIDAVIT

State of Idaho
County of Jerome } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 26 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) ....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-205-016-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405961
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months . days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Rachel Elizabeth Thompson

5. Date of Birth of Child (Month, day, year) Nov. 5, 1919

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Reg. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Robert Thompson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda A. Casper
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dr. R. T. Story (First name) deceased (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 25 years years, and that Dr. R. T. Story (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda A. Casper Thompson Chrisman
Signature

Burley, Idaho.
P. O. Address

Subscribed and sworn to before me this 29th day of May, 1945.

(SEAL) Notary Public, residing at Burley, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-16-042-86b

405985

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 212 4th Ave. E
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 212 4th Ave. E.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida

4. **FULL NAME OF CHILD** Herbert Vance Larson

5. Date of Birth of Child (Month, day, year) 8/16/19

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Embert Victor Larson
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Stary City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vune Hood
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Osceola, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Vune Hood Larson (First name) (Last name) who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature John H. Loughlin M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 20th day of June, 1945.

(SEAL)

Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1945 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-202-010-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406017
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 525 Boulevard
   (d) Name of Hospital or Maternity Home: General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 525 Boulevard
   (e) How long has **MOTHER** lived in Idaho? 3 mos.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho.

4. **FULL NAME OF CHILD** Ruth Elaine Moberg

5. Date of Birth of Child (Month, day, year) 9-2-1919

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thure Emanuel Moberg
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Skårestad (City or town) Sweden (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Naomi Welner
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City, Utah, (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for twenty-five years, and that Dr. (First name) Willson (Last name), who attended this birth cannot be reached (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth N. Moberg Signature

818 South Cushman Avenue P. O. Address

Subscribed and sworn to before me this 29th day of May, 1945.

(SEAL) ____, Notary Public, residing at Tacoma, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mary Helen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-230-003-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 406030
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. North Harrison
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. North Harrison
   (e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Lera Roberta Gibson

5. Date of Birth of Child (Month, day, year) July 30, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Budd Gibson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Vernon (City or town) Texas (State or foreign country)
14. Exact Occupation Crew Dispatcher
15. Industry or Business Oregon Short Line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Emalina LaRue
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pueblo (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of San Mateo } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty years of age, that I have known this person for since birth years, and that Doctor (First name) Wright (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lee Salter Signature
1109 Grove Ave, Burlingame, Calif. Address

Subscribed and sworn to before me this 25th day of May, 1944

(SEAL) Mabel Tebeau, Notary Public, residing at Burlingame

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-107-003-455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406094
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Inkom
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Inkom
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Inkom Idaho

4. **FULL NAME OF CHILD** George Daniel Whitworth

5. Date of Birth of Child (Month, day, year) June 7, 1919

6. Sex Male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Daniel Whitworth
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara L. Meese
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 5.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10. a. M. on the date and at the place stated above, and that personal particulars were furnished by Clara M. Whitworth (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 25 years, and that Dr. Jim Miller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara M. Whitworth Signature

Chilly Idaho P. O. Address

My Commission Expires Aug. 1, 1946

Subscribed and sworn to before me this 9 day of June, 1945.

(SEAL) ____, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary E. Lee, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 21 020 - 296 407294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407294
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ELMORE (b) City PRAIRIE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ELMORE
   (c) City PRAIRIE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRAIRIE, IDAHO

4. **FULL NAME OF CHILD** DOROTHY MARIE MONTROSE

5. Date of Birth of Child (Month, day, year) FEB. 12, 1919

6. Sex F

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GWEN EMMETT MONTROSE
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace WESTON (City or town) IDAHO (State or foreign country)
14. Exact Occupation METAL JIG BUILDER
15. Industry or Business AIRCRAFT

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE MAY BROWN
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace CISSNA PARK, ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation POWER MACHINE OPERATOR
21. Industry or Business WHOLE SALE TEXTILES

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by ALICE (First name) MONTROSE (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years and that Charles Wayler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Montrose Signature
9118 Earhart Ave. P. O. Address

Subscribed and sworn to before me this 14th day of July, 1945.

(SEAL) Clifton Haglund, Notary Public, residing at 9930 Alondra Blvd. Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1945 by Mary F. Ladd, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-21 (29 864

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 108407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 14 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. RFD #1
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Hazel Bernadine Jones

5. Date of Birth of Child (Month, day, year) Jan. 15, 1919

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Benton Jones
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace North Platte, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Jane Young
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Caplingers Mill, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Phoebie Ann Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank B Jones Signature

Route # 1, Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of July, 1945

(SEAL) Jack McQuade, Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1945 by Mary Elder, Registrar

JUL 3 0 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-125-053-469

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 408477
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Lyman
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 12 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Lyman
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lyman, Idaho

4. **FULL NAME OF CHILD** Wayne Morgan Smith

5. Date of Birth of Child (Month, day, year) Feb. 25, 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorin Smith

11. Color or Race White

12. Age at time of THIS birth 19 yrs.

13. Birthplace [redacted]rview Idaho (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Lucile Morgan

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Salt Lake Utah (City or town) (State or foreign country)

20. Exact Occupation House-wife

21. Industry or Business 0

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by J. Lucile Smith (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Ester E. Morgan Midwife Address Lorenzo Idaho Date Feb. 25-1919

AFFIDAVIT

State of Idaho } ss.
County of Jefferson }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for from birth years, and that [redacted] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorin Smith Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of August, 1945.

(SEAL) Lloyd M. Lassen Notary Public, residing at Menan Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

JUN 25 1956

AUG 4 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408485
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Ashton
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months // days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Ashton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton Ida

4. **FULL NAME OF CHILD** Ethel Wilma Feagins

5. Date of Birth of Child (Month, day, year) Aug. 26th 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Edward Feagins
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Freewater (City or town) Oregon. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie May Lane
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pendleton (City or town) Oregon. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive/stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Winnie Feagins (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Ashton Idaho Date 8-1-45

AFFIDAVIT

State of Oregon. } ss.
County of Douglas }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 23 years, and that Dr. Margis (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnie May Feagins Signature

Fernvale Oregon P. O. Address

Subscribed and sworn to before me this 9th day of July 1945.

(SEAL) Roy Agee ROY AGEE, COUNTY CLERK Notary Public residing at Roseburg Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by [illegible], Registrar

C-B-804

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-206 003-493

409547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. Pocatello
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Helen Catherine Perry

5. Date of Birth of Child (Month, day, year) March 6, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Washington Perry
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Morris, (City or town) Illinois (State or foreign country)
14. Exact Occupation Furniture Packer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Craig Dick Miller
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Laconing, (City or town) Maryland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret L. D. Perry (First name) (Last name) who is related as mother (Mother, etc.)

25. ✕ Attendant's **OWN** signature J. D. Lynn M.D. Midwife Address Pocatello, Idaho Date 8-14-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-224010-815

409553

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 31 1945

State File No. 409553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Edna Conrad

5. Date of Birth of Child (Month, day, year) November 24, 1919

6 Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Farold Conrad
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elzina Hansen
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Iona, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Dr. Thomas (First name) Hollister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida H. Conrad Signature

Iona, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of August, 1945

(SEAL) H. Hunsell, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1945 by Mabel Felder, Registrar

SEP 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-129 026-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409559
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No. Not street address
   (d) Name of Hospital or Maternity Home: Mary Ann Haven Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville, Idaho

4. **FULL NAME OF CHILD** Emmett Edward Blomquist

5. Date of Birth of Child (Month, day, year) July 29-1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Emmett Blomquist
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Labelle, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Elizabeth Bird
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Beaver City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name)
who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Montana
County of Beaverhead } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Dr J. L. Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Emmett Blomquist Signature
Dillon, Montana P. O. Address

Subscribed and sworn to before me this 2nd day of August, 1945.
(SEAL) Theodore F. McFadden, Notary Public, residing at Dillon, Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-115003-123

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 409659
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City BANCROFT
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Delivery AT Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City BANCROFT
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Harold CREER

5. Date of Birth of Child (Month, day, year) Aug. 15, 1919

6. Sex MALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reed CREER
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace SPANISH FORK (City or town) Utah (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Helen Aston
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Alice Madeline Aston (First name) (Last name) who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura H. Hopkins Signature
531 35 St Ogden Utah P. O. Address

Subscribed and sworn to before me this 4 day of Sept., 1945

(SEAL) Albert H. Barker Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1945 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-213-015-389

410876

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410876
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Rhoda Nadene Davis.

5. Date of Birth of Child (Month, day, year) Mar. 13th 1919.

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Glenn Davis.
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Soda Springs (City or town) Idaho. (State or foreign country)
14. Exact Occupation farmer & salesman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmina Christiansen
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Logan (City or town) Utah. (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Oda }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Dr. Ellis Rackley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelmina C. Davis Signature
919 E. 3rd So. Logan, Ut. P. O. Address

Subscribed and sworn to before me this 2nd day of Nov, 1945.

(SEAL) Mary Felder, Notary Public, residing at Boise, Idaho.

(Notice: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 2 1945 by Mary Felder, Registrar

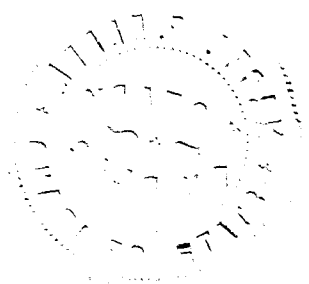
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

dup of 1919-D48-000228

419-210-010-764

410893

United States Department of Commerce - Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Lincoln
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Lincoln
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Margarita Consuelo Martinez

5. Date of Birth of Child (Month, day, year) June 10 - 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Agustin Martinez
11. Color or Race Mexican
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mexico (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sugar Beet Fields

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luz Gomez
17. Color or Race Mexican
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Luz Gomez Midwife Address 474 West 15th Street Idaho Falls, Idaho Date Sept. 18 1945

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for from birth years, and that Juana Bautista Paez (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luz Gomez Signature

474 West 15th St. Idaho Falls P. O. Address

Subscribed and sworn to before me this 4 day of October, 1945.

(SEAL)

W. P. Brown CLERK OF THE DISTRICT COURT, Notary Public, residing at IDAHO FALLS, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Tilden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1965

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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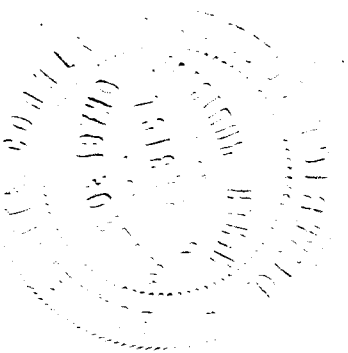

466-20Y-222-266

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County FREMONT (b) City Ashton
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 29 years 3 months 27 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Ashton, Idaho

3. RESIDENCE of FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Marion Louise Moore

5. Date of Birth (Month, day year) January 4, 1919

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lawrence T. Moore
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Villisca (City or town) Iowa (State or foreign country)
14. Exact Occupation Meat Cutter
15. Industry or Business Retail

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Rosette Bowersox
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Lock Springs (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mae (First name) Moore (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 27 1945 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature E. L. Margin M.D. (D.O., Midwife, etc.)
and address Dubois Idaho Date 10-27-45

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or ~~acquaintance~~), whose birth certificate appears above, and that I desire to have the ~~said birth~~ recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-222-044-864

4120 31

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Dorothy Dean Johnson

5. Date of Birth of Child (Month, day, year) March 22 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Johnson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Castile (City or town) Pa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Gertrude Young
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Castile (City or town) Pa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for Life years, and that Leslie Johnson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Johnson Signature

Cambridge Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Nov 19 43

(SEAL) Mabel Fields, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 13 1943 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 918-127 015-229

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Georgetown
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 0 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Georgetown
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Georgetown Ida.

4. **FULL NAME OF CHILD** William Russell Hayes

5. Date of Birth of Child (Month, day, year) November 27, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adelbert Hayes
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Georgetown, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Skinner
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Nounan, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Neo Silvol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Vera Hayes (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Russell Tigert M.D. ~~Midwife~~ Address Soda Springs Idaho Date 11/14/45

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

____ Signature

____ P. O. Address

Subscribed and sworn to before me this 15 day of Nov, 19 45.

(SEAL) Levi Aland, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mabel Nelson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553 114 019 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Myers Cove
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Myers Cove
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Myers Cove

4. FULL NAME OF CHILD Lloyd Harley Nethken

5. Date of Birth of Child (Month, day, year) Mar. 14, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Freeman Allen Nethken
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace (unknown) (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher & Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Emma Watson
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Klamath Falls, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maud (First name) Garoutte (Last name) who is related as Aunt. (Mother, etc.)

25. Attendant's OWN signature Maud Garoutte XXX Midwife Address Challis, Idaho Date 11-16-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665 729 010-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 413077
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. RFD No 2
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. RFD No 2
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS IDA

4. **FULL NAME OF CHILD** JAMES IVAN OWEN

5. Date of Birth of Child (Month, day, year) MAY 29-1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Edward Owen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace IDAHO FALLS (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** INEZ VAN EPS
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace MOORLAND IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of CALIFORNIA
County of SOLANO } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for ____ years, and that MRS MARY ANN (First name) HOLDEN (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez Van Eps Owen Signature

P. O. Address

Subscribed and sworn to before me this 27th day of November, 1945

(SEAL)

Notary Public, residing at Fairfield Cty

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by Mary Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155 704 010 · 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413100
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City UCON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City UCON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) UCON, IDAHO

4. **FULL NAME OF CHILD** GILBERT FAY JENSEN

5. Date of Birth of Child (Month, day, year) SEPT. 4, 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALVIN, JOSEPH HERBERT JENSEN
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace GOSHEN (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GRACE LAURA PETERSEN
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace HYRUM (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Grace Jensen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O'Mello M.D. / Midwife Address Idaho Falls Ida Date 9-4-19

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 19[illegible] by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 30 1973

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-107 006-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413102
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Bingham~~ Fremont Co.
   (c) City Shelley
   (d) Street Address or R.F.D. No. Idaho
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Jack Kimble Jones

5. Date of Birth of Child (Month, day, year) April 7-1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd (5th)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lindsey Jakus Jones
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Tawwes (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Rosannah Campbell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of San Bernardino }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 27 years, and that Doctor Foster (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lindsay Jakus Jones Signature

3121 Mach St San Bernardino Calif. Address

Subscribed and sworn to before me this 26th day of November, 1945.

(SEAL)

Claude T. Montana, Notary Public, residing at San Bernardino California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires February 14,

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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263 223-010-993

DELAYED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 413125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spencer Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Swan Valley, Ida.

4. FULL NAME OF CHILD Marilyn Virginia Soliday

5. Date of Birth of Child (Month, day, year) April 23, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank L. Soliday
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Palco, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elma Lucille Ritchey
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Littleton, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Date Dec 13-45

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1945 by Mabel Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CERTIFICATE Z FLAGGED HARD COPY ONLY - DELAYED- O FLAG ADDED 05/05/2017 AJT

APR 2 8 2017
MAY 0 5 2017

DEC 1 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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752-21-043-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415306
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Cascade
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Cascade
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cascade Idh

4. **FULL NAME OF CHILD** Effie Amanda Elena Gestrin.

5. Date of Birth of Child (Month, day, year) 8/11/19

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Otto W Gestrin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Koylio, (City or town) Finland. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helmi Elena Lahti
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Roseberry (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 p M. on the date and at the place stated above, and that personal particulars were furnished by Helmi Elena Gestrin (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sofia Fortune ~~M.D.~~ Midwife Address Donnelly, Idaho Date 1-16-19[illegible]

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mary Fulder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1973

JAN 28 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DM 265-121-004-645 416388

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416388
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Geneva Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Geneva.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clarence William Boehme

5. Date of Birth of Child (Month, day, year) Jan 21 1914

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frederick William Boehme.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wresden (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta May Mueller
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Geneva (City or town) Idaho (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Etta May (First name) Mueller Boehme (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 27 years and that Mrs John Fleckert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta May Mueller Boehme Signature

Geneva, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May 1946

(SEAL)

Virginia Sneddon, Notary Public, residing at Montpelier

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1946 by Mabel Fuller, Registrar

MAY 8 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-120-237-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Rockville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Rockville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockville Ida

4. **FULL NAME OF CHILD** Charles Edward Masonholder

5. Date of Birth of Child (Month, day, year) March 20. 1919

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew William Masonholder
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Cow Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Stickney
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Long Valley (City or town) Ida. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen (First name) Masonholder (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature X Nellie Strode M.D. Midwife Address Rockville, Ore Date 3-18-46

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Nellie (First name) Strode (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Masonholder Signature

R. 3, Caldwell P. O. Address

Subscribed and sworn to before me this 18th day of March, 1946

(SEAL) Katheryn A. Northrop, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-224-021-279

418456

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418456
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City FRANKLIN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County FRANKLIN
   (c) City FRANKLIN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ? yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin Idaho

4. **FULL NAME OF CHILD** Esther Kirkham Smellie

5. Date of Birth of Child (Month, day, year) Feb. 24-1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Taylor Smellie
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bathgate, (City or town) Scotland (State or foreign country)
14. Exact Occupation Miller (Flour)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Ruth Kirkham
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 27 years, and that Dr. Allan (First name) Cutler, Jr. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret L. McKeen Signature

Oxford, Utah P. O. Address

Subscribed and sworn to before me this 26th day of April 1946.

(SEAL)

, Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 13 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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69-124024-356

418474

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County GOODING (b) City WENDELL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County GOODING
   (c) City WENDELL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) WENDELL, IDAHO

4. **FULL NAME OF CHILD** LEE ROY WARD

5. Date of Birth of Child (Month, day, year) FEBRUARY 24, 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK WARD
11. Color or Race WHITE
12. Age at time of THIS birth 54 yrs.
13. Birthplace GRAND RAPIDS, OHIO (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSIE BELLE LEWELLEN
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace APPLETON CITY MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Silver nit
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at — M. on the date and at the place stated above and that personal particulars were furnished by Raymond (First name) Ward. (Last name) who is related as brother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Swanton M.D. Midwife Address Wendell Idaho Date 5-25-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-215039-194

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 419527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City ROY
(c) Street Address or R.F.D. No. ROY, IDAHO
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City ROY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD OLIVE MABEL HOUSEHOLDER

5. Date of Birth of Child (Month, day, year) 2-15-19

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ARLIE LVS HOUSEHOLDER

11. Color or Race WHITE 12. Age at time of THIS birth 37 yrs.

13. Birthplace REVERE (City or town), MISSOURI (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LENNA MAY ARMSTRONG

17. Color or Race WHITE 18. Age at time of THIS birth 37 yrs.

19. Birthplace REVERE (City or town) MISSOURI (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11:00 A M. on the date and at the place stated above, and that personal particulars were furnished by LENNA M. HOUSEHOLDER (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON } ss.
County of YAKIMA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 26 years, and that OLIVE MABEL HOUSEHOLDER (First name) (Last name), who attended this birth, is living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lenna Householder Signature

STAR Rte., WAPATO, WASH. P. O. Address

Subscribed and sworn to before me this 25 day of MAY, 19 46

(SEAL) Notary Public, residing at WAPATO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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797 108015-442

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 419550
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Id.

4. **FULL NAME OF CHILD** Luley Alonzo Piper

5. Date of Birth of Child (Month, day, year) June 8 - 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Piper
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace [illegible] (City or town) [illegible] (State or foreign country) Pennsylvania
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Dubach
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bern (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 27 years, and that Dr. Elbert (First name) Rackley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Russell Piper Signature

Box 109 Thermopolis, Wyoming P. O. Address

Subscribed and sworn to before me this 11 day of May, 1946

(SEAL) Hazel I. McCurdy Notary Public, residing at Thermopolis Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mary Folger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session ~~Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-28-029-549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 421888
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Onaway
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Onaway
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Onaway, Idaho.

4. **FULL NAME OF CHILD** Anna Petragallo

5. Date of Birth of Child (Month, day, year) 7-18-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mike Petragallo
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angeline Muzzies
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1.05 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Petragallo (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J.W. Thompson M.D. Midwife Address Moscow Idaho Date July 27 — 46

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUL 31 1946

Received for filing on ..... by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-205-007-869

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421961
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Eden
   (c) Street Address or R.F.D. No. No number
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Eden
   (d) Street Address or R.F.D. No. No Number
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Theresa Mae Beam

5. Date of Birth of Child (Month, day, year) June 5, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Myrton Cornelious Beam
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Climax (City or town) Michigan (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Jane Horsley
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Near Atlanta (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Myrton Cornelious Beam (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oklahoma } ss.
County of Woodward }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 27 years, and that Mattie Horsley (First name) (Last name), who attended this birth deseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrton Cornelious Beam — Signature

R.R. 4 Leedy, Oklahoma — P. O. Address

Subscribed and sworn to before me this 10th day of Aug., 1946

(SEAL) Clara A. Finn, Notary Public, residing at Woodward, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1946 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 226 026 238

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423238
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Roberts
   (c) Street Address or R.F.D. No. Rural Delivery
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Roberts
   (d) Street Address or R.F.D. No. Rural Delivery
   (e) How long has **MOTHER** lived in Idaho? 3 yrs. 7 mos.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kathleen Magdalen Stack

5. Date of Birth of Child (Month, day, year) Aug. 26, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Francis Stack
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Cooks, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Louise Schmeltzer
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Emmetsburg Palo Alto County - Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:1 PM M. on the date and at the place stated above, and that personal particulars were furnished by Margaret L "Stack" Schmeltzer (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Wisconsin
County of Douglas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Dr. (First name) Beller (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret L "Stack" Schmeltzer Signature

1706 N. 16th St. P. O. Address

Subscribed and sworn to before me this 27th day of August, 1946

(SEAL)

U. S. Harris, Notary Public, residing at Superior

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright Registrar

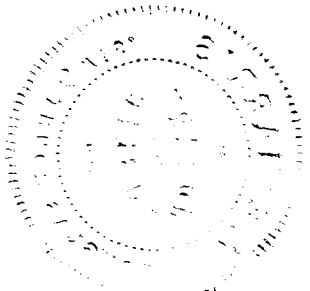
SEP 6 19[illegible]

MAY 11 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not~~ been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312-11 803-499

425981

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City CHELY
   (c) Street Address or R.F.D. No. BEET HARVEST
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State CHELY IDAHO (b) County
   (c) City CHELY
   (d) Street Address or R.F.D. No. BEET HARVEST
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ANTONIO MIRANDA CASTELLANO

5. Date of Birth of Child (Month, day, year) 8/18/1919

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** CRUZ CASTELLANO
11. Color or Race MEXICAN
12. Age at time of THIS birth 28 yrs.
13. Birthplace TOTOLAN (City or town) JALISCO MEX. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAUYA, MIRANDA
17. Color or Race MEXICAN
18. Age at time of THIS birth 19 yrs.
19. Birthplace PUYANDIRO, MICHUACAN (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Calif.
County of Ventura } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 35 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carmen Rocha Jones Signature
Montpark P. O. Address

Subscribed and sworn to before me this 8th day of October 19 ____

(SEAL) ____ Notary Public, residing at Montpark.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 23 1964

315-227-027-413 426000

426000

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426000
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome Ida.

4. **FULL NAME OF CHILD** Rachel Elizabeth Tanner

5. Date of Birth of Child (Month, day, year) Jan. 27 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Steele A Tanner
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Salt Lake Utah (City or town) (State or foreign country)
14. Exact Occupation Sheep owner
15. Industry or Business Sheep Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Elizabeth Wilmeburg
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rocky Bar Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Custer }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 27 years, and that Dr. Geller (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Tanner Schaft Signature

Sunbeam P. O. Address

Subscribed and sworn to before me this 5 day of Oct., 1949

(SEAL) Nell Edison, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-270-004-329

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. 426039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Bear Lake (b) City
   (c) Street address or R. F. D. No. Soda Springs
   (d) Name of Hospital or Maternity Home: Ream Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City
   (d) Street address or R. F. D. No. Soda Springs
   (e) How long has MOTHER lived in Idaho? 20 yrs.
   (f) Mother's mailing address (for registration notice): Soda Springs, Idaho
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD DeNoma Anne Monroe

5. DATE OF BIRTH (Month, day, year) Dec. 10, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9 Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvin Monroe
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace 8-Mile (City or Town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Skinner
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Newman, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ream Home

22. Was a standard serological test for syphilis performed? Yes ..... No 1 Approximate date .....
23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
   (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive Dec 10 1919 (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Pearl Monroe (First name) (Last name), who is related to this child as mother (Mother, etc.)

27. (a) NOV 1 1946 (Date received) (b) John W Wright (Registrar's signature)

26. Attendant's OWN signature Russell Tigert, M. D. (D.O., Midwife, etc.)
and address Soda Springs Idaho Date 8-5-46

28. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filed out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. **The certificate of birth shall be filled out as per blanks for that purpose.**

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

815-103-014-851 ~~426059~~ 426060

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county several years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Douglas Ronald Hansen

5. Date of Birth of Child (Month, day, year) Aug 3 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hansen
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Bell Heath
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Gangville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Hansen (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature R N Cummins M.D. Midwife Address Emmett Ida Date 11/1/46

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 14- 1946 by Mary Fielder, Asst, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Y 1 2 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-124-025-493

DEC 31 1946 426085 426085

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Idaho (b) City Woodland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Woodland
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Woodland, Idaho

4. FULL NAME OF CHILD Burns Ferris King

5. Date of Birth of Child (Month, day, year) July 24, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur King
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Swan (City or town) Iowa (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Irma Mills
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Northbranch (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 9 M. on the date and at the place stated above, and that personal particulars were furnished by Mr. Arthur King (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature C. O. Bryan M.D. Midwife Address Kamiah Idaho Date 1/7/47

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on 1-3-47 by John Wainright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-126-203-234 426089

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426089
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay BEFORE delivery: In THIS county 6 years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 6½ yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Ida.

4. FULL NAME OF CHILD Fred Leonard Lowry

5. Date of Birth of Child (Month, day, year) 1/26/1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse William Lowry
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sterling, (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Stutznegger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that Hartvigsen (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza S. Lowry Signature
McCammon, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 1947.

(SEAL) Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1947 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 0 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1947

844-102 728-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427557
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenia (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 731 2nd. St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 1 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenia
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. 731 2nd St.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Jimmie B. Hudson

5. Date of Birth of Child (Month, day, year) Feb. 2, 1919

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harley Morgan Hudson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Brookville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Restaurant Operator
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Alma Harrison
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ardoch, North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and that Doc. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace A. Hudson Signature

Coeur d'Alene Ida P. O. Address

Subscribed and sworn to before me this 20th day of November 1946.

(SEAL)

A. M. Rasmussen, Notary Public, residing at Coeur d'Alene, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W Wright, Registrar

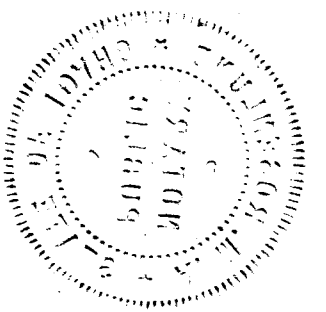
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 4 1946



318 210003-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430506
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Thatcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Thatcher, Ida.

4. **FULL NAME OF CHILD** Karma B. Cahoon

5. Date of Birth of Child (Month, day, year) Oct. 10, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas. Alphus Cahoon
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Thatcher, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Ora Bevins
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Caribou } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Dr. Hyrum Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Alphus Cahoon Signature

Henry, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of January, 19 47

(SEAL) Edna Wheeler, Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 6 1947

193-113 006-275

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

FEB 24 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431946
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth Idaho

4. **FULL NAME OF CHILD** Kenneth Otto Mitchell

5. Date of Birth of Child (Month, day, year) 1-13-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Otto Mitchell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Hattie Spencer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Mrs. Mary Oberhansley (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David O. Mitchell Signature

320 SE Main St. P. O. Address

Subscribed and sworn to before me this 21st day of Blackfoot, Idaho Feb., 19 47.

(SEAL) V. E. Wootton, Clerk Dist. Court, ~~Notary Public~~, residing at Blackfoot, Ida.

(Note: Perjury is punishable as a felony in Idaho—see Sec. 17-414 Idaho Code Annotated.)

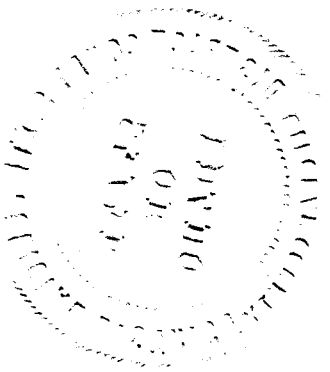
Received for filing on MAR 5 1947 by John W. Wright Registrar

MAR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



818-22-2743-268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431980
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No. Leonard Selway
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall Idaho

4. **FULL NAME OF CHILD** Verita June Hayes

5. Date of Birth of Child (Month, day, year) June 21, 1919

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Paul Talmadge Hayes
11. Color or Race White American
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mt. Vernon (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florida Boydstun
17. Color or Race White American
18. Age at time of THIS birth 24 yrs.
19. Birthplace Roseberry (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Florida Boydstun Hayes (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Valley }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that D. F. Seely (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florida Boydstun Hayes Signature
McCall Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March, 1947.

(SEAL) Neal Boydstun, Notary Public, residing at McCall Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

APR 18 2002

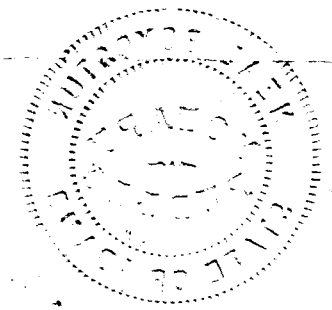
MAR 13 1947

MAR 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-208-014-356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433322
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Route 5
   (d) Name of Hospital or Maternity Home: Mercy Hospital
   (e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Metta Dale Perry

5. Date of Birth of Child (Month, day, year) June 2, 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elsa Earl Perry
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Richlee (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosella Lemmon
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that Dr. George R. Proctor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. E. Perry Signature

R.F.D. 2 Nampa Idaho P. O. Address

Subscribed and sworn to before me this 11 day of March, 1947.

(SEAL)

Notary Public, residing at Nampa, Idaho
My Commission Expires Jan. 10, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 22 1947 by Thos. A. Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

416-130-003-268

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433324
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county nil years I months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State California (b) County
   (c) City San Diego
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? nil yrs.

3. **RESIDENCE OF FATHER** (city, state) San Diego

4. **FULL NAME OF CHILD** George McCammon Dawson

5. Date of Birth of Child (Month, day, year) May 30, 1919

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bole Dawson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Regina, Sask. Canada (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business Brokerage Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Winifred Koyle
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Markham Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business Regina Public School.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Province of Canada } ss.
County of Province of Saskatchewan

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 27 years, and that Doctor (First name) Hartvigson (Last name), who attended this birth, whereabouts not now known (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel W. Dawson Signature

2144 Hamilton St, Regina, Canada P. O. Address

Subscribed and sworn to before me this 1st day of March, 1947.

(SEAL) (R.M. BARR) Notary Public, residing at Regina Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

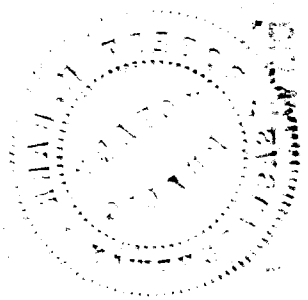
Received for filing on MAR 22 1947 by John Wright Registrar

AUG 26 1966
MAR 24
MAR 20 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



dup of 1919-7237

856-201-0 29-396

433358

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 9 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Ida.

4. **FULL NAME OF CHILD** Dorothy Mae Hewitt

5. Date of Birth of Child (Month, day, year) 8-1-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edward Hewitt
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Eau Claire (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Katherine Trotter
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Princeton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Dr. (First name) Leopard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Hewitt, Mc Mahen Signature

Potlatch, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1947.

(SEAL) J. M. Donnell Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1947 by John W Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-213 009 966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434870
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Granite
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Granite
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Emma Annetta Rooks

5. Date of Birth of Child (Month, day, year) 2-13-19

6. Sex F

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dean Frances Rooks
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Gault (City or town) Missouri (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Frances Rooks
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Amery (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for years, and that Mary Emma Rooks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estelle F Rooks Signature

Greenacres, Washington P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 47

(SEAL) Estelle F Rooks Notary Public, residing at Opportunity Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted] 29 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 206-010-369

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Lincoln
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home: Labor camp
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Mexico (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Mexico

4. **FULL NAME OF CHILD** Juana Garcia

5. Date of Birth of Child (Month, day, year) June 6, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Catarino Garcia
11. Color or Race Mexican
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mexico (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sugar Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Paula Torres
17. Color or Race Mexican
18. Age at time of THIS birth 20 yrs.
19. Birthplace Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) ~~Born alive and now living~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jesse Porter (First name) (Last name) who is related as no relation (Mother, etc.)

25. Attendant's **OWN** signature Jesse Porter MD Midwife Address Date

Juana B. Paez- Mother-in-law of Jesse Porter

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the employer (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Juana B. Paez (First name) (Last name), who attended this birth Died Apr. 26, 1926 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse Porter Signature

Route 5, Idaho Falls, Ida. P.O. Address

Subscribed and sworn to before me this 25 day of April, 1947.

(SEAL) [illegible] CLERK OF THE DISTRICT COURT residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1967
FEB 11 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-21706-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436322
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Cotterel
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 7 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Cotterel
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cotterel, Idaho

4. **FULL NAME OF CHILD** Ruby Pearl Schrenk

5. Date of Birth of Child (Month, day, year) August 17, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emanuel Schenk
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothea L. Pflugrad
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Marion (City or town) Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Dorothea L. Schrenk (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN signature** Mrs Olga Humbert-Dye M.D. Midwife Address 1303 N. Garvey El Monte California Date May 2, 47

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 21 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-125-024-286

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No. Wendel Hotel
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendel, Idaho

4. **FULL NAME OF CHILD** Everett Kenneth Smith

5. Date of Birth of Child (Month, day, year) July 25, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Kenneth M. Smith
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Automobiles

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenore Fay Shonk
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Ashmore Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Mrs Lenore Fay Howard M.D. Midwife Address Modesto Calif Bx 39 Date 4/4/47

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Stanislaus }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 27 years, and that Everett Kenneth Smith (First name) (Last name), who attended this birth as Midwife (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lenore Fay Howard Signature
Box 49 P. O. Address

Subscribed and sworn to before me this 4th day of April, 1947.

(SEAL) Louise Strand, Notary Public, residing at Modesto Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-117-028-863

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Mariane Route
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Mariane Route
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Lawrence Alonzo Watson

5. Date of Birth of Child (Month, day, year) May 17-1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Jess Taylor Watson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bonner Springs, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Hollingsworth
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Birchtree, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name)
who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Martha Hollingsworth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jess Watson Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 1947.

(SEAL)

Sadie C. Webb, Notary Public, residing at Coeur d'Alene Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 22 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

567-208042-1947

440806

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440806
Local Reg. No.
Reg. Dist. No.

AUG 28 1947

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City HOLLISTER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City HOLLISTER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) HOLLISTER, IDAHO

4. **FULL NAME OF CHILD** JESSIE LORENE NOGLE

5. Date of Birth of Child (Month, day, year) MAY 8, 1919

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** NORMAN JAY NOGLE
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace GREENSBORO, PENN (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA LENA POPPIE
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace PAXICO (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 3:25 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Jackson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 28 years, and that Mrs. Emily Jensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Lena Nogle Signature
415 Garden Ave. Coeur D'Alene Ida. P.O. Address

Subscribed and sworn to before me this 25th day of August, 1947.

(SEAL)

Mrs. Ada Lee Notary Public residing at Kellogg, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My commission expires Aug 8-1948

Received for filing on AUG 28 1947 by John Whitright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355 104031-164 440833

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440833
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** ~~Raymond Dempsey Lansing~~

5. Date of Birth of Child (Month, day, year) 12-4-19

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** O C Lansing
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace North Branch (City or town) Kansas (State or foreign country)
14. Exact Occupation store clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Marie Young
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5A. M. on the date and at the place stated above, and that personal particulars were furnished by Evelyn Lansing (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature C. H. Bryan M.D. ~~Midwife~~ Address Kamiah Ida. Date 12/26/19

AFFIDAVIT

State of Washington } ss.
County of Grays Harbor }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that G. H. Bryan (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Marie Lansing Signature

Malone, Washington P. O. Address

Subscribed and sworn to before me this 28th day of August 1947

(SEAL) James J. Lawrence, Notary Public, residing at Elma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1947 by John Wilbright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213/04 006 - 315

440847

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440847
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** José Salazar

5. Date of Birth of Child (Month, day, year) July 4, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ramiro Salazar
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Mexico (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Damiana de la Riva
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Alameda }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Ruiz Signature

P. O. Address

Subscribed and sworn to before me this 6 day of Sept, 1947

(SEAL) Clarence R. Pugh, Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1947 by John W Wright, Registrar

SEP 9 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

384-225-014-255

442258

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442258
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 8 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Esther T Thiel

5. Date of Birth of Child (Month, day, year) May 25, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry T Thiel
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kalb (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Benzel
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kalb (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Kate (First name) T Thiel (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ferdinand Wendling Thiel Signature

R 2 Parma, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of Oct. 1947.

(SEAL)

H A Fuhler, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Exp. 8-14-48

Received for filing on OCT 21 1947 by John W [illegible], Registrar

OCT 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-128 001-493

445018

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445018
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Lukes Hosp.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Boise Melba
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) 22

4. **FULL NAME OF CHILD** Neil Millard Clark

5. Date of Birth of Child (Month, day, year) 7/28/1919

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Clifford Henry Black
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Deputy Sheriff

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Barbara Miller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Carthage (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:35 P.M. on the date and at the place stated above, and that personal particulars were furnished by Beulah Barbara Miller Clark (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Calloway-Jeffers M.D. Address 308 State, Boise, Idaho Date 9-19-1947

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1947

MAR 22 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

MAR 22 1951

314-122-029-236

447695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

FEB 2 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447695
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City POTLATCH
   (c) Street Address or R.F.D. No. 625 ELM
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 1 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City POTLATCH
   (d) Street Address or R.F.D. No. 625 ELM
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) POTLACH, IDAHO

4. **FULL NAME OF CHILD** ARCHIE WILBUR LAURITZEN

5. Date of Birth of Child (Month, day, year) JAN. 22 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PAUL JENSEN LAURITZEN
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace ARRILD (City or town) GERMANY (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business POTLATCH LUMBER Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE IRENE SLOANE
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace REDFIELD (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Dr. Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie I. Lauritzen Signature

631 N. Hamilton, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of January, 1948.

(SEAL) P. L. Turley, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3404, Idaho Code Annotated.)

Received for filing on FEB 4 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1948

AUG 15 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. #2000-0032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Burton Ralph Lorang

2. Date Of Birth: (month) March (day) 10 (year) 1919

3. Sex: M

4. Place of Birth: Lewiston, Idaho a. County: Nez Perce b. City or Town of Birth: Lewiston, Idaho

FATHER

5. Full Name of Father: Bernard Theodore Lorang

6. State or Country of Father's Birth: Idaho

MOTHER

7. Full Maiden Name of Mother: Blanche A.E. Morgan

8. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Kathleen B. Conroy

10. Present Address of Registrant: 32125 S.W. Arbor Lake Dr. Wilsonville, OR 97070

NOTARY

OFFICIAL SEAL
ALISON L. WILEY
NOTARY PUBLIC-OREGON
COMMISSION NO. 332419
MY COMMISSION EXPIRES MAR. 5, 2004

Subscribed and sworn to before me on: (day) 5th (month) March (year) 2000

11. Signature of Notary: Alison L. Wiley

12. Notary Commission expires: March (mo.) 5th (day) 2004 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: Church of Stanislaus Lewiston, Idaho
Date Issued: May 31,2000
Date Orig. Entry: Baptized March 16, 1919

Date of Birth: Mar.10,1919 Birth Place: Lewiston, Idaho
Full Name of Mother: Blanche Morgan
Name of Father: R. Bernardo T. Lorang

SUPPORTING RECORD 2.

Type of Document: Original Newspaper Birth Announcement
By whom issued and signed: ASOTIN COUNTY SENTINAL Asotin, Washington
Date Issued: Mar.14,1919
Date Orig. Entry: March 14,1919

Date of Birth: Mar.10,1919 Birth Place: Lewiston, Idaho
Full Name of Mother: Mrs. B. J. Lorang
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Merchant Funeral Home Funeral Record
By whom issued and signed: Merchant Funeral Home Clarkston, Washington
Date Issued: Apr.18,1919
Date Orig. Entry: April 18, 1919

Date of Birth: Mar.10,1919 Birth Place: Idaho
Full Name of Mother: Blanche Morgan
Name of Father: Bernard Theodore Lorang

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith
Evidence reviewed by: Teresa L. Cleverly
Date Filed: SEP 18 2000

FORM HW 0610 $10.00 #064799 4-5-2000

OCT 0 5 2000

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2004-0011

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLENN NOEL

2. Date Of Birth: (month) 04 (day) 15 (year) 1919

3. Sex: MALE

4. Place of Birth: a. County SPIRIT LAKE VILLAGE-KOOTINAI; b. City or Town of Birth SPIRIT LAKE VILLAGE, ID

FATHER

5. Full Name of Father: LAUNCE L. NOEL

6. State or Country of Father's Birth: ILLINOIS

MOTHER

7. Full Maiden Name of Mother: MURDENA B. MAYFIELD

8. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Glenn L Noel

10. Present Address of Registrant: 2114 S.W. 327th Ave. PORTLAND, OR 97219

NOTARY

Subscribed and sworn to before me on April (mo.) 19th (day), 2004 (yr.)

11. Signature of Notary: Rebecca A Bell

12. Notary Commission expires: Sept. 8, 2007 (mo. day yr.)

OFFICIAL SEAL
REBECCA A BELL
NOTARY PUBLIC-OREGON
COMMISSION NO. 372336
MY COMMISSION EXPIRES SEPTEMBER 8, 2007

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U S Census Bureau Washington, D. C.	Mar.16,2004	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 10mos.	Idaho	---	Launce L. Noel

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge Papers	U S Army	Dec.8, 1945	July 9, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.15,1919	Spirit Lake, ID	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Marriage License	Multnomah Co., Oregon	Mar.15,1968	Mar. 15, 1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.15,1919	Spirit Lake, ID	Murdena Mayfield	Launce G. Noel

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	MAY - 4 2004

FORM HW 0610 $13.00 pd M84, 997

2-11-04

MAY 0 4 2004

OFFICIAL SEAL
REBECCA A BELL
NOTARY PUBLIC-OREGON
COMMISSION NO. 372336
MY COMMISSION EXPIRES SEPTEMBER 8, 2007

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2005-0008

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth			2. Date Of Birth (month)	(day)	(year)
Honora Mary Villeneuve			May	4,	1919
3. Sex	4. Place of Birth	a. County	b. City or Town of Birth		
Female	Boise	Ada	Boise, Idaho		

FATHER

5. Full Name of Father	6. State or Country of Father's Birth
Nicholas C. Villeneuve	Idaho

MOTHER

7. Full Maiden Name of Mother	8. State or Country of Mother's Birth
Katherine McNamara	Idaho

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Honora Mary Villeneuve

10. Present Address of Registrant: 324 Mobley Dr

NOTARY (Seal)

Subscribed and sworn to before me on: March (mo.) 11 (day) 2005 (yr.)

11. Signature of Notary:

12. Notary Commission expires: 10 (mo.) 2 (day) 2010 (yr.)

NOTARY PUBLIC ★ TERRI RITTER ★ STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate #442370	State of Idaho	Apr.27,1992	child born Sep.18,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 28	Boise, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. John's Cathedral, Boise, Idaho	May5,1980	baptized May7,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May4,1919	Boise, Idaho	Catherine McNamara	Nicholas Villeneuve

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for insurance	Metropolitan Life Insurance Co.	Nov.2,1942	Nov.2,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May4,1919	Boise, Idaho	----------	Nicholas C. Villeneuve

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Kathryn Cook	March 18, 2005

FORM HW 0610

MAR 18 2005

845-229-014.693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0075
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dorothy Myrtle Hurst

5. Date of Birth of Child (Month, day, year) Dec. 29, 1919

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Lee Roy Hurst
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Carthage (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Alice Williams Hunt
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Carthage (City or town) Missouri (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg Prot 10%
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Ron E Haynes M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 12, 1948 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 75-TQ DE48-0075 11/29/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-130-006-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0111
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Petrus (Pedro) Gonzales

5. Date of Birth of Child (Month, day, year) May 30, 1919

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gregorio Gonzales
11. Color or Race Mexican
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ayasolo Guanaguato Mexico (City or town) (State or foreign country)
14. Exact Occupation Sugar beet fields
15. Industry or Business Sugar Beet Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Martinez
17. Color or Race Mexican
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mesillas Zac Mexico (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Martinez (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address Juana Chagoya — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for all his life years, and that Juana (First name) Chagoya (Last name), who attended this birth, ~~is now deceased~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Maria Martinez Signature

Vicente Guerrero, Dgo. P. O. Address

Subscribed and sworn to before me this eighth day of March, 1948

Vicente Guerrero Notary Public, residing at Durango

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 111 TO DE48-0111 12/5/12 KMC

JUN 1 1965

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-110-006-699

141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Aberdeen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Aberdeen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Frank J. Goertzen

5. Date of Birth of Child (Month, day, year) June 10, 1919

6. Sex Male

7. Twin or Triplet

If so-born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cornelius Goertzen
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Friesen
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace N. Lake (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 28 years, and that Mrs. Lo Friesen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cornelius P. Goertzen Signature

R. 2 Address

Subscribed and sworn to before me this 30th day of March 1948.

(SEAL) Mabel Fiedler, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 30, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 141 TO DE48-0141 12/6/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State ID (b) County POWER.
   (c) City AMERICAN FALLS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) AMERICAN FALLS IDAHO.

4. **FULL NAME OF CHILD** Frank F. Goertzen

5. Date of Birth of Child (Month, day, year) June 10-1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cornelius Goertzen
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation ~~retired~~ farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Friesen, (Goertzen)
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Minnesota, Mt. Lake, (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

Mrs. A Friesen attended at birth but is now deceased.

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Province of Saskatchewan
County of Dominion of Canada ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 45 years of age, that I have known this person for 25 years, and that Rev. Mrs. A. Friesen (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J. S. Bolch Signature

Box 1 Galer, Sask P. O. Address

Subscribed and sworn to before me this 25th day of September, 1946

(SEAL) S. H. Marr, Notary Public, residing at Warman Sask.

A COMMISSIONER FOR THE PROVINCE OF SASKATCHEWAN. MY APPOINTMENT EXPIRES DEC. 31, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 56 by , Registrar

MAR 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RELEASED

666-23-023-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Woodland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Woodland 1
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Woodland Idaho

4. **FULL NAME OF CHILD** Misel Mary Wood

5. Date of Birth of Child (Month, day, year) Aug. 30, 1919

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earnest Jefferson Wood
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Kellum
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Some silver nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Iona Kellum (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature C. N. Bryan M.D. Midwife Address Kamiah Idaho Date 3/12/48

AFFIDAVIT

State of Washington } ss.
County of Whitman }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29½ years, and that ____ (First name) ____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Colfax, Washington P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM D48-167 TO DE48-0167 12/7/12 KMC

APR 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1919-3094168

BOTH DELAYED

DELAYED

345-231-025-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 13 1948

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (~~city~~, state) Idaho

4. FULL NAME OF CHILD Mary Alegra Lumsford

5. Date of Birth of Child (Month, day, year) May 31, 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Haslen Lumsford

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Missouri (City or town) (State ~~or foreign country~~)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Dell Fallee

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Missouri (City or town) (State ~~or foreign country~~)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Lillie D. Lumsford (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W H Lumsford M.D. Address Streamstown, Canada Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 28 years, and that William H. Lumsford (First name) (Last name), who attended this birth Coroner (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie D. Lumsford Signature

6834 NE Alberta Portland 13 Oregon P. O. Address

Subscribed and sworn to before me this 10 day of April, 1948

(SEAL) Wm M. Schwarz Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. Dec 16, 1950

Received for filing on April 14, 1948 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 176 TO DE48-0176 12/7/12 KMC

APR 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

656-209-010-795

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0210
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Esther Elizabeth Heffel

5. Date of Birth of Child (Month, day, year) Jan 9-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alexis Heffel
11. Color or Race W.
12. Age at time of THIS birth yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna J. Gruch
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J Heffel Signature

Glendale, Calif P. O. Address

Subscribed and sworn to before me this 19 day of April 19 48

(SEAL) Mabel Fields, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 19-1948 by John W Wright, Registrar

FILE # FROM 210 TO DE48-0210 12/11/12 KMC

APR 19 1968
JUN 26 1970
JUL 10 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

May 19, 1971

COPY

Donald L. John, M.D.
Riverside General Hospital
9851 Magnolia Avenue
Riverside, California 92503

Dear Sir:

The date of birth is shown as January 9, 1919 on the birth certificate for Esther Elizabeth Heffel, file #De48-210.

Very truly yours,

W. W. Benson, State Registrar
Bureau of Vital Statistics

bf

May 19, 1971

Donald L. John, M.D.
Riverside General Hospital
9851 Magnolia Avenue
Riverside, California 92503

Dear Sir:

The date of birth is shown as January 9, 1919 on the birth certificate for Esther Elizabeth Herfel, file #De48-210.

Very truly yours,

W. W. Benson, State Registrar
Bureau of Vital Statistics

bf

RIVERSIDE GENERAL HOSPITAL • UNIVERSITY MEDICAL CENTER
9851 MAGNOLIA AVENUE • RIVERSIDE, CALIFORNIA • 92503 • TELEPHONE 689-2211

May 6, 1971

RECEIVED
MAY 10 1971
Bureau of Vital Statistics

W. Benson
State Registrar of Vital Statistics
Department of Census
Boise, Idaho

Dear Sir:

Enclosed are xerox copies of the Birth Certificate for Mrs. Esther Heffel John. They were obtained three weeks apart.

On a previous communication your office attended to the problem of the changes. Actually, January 9, 1919 is the date Mrs. John and her family has always celebrated for her birthday. It appears the "1" was added.

Would you do what is necessary to correct this to January 9, 1919, as the correct date.

Mr B

Sincerely,

Donald L. John, M.D., F.A.C.P.
Acting Chief of Professional Services

DLJ:j
Enclosures

Enclosed are return copies of the Stock Certificate for Mrs. Nadine Leifel Jr. They were obtained from Wells Fargo.

In a previous conversation your office advised by the problem of the ownership. Hopefully, I have [illegible] the Fin Chase Bks. Your cost may [illegible]

Would you do what is necessary to correct this to Jeanne's [illegible] so the contract date.

Sincerely,

Ronald L. Johns, L.L., P.A.C.P.
Lending Chief of Mortgage Loan Servicing

CC:
Enclosures

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 210
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Elizabeth Heffel
5. Date of Birth of Child (Month, day, year) Jan 9-1919
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Otto Heffel
11. Color or Race W.
12. Age at time of THIS birth yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna J. Graf
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J Heffel Signature
Glendale, Calif P. O. Address

Subscribed and sworn to before me this 19 day of April 19 48.
(SEAL) Mabel Fields, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 19-1948 by Iona Wright, Registrar

State of Idaho.....)
County of Ada .....)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the State Department of Health under Title 39, Idaho Code.

JUL 10 1970
Date Issued

Lou Benson
State Registrar of Vital Statistics

7-1-D

314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Ida (b) County Bonneville
   (c) City Idaho Falls.
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Elizabeth Heffel

5. Date of Birth of Child (Month, day, year) Jan 19-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alex Heffel
11. Color or Race W.
12. Age at time of THIS birth yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna J. Lieb
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears In Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J Heffel Signature

Glendale, Calif P. O. Address

Subscribed and sworn to before me this 19 day of April 19 48

(SEAL) Mabel Tyldsley, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

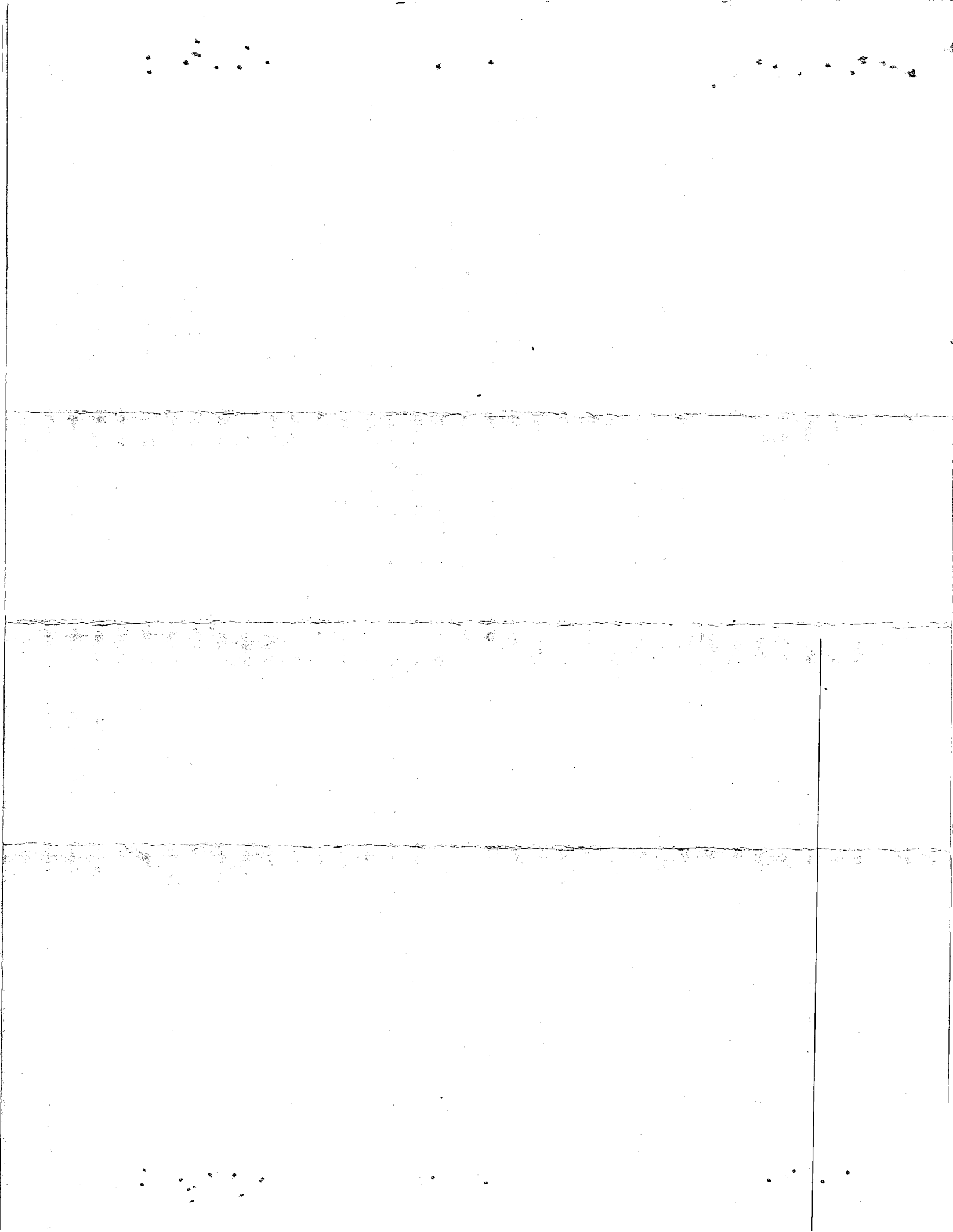
Received for filing on April 19-1948 by John W Wright, Registrar

State of Idaho.....)
County of Ada .....)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the State Department of Health under Title 39, Idaho Code.

JUN 26 1970
Date Issued

W. H. Benson
State Registrar of Vital Statistics



RIVERSIDE GENERAL HOSPITAL • UNIVERSITY MEDICAL CENTER
9851 MAGNOLIA AVENUE • RIVERSIDE, CALIFORNIA • 92503 • TELEPHONE 689-2211

September 1, 1970

RECEIVED
SEP 8 - 1970
Bureau of Vital Statistics

W. W. Benson, State Registrar
Bureau of Vital Statistics
Statehouse
Boise, Idaho 83707

Dear Mr. Benson:

Thank you for your letter of August 24, regarding the birth certificate problem with Mrs. Esther John.

The actual date that her mother and the entire family has always celebrated for her birthday was January 9. The added "1" would seem most likely to be a mistake. I discussed this with Mrs. A. D. Heffel and she could remember very little of the details of 1948, but insists that the 9th is the proper date rather than the 19th.

If there are further documentations that would be helpful, please inform me of them.

Sincerely,

Donald L. John, M. D.
Acting Chief of Professional Services

DLJ:nb

Mr B.

Do NoT add 1 to cert.
Unless we do not hear from
Dr John within a reasonable
Length of time.

PHYSICIAN'S RECORD

County of birth .....

City or town .....

Street No., R.F.D. .....

Hospital Name .....

Registration notice

Address .....

CHILD'S
FULL NAME .....

Birth date .....

Sex..... Twin Triplet..... 1st 2d, 3d..... Leg.....

Father's name .....

Color..... Age.....

Birthplace .....

Occupation .....

Mother's
Maiden Name .....

Color ..... Age.....

Birthplace .....

Total Children..... Born Alive..... Still Born.....

COMPLETE MEDICAL REPORT ON
REVERSE SIDE OF CERTIFICATE

August 24, 1970

COPY

Donald L. John, M.D., F.A.C.P.
Acting Chief of Professional Services
Riverside General Hospital
University Medical Center
9851 Magnolia Avenue
Riverside, CA 92503

Dear Doctor John:

I have reviewed all of the correspondence regarding the request for your wife's birth certificate. I have examined the certificate in question and find that someone in this office has altered the date of birth from the 19th to the 9th. This is a rather serious action and one that has never before taken place in this office to my knowledge.

The Statutes are quite specific about alterations or corrections on certificates, and I cannot understand why this certificate was changed in this manner. It is quite obvious that someone has erased the 1 in front of the 9. The copy that shows January 19 is the correct copy which was sworn to by the affadavit of the mother. I am having the 1 added back on the certificate so that the date will be the 19th unless this is an incorrect date and substantiating documents must be provided to indicate that the date of birth is the 9th. I assume that the 19th is the correct date since there was a copy issued on April 19, 1948 which listed the 19th as the date of birth.

You may be assured that my investigation is continuing so that this practice will not occur again. I must apologize for any inconvenience that has been caused.

Very truly yours,

W. W. Benson, State Registrar
Bureau of Vital Statistics

WWB:cck

August 24, 1970

Ronald L. John, M.D., F.A.C.P.
Acting Chief of Professional Services
Riverside General Hospital
University Medical Center
[illegible] Magnolia Avenue
Riverside, CA 92503

Dear Doctor John:

I have reviewed all of the correspondence regarding the request for your wife's birth certificate. I have examined the certificate in question and find that someone in this office has altered the date of birth from the 19th to the 9th. This is a rather serious action and one that has never [illegible]

The Statutes are quite specific about alterations or corrections on certificates, and I cannot understand why this certificate was changed in this manner. It is quite obvious that someone has erased the 1 in front of the 9. The copy that shows January 19 is the correct copy which was sworn to by the affidavit of the mother. I am having the 1 added back on the certificate so that the date will be the 19th unless this is an incorrect date and substantiating documents must be provided to indicate that the date of birth is the 9th. I assume that the 19th is the correct date since there was a copy issued on April 19, 1944 which listed the 19th as the date of birth.

You may be assured that my investigation is continuing so that this practice will not occur again. I must apologize for any [illegible] that has been [illegible].

Very truly yours,

W. W. [illegible], State Registrar
Bureau of Vital Statistics

WWD:ock

RIVERSIDE GENERAL HOSPITAL • UNIVERSITY MEDICAL CENTER
9851 MAGNOLIA AVENUE • RIVERSIDE, CALIFORNIA • 92503 • TELEPHONE 689-2211

RECEIVED
AUG 21 1970
Bureau of Vital Statistics

August 18, 1970

State of Idaho
Department of Health
Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

We recently obtained two copies of Mrs. John's birth certificate.

They appear to be exact copies, except the birth dates are different. January 9 has been the one assumed, however, one of the certificates lists January 19. Would you please check this difference and let us know the correct date.

Thank you.

Sincerely,

Donald L. John, M.D.

Donald L. John, M.D., F.A.C.P.
Acting Chief of Professional Services

DLJ/v
enclosures

VERSIDE GENERAL HOSPITAL • UNIVERSITY MEDICAL CENTER
[illegible] • [illegible] • [illegible] • [illegible] • [illegible] • [illegible] • [illegible] • PHONE 683-6371

RECEIVED
AUG 6 1970
Bureau of Vital Statistics

August 18, 1970

State of Idaho
Department of Health
Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

We recently obtained two copies of Mrs. John's birth certificate.

[illegible] requested no exact copies. Except the [illegible] requested.
January 1 has been one desired, however, one of the certificates
lists January 15. Would you please check this difference and let us
know the correct date.

Thank you.

Sincerely,

Donald L. John, M.D., F.A.C.P.
Acting Chief of Professional Services

DLJ:v
enclosures

RIVERSIDE GENERAL HOSPITAL • UNIVERSITY MEDICAL CENTER
9851 MAGNOLIA AVENUE • RIVERSIDE, CALIFORNIA • 92503 • TELEPHONE 689-2211

RECEIVED
JUL 9 - 1970
Bureau of Vital Statistics

Air Mail

5 ✓

Bureau of Vital Statistics
State Capitol Building
Boise
Idaho

JUL 10 1970

DE 48-210

Gentlemen:

Would you please send a copy of the birth certificate for my wife, Esther Elizabeth Heffel (John), born in Idaho Falls, Idaho on January 9, 1919.

Enclosed is a check for $5.00 to cover the fee. I do not know the exact fee. Please refund the balance. Enclosed also is a stamped self addressed envelope for your convenience.

I previously sent a request to the Bureau of Vital Statistics in Idaho Falls. After no response, I called the County Clerk in Idaho Falls and was directed to your office for this information.

Thank you for your prompt attention in this matter as timing is urgent.

Sincerely,

Donald L. John, M.D.

DJ/v
enclosures

cp sent
7-10-70

Dear Jeff,

Thanks for your letter of [illegible] regarding [illegible]. I am very [illegible] to hear from you.

[illegible]

[illegible]

[illegible]

LOMA LINDA UNIVERSITY MEDICAL CENTER
LOMA LINDA, CALIFORNIA 92354

SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

RECEIVED
JUN 25 1970
Bureau of Vital Statistics

June 21, 1970

Bureau of Vital Statistics
County Courthouse
Idaho Falls, Idaho

JUN 26 1970

Re: Esther Elizabeth Heffel
Birthdate: January 9, 1919

Dear Sir:

Enclosed is a check for $10.00 to cover the estimated cost of a copy of my birth certificate.

Thank you for your prompt care of this matter.

Sincerely,

Mrs. Esther John

EJ:ejf

Mrs Esther John

LOMA LINDA UNIVERSITY MEDICAL CENTER
DEPARTMENT OF MEDICINE
LOMA LINDA, CALIFORNIA 92354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mothers stay BEFORE delivery: In THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Ida. (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. .....
   (e) How long has MOTHER lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Elizabeth Heffel

5. Date of Birth of Child (Month, day, year) Jan 9-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alex Heffel
11. Color or Race W.
12. Age at time of THIS birth ..... yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna J. Grob
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J Heffel Signature

Glendale, Calif. P. O. Address

Subscribed and sworn to before me this 19 day of April 19 48

(SEAL) ..... Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

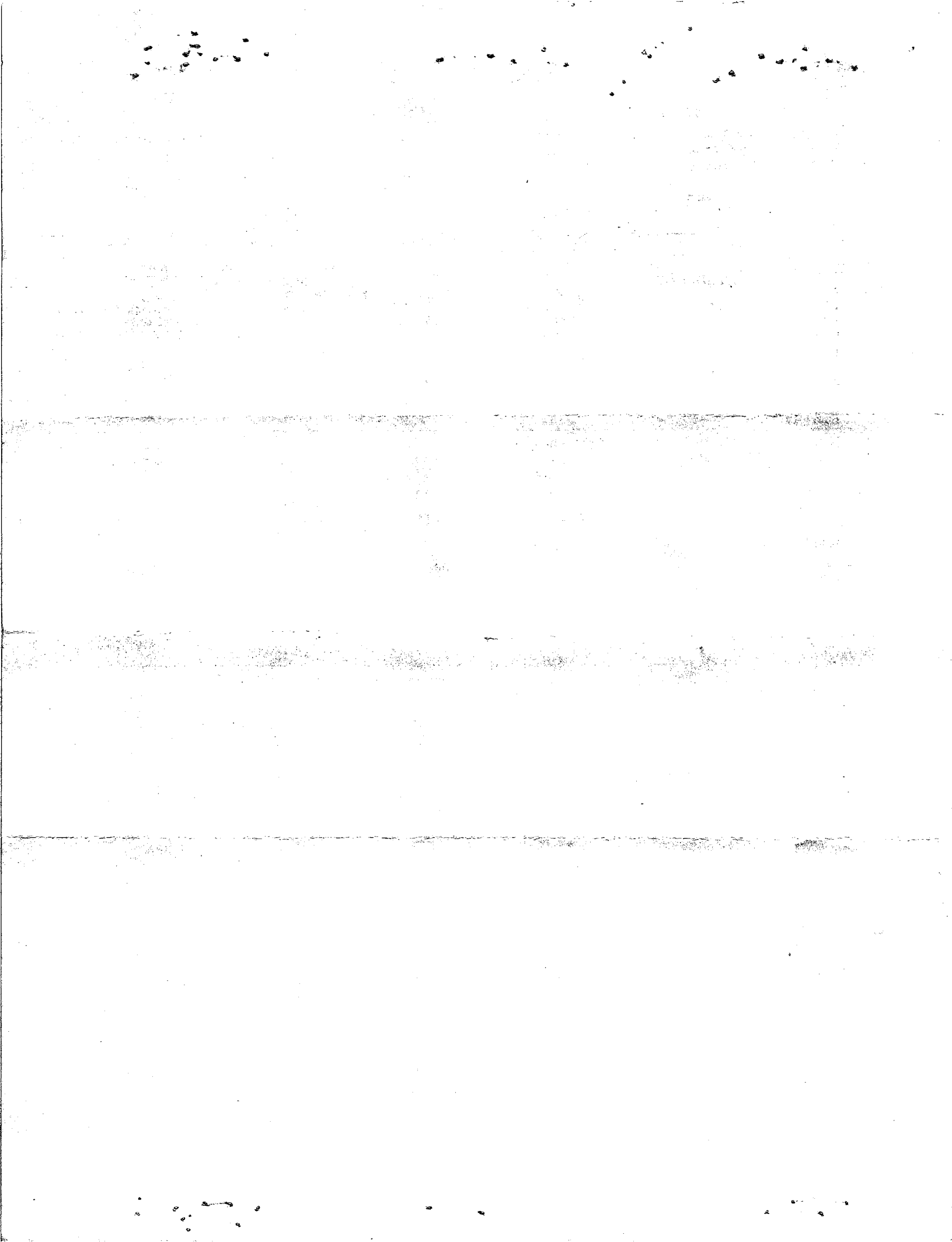
Received for filing on April 19-1948 by ..... Registrar

State of Idaho.....)
County of Ada .....)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the State Department of Health under Title 39, Idaho Code.

JUL 10 1970
Date Issued

Lou Benson
State Registrar of Vital Statistics



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [illegible] (b) City [illegible] Ind.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Elizabeth Heffel

5. Date of Birth of Child (Month, day, year) Jan 19-1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Otto Heffel
11. Color or Race W.
12. Age at time of THIS birth yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna J. Gerb
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna J Heffel Signature

Glendale, Calif P. O. Address

Subscribed and sworn to before me this 19 day of April, 1948.

(SEAL) [illegible], Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 19-1948 by [illegible], Registrar

State of Idaho.....)
County of Ada .....)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the State Department of Health under Title 39, Idaho Code.

JUN 26 1970
Date Issued

W. W. Benson
State Registrar of Vital Statistics

514-107-003-433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Ida.

4. **FULL NAME OF CHILD** Jack Courtney Vaughn

5. Date of Birth of Child (Month, day, year) 5/7/19

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Forshia Vaughn
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bench (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude McClatchey
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bolton (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California, County of Kings } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for years, and that Dr. Hyram Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude McClatchey Vaughn Signature

Box 43, Alpaugh, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of May, 1948

(SEAL) M. Roberts, Notary Public, residing at Tulare County, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 326 TO DE48-0326 12/14/12 KMC

MAY 24 1948

MAR 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-18-029-312

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

RECEIVED JUL 21 1948 DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0513
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City or town Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 yrs years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Ortis Noble Rogers

5. Date of Birth of Child (Month, day, year) Oct. 18, 1919

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Lee Rogers
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gladys Case
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (all)
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gladys Rogers (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Lewiston, Idaho Date 6-24-1948

AFFIDAVIT

State of Idaho, County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 28 yrs 8 mo years, and that Phoebe Rogers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139 1937 Session Laws.

Mrs. Mary Gladys Rogers Signature

Route 1 Box 404, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 19 48

(SEAL) Carl Palmateer, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1948 by John W. Wing, Registrar

JUL 23 1948

FILE # FROM 513 TO DE48-0513 12/24/12 KMC

JUN 16 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-108-006319

RECEIVED
SEP 22 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0754
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** JOSE ISABEL SANCHEZ

5. Date of Birth of Child (Month, day, year) Jun. 8, 1919

6. Sex male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ascension Sánchez
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Coahuila, Mexico (City or town) (State or foreign country)
14. Exact Occupation Construction work
15. Industry or Business railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tomasa Carrillo
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Palo Blanco, Dgo. Mexico (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ascension Sánchez (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Chihuahua } ss.
County of Ciudad Juarez, Mexico }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ascension Sanchez Signature
Ave. Ferrocarril 1613 Sur P. O. Address

Subscribed and sworn to before me this 15th day of September, 1948.
Rafael D. Martinez, Notary Public, residing at Ciudad Juárez

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 23, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1948

FILE # FROM 754 TO DE48-0754 1/9/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

899-222
017-134

RECEIVED
NOV 2 1948
BUREAU OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0952
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clark (b) City Kilgore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clark
   (c) City Kilgore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kilgore, Idaho

4. **FULL NAME OF CHILD** Gail Edna Hirschi

5. Date of Birth of Child (Month, day, year) March 22, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Hirschi Jr.
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hedwig Aldehoff
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Schwerte Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Jefferson }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hedwig Hirschi Signature
Kilgore, Idaho P. O. Address

Subscribed and sworn to before me, this 20th day of November, 1948.

(SEAL) George M. Larsen, Notary Public, residing at Mesa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 24, 1948 by Mabel Fielder Asst, Registrar

FILE # FROM 952 TO DE48-0952 1/22/13 KMC

NOV 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-1081022-235 RECEIVED DEC 2 1948 DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1040
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stanley Raymond Wellard

5. Date of Birth of Child (Month, day, year) 8-8-1919

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stanley Raymond Wellard
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Twin Groves (City or town) Idaho (State or foreign country)
14. Exact Occupation plasterer
15. Industry or Business contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Steinman
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hanover (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California
County of San Bernardino } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that Dr. Gray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elsie L. Barnes, Signature

392 So. Arrowhead Ave. San Bernardino P. O. Address

Subscribed and sworn to before me this 20 day of December, 1948

(SEAL) John L. Pennington, Notary Public, residing at 240 3rd St. San Bernardino, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 24, 1948 by W. L. Benson, Registrar

DEC 24 1948

FILE # FROM 1040 TO DE48-1040 1/31/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-209-004-695

RECEIVED
JAN 28 1949
VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1113
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jean Mueller

5. Date of Birth of Child (Month, day, year) 1-9-1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph B. Mueller
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Born Switzerland (City or town) (State or foreign country)
14. Exact Occupation Music Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Winters
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bear Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 30 years, and that Dr Guerard F Ashley (First name) (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth W Mueller Signature
1601 Capitol St Ogden P.O. Address

Subscribed and sworn to before me this 24th day of January, 1949

(SEAL) Williamelia C. Small, Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 28, 1949 by W L Benson, Registrar

JAN 20 1949

FEB 8 1966

MAY 8 1968

FILE # FROM 1113 TO DE49-1113 2/5/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

282-124-010-355

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE49-1210
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Milo
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Milo
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kenneth Lee Bybee

5. Date of Birth of Child (Month, day, year) Nov. 24, 1919

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy .....

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stanley Raymond Bybee
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Menan (City or town) Idaho (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lavenia Lee
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Leorin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Mrs. Josephine Newman, Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Lavenia Bybee Signature
1714 Dora St Boise P. O. Address

Subscribed and sworn to before me this 2nd day of March 19 49.

(SEAL) Mary Belden, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 3, 1948 by W. W. Benson, Registrar

MAR 3 1949

FILE # FROM 1210 TO DE49-1210 2/12/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-120-023-695

RECEIVED
MAR 12
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1246
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. R.F.D. 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 8 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. R.F.D. 1
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Charles Carroll Sumpter

5. Date of Birth of Child (Month, day, year) Oct. 20, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Perry Otto Sumpter
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Asotin, Washington (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lenora Finley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Kirksville, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ethel Lenora Sumpter now Harper (First name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J L Reynolds M.D. ~~Midwife~~ Address Emmett Idaho Date 3-11-49

AFFIDAVIT

State of ..... } ss.
County of .....

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 15, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1246 TO DE49-1246 11/6/2013-LLE

MAR 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735 28 033-194

RECEIVED
APR 1 19
DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
   (a) County Madison (b) City Canyon Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: On the farm
   (e) Mothers stay BEFORE delivery: In THIS county 1 years 6 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Cayen Creek
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Cayen Creek,

4. FULL NAME OF CHILD Iona Marie Plesner

5. Date of Birth of Child (Month, day, year) June 28, 1919

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Plesner
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Christinia (City or town) of Norway (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Ellen Ard
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Elsmere, Kansas (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrole
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. J. D. Ard (First name) (Last name) who is related as Grandmother (of this child) (Mother, etc.)

25. Attendant's OWN signature Mrs. J. D. Ard M.D. Midwife Address Rexburg Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 1, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1307 TO DE49-1307 11/7/2013-LLE

APR 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-201-035-312

PLACE OF BIRTH

County of Nez Perce

City of Lapwai, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. DE49-1538

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Bonnie Gene Cass

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 1, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Franklin W. Cass	FULL MAIDEN NAME: Anna V. Caster
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) E. G. Braddock

Lewiston
(Physician or midwife)

Address Lewiston, Idaho

Filed June 15, 1949 192 W. W. Benson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FILE # FROM 1538 TO DE49-1538 11/14/2013-LLE

SEP 30 2015

JUN 16 1949

DELAYED

454-123-002-485

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
DIVISION OF VITAL STATISTICS

(All items must be answered. Where the information is as of date of birth of THIS child.)

State File No. DE49-1691
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items must be answered. Where the information is as of date of birth of THIS child.)
   (a) County Kootenai (b) City Rimrock
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rimrock
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rimrock Idaho

4. **FULL NAME OF CHILD** Riley Anderson Redman

5. Date of Birth of Child (Month, day, year) March 23 1949

6. Sex Baby Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Neal Redman

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Lake City Ark. (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola E Manwaring

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Claude (First name) Redman (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E R Francis M.D. Midwife Address Athol Ida Date 7-30 1949

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 2, 1949 by W W Benson, Registrar

FILE # FROM 1691 TO DE49-1691 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 2 1949

413-107-010-469

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
DIVISION OF VITAL STATISTICS

(Use entire information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1696
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County
   (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Sugar Refinery Camp
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Sugar Refinery Camp
   (e) How long has **MOTHER** lived in Idaho? 7 mos.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Anthony Maldonado

5. Date of Birth of Child (Month, day, year) Oct. 7, 1949

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emeterio Maldonado
11. Color or Race Mexican
12. Age at time of THIS birth 31 yrs.
13. Birthplace Silao Gto. Mex. (City or town) (State or foreign country)
14. Exact Occupation Railroad laborer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Valentina Moreno
17. Color or Race Mexican
18. Age at time of THIS birth 20 yrs.
19. Birthplace Aguas Calientes Mex. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 6.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of San Joaquin } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Not Known (First name) (Last name), who attended this birth, Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded in accordance with the 1937 Session Laws.

Valentina Moreno being unable to write made her mark and I wrote her name for her in her presence at her request. Bruce B. Heslop

Valentina + Moreno Signature
2814 E. Washington St. Stockton, Calif. P. O. Address

Subscribed and sworn to before me this 1st. day of August, 1949.

(SEAL) Bruce B. Heslop, Notary Public, residing at Stockton, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR SAN JOAQUIN COUNTY, STATE OF CALIFORNIA

Received for filing on Aug 3, 1949 by W. W. Benson, Registrar

FILE # FROM 1696 TO DE49-1696 11/20/2013-LLE

AUG 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392-230-010-296

RECEIVED
AUG 26 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1786
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Items at time of this birth)
   (a) County Bonville (b) City Idahofalls
   (c) Street Address or R.F.D. No. % Thomas Jinkins
   (d) Name of Hospital or Maternity Home: none (At home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonville
   (c) City Idaho Falls, Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Maria De Jesus Cisneros

5. Date of Birth of Child (Month, day, year) Sept. 30, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ambrosio Cisneros
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cueramaro (City or town), Guanajuato (State or foreign country), Mexico
14. Exact Occupation Labor , Ranch labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Paula Bravo
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Penjamo (City or town), Guanajuato (State or foreign country), Mexico.
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Amrosio (First name) Cisneros (Last name) who is related as the father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Dionisia (First name) Yharra (Last name), Midwife, who attended this birth can not be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ambrosio Cisneros Signature

3573 Garnet St. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 24th day of February, 1949

(SEAL) C. H. Clements, Notary Public, residing at Los Angeles, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 26, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1786 TO DE49-1786 11/21/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 26 1949

259-210-026 367

RECEIVED

SEP 26 1949

DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. 7 mos.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho.

4. **FULL NAME OF CHILD** Emilia Serna

5. Date of Birth of Child (Month, day, year) Oct. 10, 1919.

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hipólito Serna
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Jerez, Zacatecas, Mexico. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Western Sugar Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marcela López
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fresnillo, Zacatecas, Mexico. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of San Diego }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that no doctor or midwife (First name) (Last name), ~~who~~ attended this birth. - - - - - - - - - - I further (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

marcela lopez Signature

Calle Galeana 600, Tijuana, B.C., Mexico P. O. Address

Subscribed and sworn to before me this 26 day of SEPTEMBER, 1949.

(SEAL) My Commission Expires Dec. 21, 19[illegible] J. W. Bartell, Notary Public, residing at SAN YSIDRO, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 27, 1949 by W. W. Benson, Registrar

FILE # FROM 1895 TO DE49-1895 11/25/2013-LLE

SEP 27 1960

NOV 4 1953

OCT 3 1 2002

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-129-010-665

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED OCT 1 1949 VITAL STATISTICS DIVISION STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1913
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City or Village Ammon
   (c) Street Address or R.F.D. No. RFD. #3
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 9 months —days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Bonneville
   (c) City OZONE
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ozone, Idaho

4. **FULL NAME OF CHILD** Owen Butler Wallace

5. Date of Birth of Child (Month, day, year) June 29, 1919

6. Sex MALE

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Butler Wallace
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Beechville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Olive Owen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ammon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr. James R. Shoupe (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rosa Olive Wallace Signature
Idaho Falls, Ida. R3 P. O. Address

Subscribed and sworn to before me this 24th day of September, 1949.
(SEAL) Karl B. Hale, Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 7, 1949 by W. L. Benson, Registrar

FILE # FROM D49-1913 TO DE49-1913 11/25/2013-LLE

MAR 24 1952

OCT 3 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1919-15084

DELAYED

632-21-029-813

RECEIVED
OCT 17 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Deary
   (c) Street Address or R.F.D. No. Box 43
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 9 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County LaTah
   (c) City Deary
   (d) Street Address or R.F.D. No. Box 43
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary, Idaho

4. **FULL NAME OF CHILD** Hazel Bernice Olson

5. Date of Birth of Child (Month, day, year) Jan. 11, 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Phyllis Olson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fassel (City or town) Minnesota (State or foreign country)
14. Exact Occupation Warehouse Laber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Elizabeth Halen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Deary (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that R. C. Faust, M. D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phyllis Olson Signature

Deary, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of October 1949.

(SEAL) Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 18, 1949 by W W Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1960 TO DE49-1960 12/2/2013-LLE

APR 5 1957

OCT 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343.728.022-766

RECEIVED
OCT 26 1949
BUREAU OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1982
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Harold Keith Cutler

5. Date of Birth of Child (Month, day, year) June 28, 1949

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sheldon Cutler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Richmond (City or town) Va (State or foreign country)
14. Exact Occupation ~~Farmer~~ Restaurant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Powers
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Richmond (City or town) Va (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Mrs. H. P. Cummings Kane (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Cutler Signature

P. O. Address

Subscribed and sworn to before me this 24 day of Oct., 1949

(SEAL)

Jean Webster is, Notary Public, residing at Ashton,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 26, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED Certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1982 TO DE49-1982 12/2/2013-LLE

OCT 26 '49

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-106-044-752

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2009
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years 1 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** William Benjamin Wooden

5. Date of Birth of Child (Month, day, year) Nov. 6, 1919

6. Sex M

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Benjamin Wooden
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Carroll County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Pebbles
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Council Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Wooden (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Cottage Grove, Oregon Date 8/12/49
Father

AFFIDAVIT

State of Oregon
County of Lane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that William Benjamin Wooden (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary ann Wooden Signature

Cottage Grove, Oregon P. O. Address

Subscribed and sworn to before me this 5th day of November 1949

(SEAL)

Mabel Fletcher, Notary Public, residing at Cottage Grove Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 5, 1949 by W. W. Benson, Registrar

My com ex Mar 7, 1953

FILE # FROM 2009 TO DE49-2009 12/3/2013-LLE

NOV 7 1949
MAY 21 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-216-034-176

RECEIVED
DEC 23 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2155
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in.)
   (a) County Minadoka (b) City Rupert
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minadoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. rural
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Idaho

4. **FULL NAME OF CHILD** Dorcas Thelma Randolph

5. Date of Birth of Child (Month, day, year) 12-16-1949

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Fred Maurice Randolph
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Antonito (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Caroline McWitt
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Durango (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Grandfather (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 30 years, and that Dr. Killen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank R Randolph Signature
644-West Maple P. O. Address

Subscribed and sworn to before me this 15 day of December, 1949

(SEAL) Alton M. Alexander, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-27-49 by W L Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2155 TO DE49-2155 12/10/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

249-28-028-319

De-49

United States Department of Commerce Bureau of the Census

RECEIVED DEC 31 1949

(Be sure the information is as of date of birth of THIS child.)

State File No. 2167
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 218 Foster
   (d) Name of Hospital or Maternity Home: (Home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 218 Foster
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Margaret Ellen Smith

5. Date of Birth of Child (Month, day, year) October 8, 1919

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Ernest Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fair Haven (City or town) Minn. (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Dept. Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alana "A" Caryl
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Knapp (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alana (First name) Smith (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John Ellwood M.D. Midwife Address Coeur d'Alene Ida Date Dec 31-49

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-29-49 by Agnes P. Burns, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

572-22-003-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ____ St. Registration District No. ____ File No. 1919 DE50-0054

Hospital General Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Pauline Elizabeth Nash
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec. 28, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Paul Victor Nash	FULL MAIDEN NAME: Ida Elizabeth Jenkins
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

(Signature) W. W. Brothers

Physician
(Physician or midwife)

Address Pocatello, Idaho

Filed 3-29-50 192__ W. W. Benson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FILE # CHANGED FROM DE-54 ON 5/14/08 KMC

MAR 28 1950

DELAYED

619-205-030-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 50-144
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Peggy Ann Warner
2. Date of Birth (month) (day) (year): September 5 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lemhi
b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: John Warner
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Jessie Emily Bennett
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Peggy Ann Warner
11. Present Address of Registrant: Box 4 - Powell Wyo.

NOTARY (Seal)

Subscribed and sworn to before me on: June 10 1950
12. Signature of Notary: (Mrs) Bessie Bunker
13. Notary Commission expires: My Commission expires September 24, 1950

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Natrona County School Record	Pearl Burns, Registrar	9/6/33	9/6/33
Class* B	Date of Birth: 9/5/1919 / Birth Place:	Full Name of Mother:	Name of Father: John Warner	
SUPPORTING RECORD 2.	Memorial Hospital of Natrona Co. Hospital Record	Agnes Gerken, Medical Records Librarian	6/21/50	8/31/39
Class B	Date of Birth: Age was 19 yrs. on 8-31-39 / Birth Place:	Full Name of Mother: Jessie Warner	Name of Father:	
SUPPORTING RECORD 3.	Birth Certificate of Child	Memorial Hosp. of Natrona Co.	8-5-41	8-5-41
Class B	Date of Birth: 9/5/1919 / Birth Place: Salmon, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Wanda Ewart	6-23-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM DE-50-144 TO DE50-144 1/3/2014-LLE

JUN 23 1950

381-118-028-812

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 50-207
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theodore James Chandler
2. Date of Birth (month) (day) (year): November 18 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Spirit Lake

FATHER

6. Full Name of Father: Claude LeRoy Chandler
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Marie Haber
9. State or Country of Mother's Birth: Spokane Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theodore James Chandler
11. Present Address of Registrant: 617 - 3rd. West, Seattle, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: January 20 1950
12. Signature of Notary: Verry E Dye.
13. Notary Commission expires: 2 - 6 - 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Insurance Policy	Prudential Insurance Co.	1-4-22	1-4-22

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 18, 1919	Idaho	Marie Chandler	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	Spokane Public School	1-31-50	5-1-28

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-18-19			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Army Discharge Paper	Army of the United States	2/17/46	2/17/46

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-18-19	Spirit Lake, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Wanda Evans	8-11-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM DE-50-207 TO DE50-207 1/7/2014-LLE

AUG 14 1950

469-12-2026-61 B

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-313
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBERT F. MORALES			2. Date Of Birth (month) 12 (day) 12 (year) 1919
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: IDAHO BINGHAM	b. City or Town of Birth: SHELLEY
FATHER	6. Full Name of Father: GRACIANO MORALES			7. State or Country of Father's Birth: MEXICO
MOTHER	8. Full Maiden Name of Mother: SIMONA FALCON			9. State or Country of Mother's Birth: MEXICO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Albert F. Morales	11. Present Address of Registrant: 2351 Fisher St Los Angeles California
NOTARY (Seal)	Subscribed and sworn to before me on: June 6th 1950		12. Signature of Notary: Macario V. Ballesteros	13. Notary Commission expires: March 15th 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge, U. S. Marine Corps, W. L. M. Townsend, Captain	By whom issued and signed	Date Issued: Dec. 1945	Date Orig. Entry: Dec. 20, 1941
Class* B	Date of Birth / Birth Place: Dec. 12, 1919, Shelley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Los Angeles, Calif. Abraham Lincoln High School	Date Issued: July 7, 1950	Date Orig. Entry: Feb. 1938
Class B	Date of Birth / Birth Place: Dec. 12, 1919, Shelley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Operator's License	By whom issued and signed: Department of Motor Vehicles Los Angeles, Calif.	Date Issued: 4-29-47	Date Orig. Entry: same
Class B	Date of Birth / Birth Place: Dec. 12, 1919	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Oct. 9, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 19 2008

OCT 10 1950

AUG 20 1950

1439-227-002-417

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-343
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVA LUCILLE McREYNOLDS
2. Date Of Birth (month) SEPT. (day) 27 (year) 1919
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO ADAMS
b. City or Town of Birth: NEW MEADOWS

FATHER

6. Full Name of Father: JESSIE KEMBROUGH McREYNOLDS
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: SIBBIE MAY MAPLES
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Lucille McReynolds
11. Present Address of Registrant: 1607 Jefferson—Boise Ida.

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 26 1950
12. Signature of Notary: Ernest Potter
13. Notary Commission expires: Nov. 1 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Employment Record	Mrs Loverna A. Nelson	10-5-50	
Class* B A	Date of Birth: 9-27-19	Birth Place: New Meadows	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	School Record	Hazel McClymonds	10-9-50	1925
Class B	Date of Birth: 6 Yrs.	Birth Place: New Meadows	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Midwife Record	Ella Branstetter	10-11-50	
Class B	Date of Birth: 9-27-19	Birth Place: New Meadows	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Carol Bennett
Date Filed: 10-26-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1950

698-104-030-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-498
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Willard Thomas Fry
2. Date of Birth (month) January (day) 4 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lemhi; b. City or Town of Birth: Goldberg, Idaho

FATHER

6. Full Name of Father: Alva Wise Fry
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Nancy Irene Robinson
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willard T. Fry
11. Present Address of Registrant: Apt. 7 Veterans Housing Project Kellogg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 23 1951

12. Signature of Notary: James G. Fowler
13. Notary Commission expires: August 3 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Nat'l Service Life Insurance	7-6-42	7-6-42
Class* B	Date of Birth / Birth Place: Jan. 4, 1919, Goldberg, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Army Discharge	By whom issued and signed: U. S. Army	Date Issued: 7-3-42	Date Orig. Entry: Dec. 23, 1945
Class B	Date of Birth / Birth Place: Jan. 4, 1919, Lemhi County, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

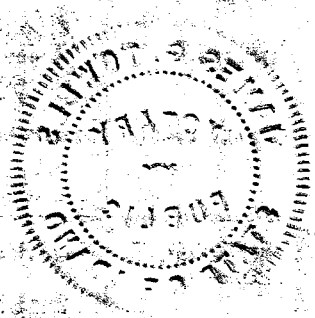
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	2-2-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 Copy Ppd.

FEB 2 1951



236-105-004-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-637
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford David Stock			2. Date Of Birth (month) March (day) 9 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho / Bear Lake	b. City or Town of Birth: Fish Haven
FATHER	6. Full Name of Father: Charles ~~Cobb~~ Colson Stock			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sophia Thompson			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford D. Stock		11. Present Address of Registrant: 2859 Foss Ave Arcadia, California
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1951	12. Signature of Notary: Elmer L. Price		13. Notary Commission expires: My Commission Expires Feb. 5, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church		Date Issued:	Date Orig. Entry: Apr. 20, 1919
Class* A	Date of Birth / Birth Place: March 9, 1919, Fish Haven, Ida	Full Name of Mother: Sophia Thompson		Name of Father: Charles C. Stock	
SUPPORTING RECORD 2.	Type of Document: Military Record	By whom issued and signed: U. S. Army		Date Issued:	Date Orig. Entry: 1-5-29
Class B	Date of Birth / Birth Place: March 9, 1919 Fish Haven, Idaho	Full Name of Mother:		Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:		Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeden	3-22-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 22 1951

OCT 19 2005

434-219-022-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-674
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANNA JOSEPHINE Mc DANIEL
2. Date of Birth (month) (day) (year): MARCH 19 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: FREMONT b. City or Town of Birth: ST. ANTHONY, IDAHO

FATHER

6. Full Name of Father: ELMER ELSWORTH Mc DANIEL
7. State or Country of Father's Birth: OHIO

MOTHER

8. Full Maiden Name of Mother: WANDA AURELIA Mc DANIEL
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant (Riggs): Anna Josephine McDaniel
11. Present Address of Registrant: 4718 College Ave San Diego 5 Calif

NOTARY (Seal)

Subscribed and sworn to before me on: March 27 1951

12. Signature of Notary: E. B. Bingham
13. Notary Commission expires: My Commission Expires September 21, 1954 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Census Record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued: 1920 census
Date Orig. Entry:
Date of Birth: March 19, 1919
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date Issued:
Date Orig. Entry: 3-19-19
Date of Birth: March 19, 1919
Birth Place: St. Anthony, Idaho,
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Social Security Record
By whom issued and signed: Social Security Administration
Date Issued:
Date Orig. Entry: 3-14-51
Date of Birth: March 19, 1919,
Birth Place:
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Nelson
Date Filed: Apr. 2, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 7 1951

418-702 1039-921

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-744
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roland Alfred Mayer			2. Date Of Birth (month) August (day) 2 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Power County	b. City or Town of Birth: near American Falls, Idaho
FATHER	6. Full Name of Father: Fred G. Mayer			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Bertha Isaak			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Roland alfred Mayer	11. Present Address of Registrant: American Falls, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: April 17th, 1951		12. Signature of Notary: W. E. Loofbourrow	13. Notary Commission expires: December 8th, 1953.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit		By whom issued and signed: Bertha Mayer, mother	Date Issued: 4-17-51	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Aug. 2, 1919, American Falls,		Full Name of Mother: Bertha Mayer	Name of Father: Fred G. Mayer	
SUPPORTING RECORD 2.	Type of Document: Affidavit		By whom issued and signed: Fred G. Mayer, Father	Date Issued: 4-17-51	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 2, 1919, American Falls		Full Name of Mother: Bertha Mayer	Name of Father: Fred G. Mayer	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry
Class	Date of Birth / Birth Place:		Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Keefer	Date Filed: Apr. 20, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State of Idaho,)
) SS:
County of Power.)

Fred G. Mayer, being first duly sworn on his oath states:

That he and Bertha Isaak were intermarried one with the other and became husband and wife June 5th, 1910, and ever since said time have been and now are husband and wife:

That this affiant and the said Bertha Isaak, now Bertha Mayer, are the parents of Roland Alfred Mayer who was born August 2nd, 1919, at their farm home near American Falls, in Power County, Idaho.

That Dr. C. F. Schiltz attended at said birth.

That he is dead.

Fred G. Mayer

Subscribed and sworn to before me this 17th day of April, 1951.

M. E. Longbourne
Notary Public, Residing at American Falls, Idaho.

(Seal)

My commission expires December 8th, 1953.

APR 20 1951

State of Idaho,)
County of Bower.) ss:

Fred C. Boyce, being first duly sworn on his oath states:

That he and Bertha Isaak were intermarried one with the other and became husband and wife June 5th, 1910, and ever since said time have been and now are husband and wife:

That this affiant and the said Bertha Isaak, nee Bertha Lepp, are the parents of Roland Alfred Lepp who was born August 2nd, 1919, at their farm home near Malerton Valley, in Power County, Idaho.

That Mr. C. T. Curtis attended as said birth.

That he is dead.

Subscribed and sworn to before me this 17th day of April, 1922.

Notary Public, residing at Rockford, Idaho.

My commission expires December 6th, 1923.

Filed Oct 5 1922

State of Idaho,)
) SS:
County of Power.)

Bertha Mayer, being first duly sworn, on her oath states:

That she is the wife of Fred G. Mayer:

That she is the mother of Roland Alfred Mayer:

That said Roland Alfred Mayer is the son of this affiant and of Fred G. Mayer:

That said Roland Alfred Mayer was born at the farm home of this affiant and her husband, near American Falls, in Power County, Idaho: August 2nd, 1919:

That Dr. C. F. Schiltz attended at said birth and he is dead:

That affiant and her husband were married June 5, 1910.

Bertha Mayer

Subscribed and sworn to before me April 17th, 1951.

(Seal)

Notary Public, Residing at American Falls, Idaho.
My commission expires December 8th, 1953.

RECEIVED
APR 20 1951
DIVISION OF VITA

5-9

State of Idaho,
County of Power. } ss:

Dorcas Meyer, being first duly sworn, on oath deposes:

That she is the wife of Fred C. Meyer:

That she is the mother of Roland Alfred Meyer:

That said Roland Alfred Meyer is the son of this affiant and of Fred C. Meyer:

That said Roland Alfred Meyer was born at the farm home of this affiant and her husband, near American Falls, in Power County, Idaho: August 2nd, 1910:

That Fr. C. E. Conlin officiated at said birth and he is dead:

That affiant and her husband were married June 5, 1910.

Dorcas Meyer

Subscribed and sworn to before me this 4th day of April 1911, 1911.

Notary Public, residing at American Falls, Idaho.
My commission expires December 6th, 1912.

Recorded at Request of
Dec 8 1911
at 1 min past 10 A.M.

551-22-028-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-748
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MILLARD ELLSWORTH EVANS
2. Date Of Birth (month) (day) (year): JANUARY 22 1919
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: FORD, KOOTENAI
b. City or Town of Birth: FORD

FATHER

6. Full Name of Father: MILLARD OLIVER EVANS
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: MARTHA ALZADA EVANS
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Millard Ellsworth Evans
11. Present Address of Registrant: 512 FARR RD. OPPORTUNITY, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: April 17th 1951
12. Signature of Notary: A. M. Dalphin
13. Notary Commission expires: May 14th 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Application	Idaho Mutual	4-28-43	
Class* B	Date of Birth / Birth Place: Jan. 22, 1919 Ford, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	Department of Commerce Bureau of the Census	1920 Census	
Class B	Date of Birth / Birth Place: 11 Mo. old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Record	North Central High School	1-23-51	1932
Class B	Date of Birth / Birth Place: Jan. 22, 1919	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Eells	Apr. 20, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1951

238-20-016-957

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-804
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Rachel Schaffer

5. Date of Birth of Child (Month, day, year) 8-20-19

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Alvin Schaffer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Velva Regan
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leslie Alvin Schaffer (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for Life years, and that Dr. Cooper (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie A. Schaffer Signature

P. O. Address

Subscribed and sworn to before me this 9th day of May 1921.

(SEAL) Mabel Fielder, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-9-21 by W. W. Benson, Registrar

MAY 9 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

168.202.001-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-890
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Owen J Johnson
2. Date Of Birth (month) Feb. (day) 1 (year) 1917
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ada.
b. City or Town of Birth:

FATHER

6. Full Name of Father: Lawrence Johnson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Stephens
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Owen J Rasmussen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on June 4 1951

12. Signature of Notary: Mabel Heeler, Notary
By Lawrence Johnson, Father
13. Notary Commission expires May 7-1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Apr. 12, 1927	
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
Apr. 12, 1919, Boise, Idaho			

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	May 4, 1919	
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
Feb. 2, 1919 Boise, Idaho	Mary Stephens	Lawrence Johnson	

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

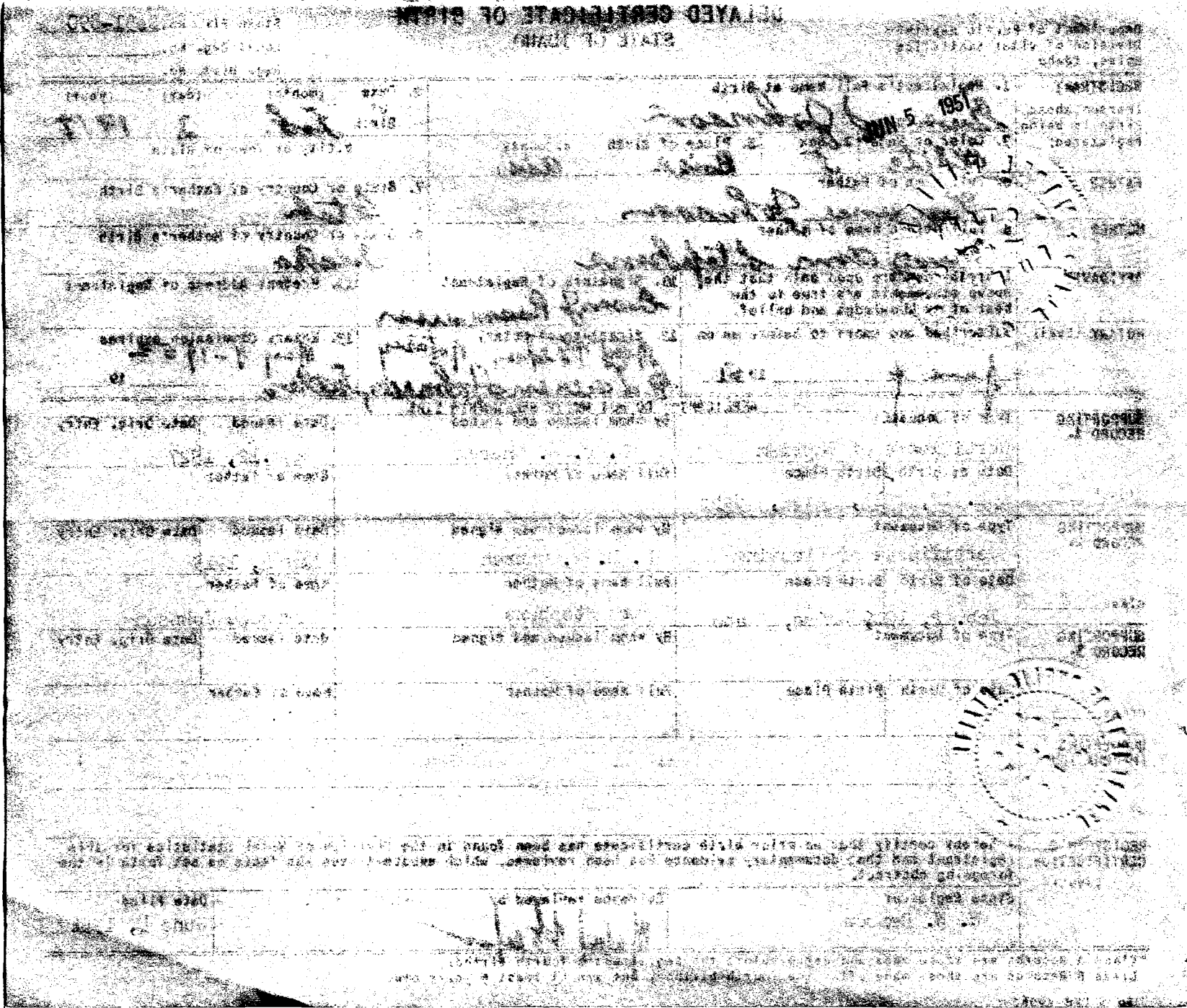
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeler	June 4, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



816-222-035-663

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-912
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Adel Hawley
2. Date Of Birth (month) (day) (year): March 22 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lewiston
   b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Harry Hiram Hawley
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Lillie May Halverton
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Brunsmel
11. Present Address of Registrant: 1549½ Willamette

NOTARY (Seal)

Subscribed and sworn to before me on: May 29, 1951
12. Signature of Notary: L. Clifton Culp
13. Notary Commission expires: 5-15-1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Viewed by Verda Blackley	3-22-1919	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 22, 1919, Lewiston, Idaho			
SUPPORTING RECORD 2.	Certificate of Baptism	First Methodist Church	Apr. 5, 1931	
Class B	3-22-1919, Lewiston, Idaho			
SUPPORTING RECORD 3.	School Record	Silverton Oregon	1925	
Class B	6 yrs old			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeger	June 6, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8

DELAYED

dup of 1919-69521

456-127-001-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE51-0933
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. ALPHONSUS
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County GEM
   (c) City EMMETT
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) EMMETT, Ida.

4. **FULL NAME OF CHILD** WAYNE Edward DeWALT

5. Date of Birth of Child (Month, day, year) MAY 27, 1919

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Arthur WAYNE DeWALT
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace X (City or town) PENNSYLVANIA (State or foreign country)
14. Exact Occupation Construction Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET MAVINE Brown
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace GREENSBURG (City or town) INDIANA (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Dr. H. Goodfriend (First name) (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Arthur Wayne DeWalt Signature

Nezperce Ave. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1947.

(SEAL) Eugene A. Black, Notary Public, residing at Nezperce Ave. Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 11, 1951 by W. H. Benson, Registrar

FILE # FROM DE-51-933 TO DE51-0933 5/20/2014-LLE

JUN 11 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELIVERED

1231-119-036-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 18 1951
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-974
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Raymond L. Blaisdell
2. Date Of Birth: (month) November (day) 19, (year) 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Holbrook

FATHER

6. Full Name of Father: James William Blaisdell
7. State or Country of Father's Birth: Centerville, Utah

MOTHER

8. Full Maiden Name of Mother: Ann Iona Bingham
9. State or Country of Mother's Birth: Clifton, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond L Blaisdell
11. Present Address of Registrant: Holbrook, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 15, 1951

12. Signature of Notary:
13. Notary Commission expires: March 21, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Blessing	L. D. S. Church	1-4-20	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 19, 1919, Holbrook, Idaho			
SUPPORTING RECORD 2. Class B	Honorable Discharge	U. S. Army		Dec. 10, 1945
	Nov. 19, 1919, Holbrook, Idaho			
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	June 18, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

416-20-001-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1035
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elroy Edart Dawson
2. Date of Birth (month) Oct. (day) 20, (year) 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Kuna, Idaho, Ada
b. City or Town of Birth: Kuna

FATHER

6. Full Name of Father: William Albert Dawson
7. State or Country of Father's Birth: Boise, Idaho

MOTHER

8. Full Maiden Name of Mother: Pearl Seevers
9. State or Country of Mother's Birth: Colorado,

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Elroy Edart Dawson
11. Present Address of Registrant: Route #8 Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 10 1951

12. Signature of Notary: Lena Dawson
13. Notary Commission expires: July 6 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Pearl Dawson		Oct. 20, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.20, 1919		Pearl Seevers	William A. Dawson

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Army Discharge Papers	Lt. Col. L. W. Landall	Oct 31, 45	Oct. 31, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.20,1919	Kuna, Idaho	Pearl Seevers	William A. Dawson

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Joyce Jones	July 12, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

683-231-022-30

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 18 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1059
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Elizabeth Ohlson			2. Date Of Birth (month) March (day) 31 (year) 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Knute August Ohlson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Sarah Mildred Lind			9. State or Country of Mother's Birth: U.S.A. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene O. Dall		11. Present Address of Registrant: 1420 Stevens Dr Richland Wash.
NOTARY (Seal)	Subscribed and sworn to before me on June 19 1951	12. Signature of Notary: M. R. Walton		13. Notary Commission expires: MAX R. WALTON, NOTARY PUBLIC RICHLAND, BENTON CO., WASHINGTON COMMISSION EXPIRES MAY 10, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: 6-22-1951	Date Orig. Entry: May 4, 1919
Class* A	Date of Birth / Birth Place: March 31, 1919, Ashton, Idaho	Full Name of Mother: Sarah Mildred Lind	Name of Father: [illegible] Ohlson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Spokane Branch New York Life Insurance Co.	Date Issued: 1944	Date Orig. Entry:
Class B	Date of Birth / Birth Place: March 31, 1919, Ashton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 18, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 5 1959

JUL 18 1961

297-12-0215-844

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De51-2031
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mack Tigert
2. Date Of Birth (month) Dec. (day) 26 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Caribou
b. City or Town of Birth: Soda Springs, Idaho

FATHER

6. Full Name of Father: Russell Tigert
7. State or Country of Father's Birth: Mississippi

MOTHER

8. Full Maiden Name of Mother: Alice Pearl Humphrey
9. State or Country of Mother's Birth: Mississippi

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mack Tigert
11. Present Address of Registrant: Soda Springs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 31st 1951
12. Signature of Notary: L. O. Hawkins
13. Notary Commission expires: July 28 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: Presbyterian Church
Date Issued:
Date Orig. Entry: Dec. 26, 1920
Date of Birth: Dec. 26, 1919
Birth Place:
Full Name of Mother:
Name of Father:
Class*: A

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: New York Life
Date Issued:
Date Orig. Entry: May 9, 1944
Date of Birth: Dec. 26, 1919
Birth Place: Soda Springs, Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:
Class:

QUALIFYING INFORMATION

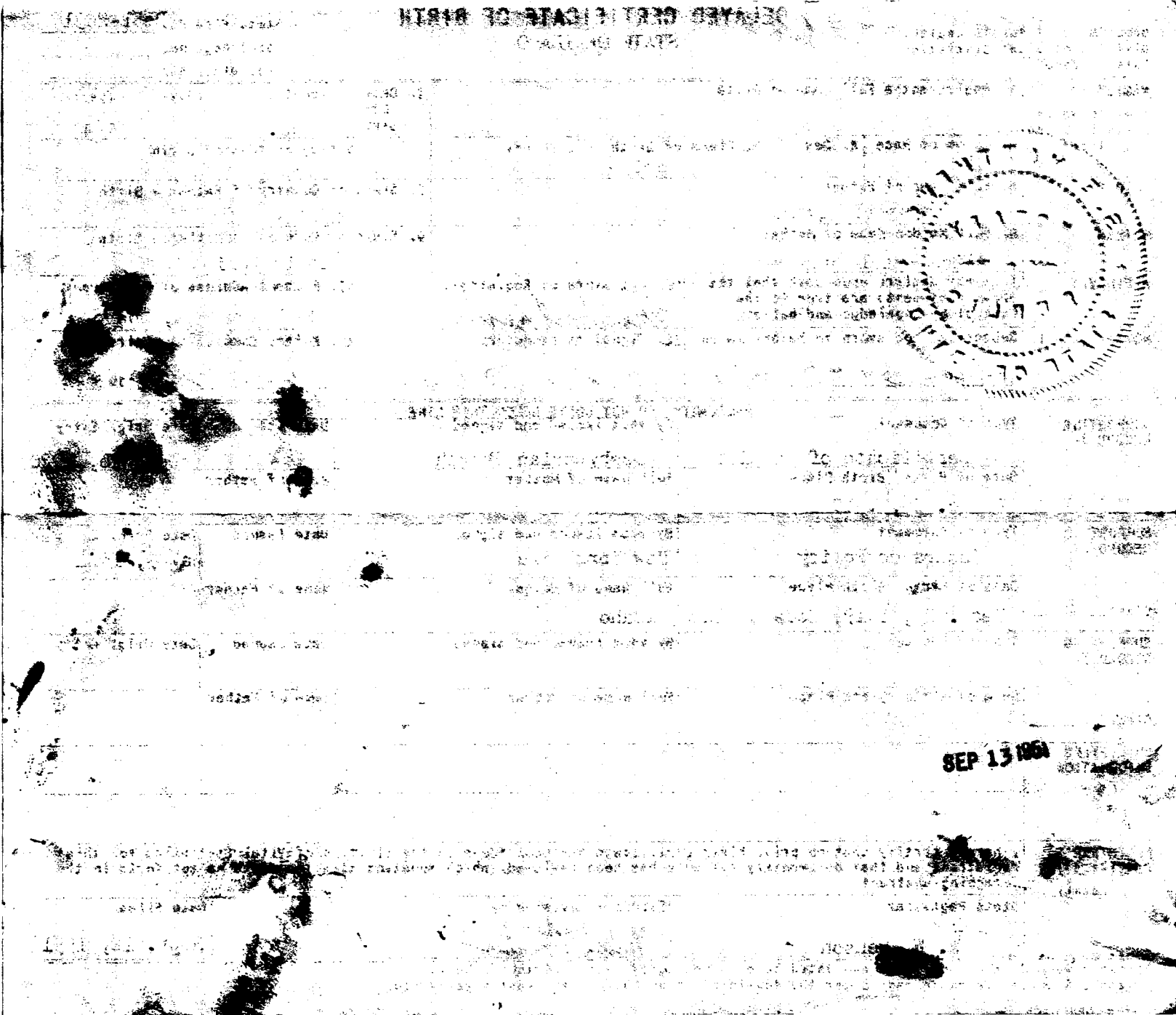
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Keeler
Date Filed: Sept. 12, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



369-116-803-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2066
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Harris Corbett			2. Date Of Birth (month) August (day) 16, (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannack	b. City or Town of Birth: Bancroft	
FATHER	6. Full Name of Father: Walter Bryan Corbett			7. State or Country of Father's Birth: Utah, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Dessie Alberta Harris			9. State or Country of Mother's Birth: Idaho, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Donald H Corbett	11. Present Address of Registrant: Choteau, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: September 20, 1951		12. Signature of Notary: Leo N. Murphy	13. Notary Commission expires: April 29, 1952.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Joseph F. Smith, Custodian of Church Records	Date Issued: 9-14-51	Date Orig. Entry: Oct 5, 1919
Class* A	Date of Birth: 8-16-1919	Birth Place: Bancroft, Idaho	Full Name of Mother: Dessie A. Harris	Name of Father: Walter B. Corbett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father		By whom issued and signed: Walter B. Corbett, Father	Date Issued: 9-20-51	Date Orig. Entry: 9-20-51
Class B	Date of Birth: 8-16-1919	Birth Place: Bancroft, Idaho	Full Name of Mother:	Name of Father: Walter B. Corbett	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: 9-25-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 16 1996

SEP 26 196

SEP 25 1951

415-225
033-386

RECEIVED
OCT 6 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Eva Mae Daniels

5. Date of Birth of Child (Month, day, year) Sept. 25 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Daniels
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Uintah (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Thornton
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nora (First name) McMillan (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Jefferson }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Nora (First name) McMillan (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Jane Daniels Signature

Rigby Idaho P. O. Address

Subscribed and sworn to before me this 4th day of October, 1951.

(SEAL) Henry Dietrich, Notary Public, residing at Rexburg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 8, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 21 1965

DELAYED

356-211-004-763

RECEIVED
NOV 5 1951
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Before the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 years

3. RESIDENCE OF FATHER (city, state) Bloomington

4. FULL NAME OF CHILD Mavis Amy Lewis

5. Date of Birth of Child (Month, day, year) Apr. 11, 1919

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elzo W. Lewis
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Butcher or meat cutter
15. Industry or Business operating butcher shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Amy Palmer
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at Seven A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake, }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the great aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 22 years, and that Dr. (First name) R. J. Sutton M. D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida P Thomas Signature

Georgetown, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November 1951

(SEAL) Sam C. Hansen ~~Notary Public~~, residing at DISTRICT COURT

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 5, 1951 by W. W. Benson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED
NOV 6 19

719-13-022-793

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2250
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEROME (b) City JEROME
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In THIS county / years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County JEROME
   (c) City JEROME
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) NAMPA, IDAHO

X 4. **FULL NAME OF CHILD** LAVERN E. PARADIS

X 5. Date of Birth of Child (Month, day, year) MAY 30, 1919

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH EMILE PARADIS
11. Color or Race WHITE 12. Age at time of THIS birth 43 yrs.
13. Birthplace ST Guillaume d'Upton CANADA (City or town) (foreign country)
14. Exact Occupation Barber
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH M. Picard
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace CHAPEAU Que CANADA (City or town) (foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 32 years, and that Dr. Charles F. Zeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Joseph Emile Paradis Signature

1119 Sherman, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of November, 19 51

(SEAL) Katherine Fogleman, Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Comm. Expires 4-26-53

Received for filing on November 30, 1951 by ____, Registrar

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 3 1951

DELAYED

363-227.010 -261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2418
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Martha Coltharp
2. Date Of Birth (month) (day) (year): August 27, 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Idaho Bonneville
b. City or Town of Birth: Taylorville

FATHER

6. Full Name of Father: Benjiman Mc Whorter Coltharp
7. State or Country of Father's Birth: Mississippi

MOTHER

8. Full Maiden Name of Mother: Edith Rebecca Swanson
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Martha Coltharp Lambert
11. Present Address of Registrant: 4224-10th Ave. San Diego California

NOTARY (Seal)

Subscribed and sworn to before me on December 4th 1951

12. Signature of Notary: Norma Stroud
13. Notary Commission expires: My Commission Expires July 19, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	Department of Commerce Bureau of the Census	1920 Census	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
5 months old, Idaho	Edith Coltharp	Benjiman Coltharp	

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	Department of Commerce Bureau of the Census	1930 Census	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Aug. 27, 1919, Idaho		Ben Mc. Coltharp	

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle	Rudolph W. Swanson	Jan. 25, 1952	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Aug. 27, 1919, Bonneville County, Idaho			

QUALIFYING INFORMATION

Also, affidavit by Aunt, Lena C. Boatner, gives the date of birth as August 27, 1919 at Taylorville, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Feeler	Feb. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name At Birth	Florence Martha Coltharp
2. Date of Birth (month) (day) (year)	August 27, 1919
3. Color or Race 4. Sex	White Female
5. City or Town of Birth 6. County	Taylorville Bonneville
7. Full Name of Father	Benjamin Mc Worter Coltharp
8. State or Country of Father's Birth	Mississippi
9. Full Maiden Name of Mother	Edith Rebecca Swanson
10. State or Country of Mother's Birth	Colorado
11. Present Address of Registrant	4224-10th Ave. E.
12. Signature of Registrant	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
13. Notary Commission expires	Subscribed and sworn to before me on 12. Signature of Notary

SUPPORTING RECORD A	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	Baptismal Record	Rev. of the Census	1920 Census
	Date of Birth Birth Place	Full Name of Mother	Name of Father
	Aug. 27, 1919, Idaho	Edith Coltharp	Benjamin Coltharp
SUPPORTING RECORD B	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	Baptismal Certificate	Rev. of the Census	1920 Census
	Date of Birth Birth Place	Full Name of Mother	Name of Father
	Aug. 27, 1919, Idaho	Edith Coltharp	Ben Mc. Coltharp
SUPPORTING RECORD C	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	Affidavit by Mother	Rudolph W. Swanson	Jan. 25, 1952
	Date of Birth Birth Place	Full Name of Mother	Name of Father
	Aug. 27, 1919, Bonneville Co., Idaho		

CHANGES OR ADDITIONS

Also, affidavit by Mrs. [illegible] Coltharp, giving Date of Birth as August 27, 1919 at Taylorville, Idaho

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence received by	Date Filed
W. W. Benson		Feb. 5, 1952

FEB 5 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DEH 10001

545-228-036-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2456
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Arbon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Arbon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Arbon, Idah

4. FULL NAME OF CHILD Floris Marie Nunnelley

5. Date of Birth of Child (Month, day, year) 9/28/19

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Andrew Nunnelley
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Sommerset, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Fern Johnson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:30 AM. on the date and at the place stated above, and that personal particulars were furnished by Amy Nunnelley (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 4-20-50

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 12, 1952 by W. W. Benson, Registrar.

FEB 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968.113-040-851

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan

4. **FULL NAME OF CHILD** Forrest Dee Roholt

5. Date of Birth of Child (Month, day, year) 6/13/1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Alexander Roholt
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Crookston (City or town) Minn. (State or foreign country)
14. Exact Occupation Pharmicist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tressa Viola Head
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Whitney (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Carl Rolfe (First name) ____ (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. Roholt Sr. Signature

1200 - 9th Ave So Great Falls Mont. P. O. Address

Subscribed and sworn to before me this 19th day of February 1952

(SEAL) ____, Notary Public, residing at Great Falls Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 21, 1952 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED
FEB 22 1952

632-220-027-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2509
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEROME (b) City JEROME
   (c) Street Address or R.F.D. No. 1, Box 86
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 1 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County JEROME
   (c) City JEROME
   (d) Street Address or R.F.D. No. 1, Box 86
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) JEROME, IDAHO

4. **FULL NAME OF CHILD** IRENE PEARL OLSEN

5. Date of Birth of Child (Month, day, year) APRIL 20, 1919

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ELWOOD GUY OLSEN
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace MARSHALLTOWN, IOWA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELSIE JANE WILSON
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace KANSAS CITY, KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that CHARLES F ZELLER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Jane Olsen Signature

1007 - So. 21st, TACOMA, WASH. P. O. Address

Subscribed and sworn to before me this 26 day of February, 1952

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 29, 1952 by W. W. Benson, Registrar

Form DPH-51130

MAY 15 1969

JAN 18 1973

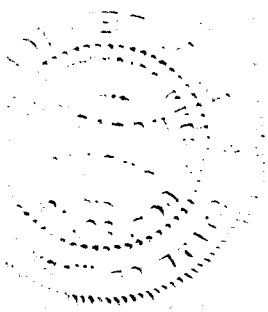
MAY 29 2008

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 29 19



296-104.001-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2585
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ronald Richard Brown			2. Date Of Birth (month) Oct. (day) 4, (year) 1919	
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Timothy Leo Brown			7. State or Country of Father's Birth: Diamond, Utah	
MOTHER	8. Full Maiden Name of Mother: Lona Ann Keltner			9. State or Country of Mother's Birth: Keltner, Ky.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lona Brown Mother of Registrant	11. Present Address of Registrant: Hailey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1952		12. Signature of Notary: Mabel H Felder	13. Notary Commission expires: May 9 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued:	Date Orig. Entry: Apr. 1941
Class* B	Date of Birth: Oct. 4, 1919 Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Oct. 4, 1919
Class A	Date of Birth: Oct. 4, 1919 Birth Place: Boise, Idaho	Full Name of ~~Mother~~: Bible view by T W. Walker, Notary Public	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H Felder	Apr. 2, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

(Person whose birth is being registered)	1. Full name at birth		
	2. Color or Race	3. Sex	4. Place of Birth — County
			5. City or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby affirm upon oath that the statements made are true to the best of my knowledge and belief.	11. Signature of Applicant	12. Present Address of Applicant
NOTARY (seal)	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document — Date of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Name of Father — Date of Birth — Birth Place — Maiden Name of Mother

SUPPORTING RECORD 2.

Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Name of Father — Date of Birth — Birth Place — Maiden Name of Mother

CLASSIFICATION

Class A

SUPPORTING RECORD 3.

Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Name of Father — Date of Birth — Birth Place — Maiden Name of Mother

CLASSIFICATION

Class

SUPPORTING RECORD 4.

Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Name of Father — Date of Birth — Birth Place — Maiden Name of Mother

CLASSIFICATION

Class

CERTIFICATION

(seal)

I hereby certify that a prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar — Evidence reviewed by — Date Filed

Class A Records are those made and dated prior to the fifth anniversary (fifth birthday).
Class B Records are those made after the fourth anniversary but not at least 5 years old.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ronald Richard Brown
2. Date of Birth (month) (day) (year): Oct. 4, 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Timothy Leo Brown
7. State or Country of Father's Birth: Diamond, Utah

MOTHER

8. Full Maiden Name of Mother: Lona Ann Keltner
9. State or Country of Mother's Birth: Keltner, Ky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ronald R Brown
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Dec 20 1951
12. Signature of Notary: Mabel Helen
13. Notary Commission expires: May 7 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Honorable Discharge
By whom issued and signed: U. S. Army
Date Issued:
Date Orig. Entry: Apr. 1941
Date of Birth: Oct. 4, 1919
Birth Place: Boise, Idaho
Full Name of Mother: Lona Ann Brown
Name of Father: Timothy Leo Brown
Class* B

SUPPORTING RECORD 2.

Type of Document: Family Bible
By whom issued and signed: Lona Ann Brown
Date Issued:
Date Orig. Entry:
Date of Birth: 10-4-1919
Birth Place: Boise Idaho
Full Name of Mother: Lona ann Brown
Name of Father: Timothy Leo Brown
Class

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:
Class

QUALIFYING INFORMATION

I hereby Certify that I have checked the family Bible and find the above entries and dates correct. Subscribed and sworn to by T.W.Walker Notary Public Hailey, Idaho March 25,1952

T. W. Walker
Notary Public

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 2 1962

APR 9 1962

Honorable Discharge

Oct. 4, 1919, Boise, Idaho

U. S. Army

Apr. 1921

March 25, 1962

Notary Public

787-208-022-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2655
Local Reg. No.
Reg. Dist. No.

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City or Town St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 70 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony

4. **FULL NAME OF CHILD** Dora Lavere Pypper

5. Date of Birth of Child (Month, day, year) May 8 1919

6. Sex Female

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Pypper
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fairview (City or town) Sanpete Co. Utah (State or foreign country)
14. Exact Occupation laborer at St Anthony Mill.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavere McKinlay
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Teton city (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lavere M Pypper (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. (First name) Gray (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavere M Pypper Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 19 52

(SEAL)

B Stacy Notary Public residing at Pocatello, Idaho

My commission expires Feb. 15, 1955

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 16, 1952 by W. W. Benson Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

219-52-034-457

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. De52-2699

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rupert
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Kenneth Jacob Baily

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 22 1949 (Month, Day, Year)

FATHER

9. Full name Roy D. Baily

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert

11. Color or race White 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work now, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Lena DeGuelle

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work now, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) C. P. Brown, M. D.

or _____, Midwife

Address Rupert Idaho

Filed April 18, 1952 W. W. Benson

Registrar. Registrar.

APR 25

RECEIVED

157-206-003-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

APR 24 1952

STATE OF IDAHO

State File No. De52-2010
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna ~~Wagera~~ Angelos		2. Date Of Birth (month) June (day) 6 (year) 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Sam. L. Angelos.		7. State or Country of Father's Birth: Greece
MOTHER	8. Full Maiden Name of Mother: Clara Crocher		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Angelos	11. Present Address of Registrant: ✓
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1952	12. Signature of Notary: M P Overfelt	13. Notary Commission expires: May 3 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: McGill Public Schools	Date Issued: Apr. 21, 1952	Date Orig. Entry
Class* B	Date of Birth / Birth Place: June 6, 1919, Pocatello, Ida.	Full Name of Mother: Clara Angelos	Name of Father: Sam Angelos	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Holy Cross Hospital, Salt Lake	Date Issued	Date Orig. Entry: 6-20-42
Class B	Date of Birth / Birth Place: June 6, 1919, Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Sam L. Angelos	Date Issued: May 12, 1952	Date Orig. Entry
Class B	Date of Birth / Birth Place: June 6, 1919, Pocatello, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	May 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT — 1. Registrant's full name at birth

(Person whose birth is being registered)

2. Date of Birth (month) (day) (year)

3. City or Town of Birth — 4. County of Birth — 5. State or Country of Birth

FATHER — 6. Full name of Father — 7. State or Country of Father's Birth

MOTHER — 8. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

AFFIDAVIT — I (we) hereby declare upon oath that the above statements are true to the best of my (our) knowledge and belief.

10. Signature of Registrant — 11. Present Address of Registrant

NOTARY — Subscribed and sworn to before me on — 19__ — 12. Signature of Notary — 13. Notary Commission expires

SUPPORTING RECORD 1. — Type of Document — By Whom Issued — Date Issued — Date Orig. Entry

SUPPORTING RECORD 2. — Type of Document — By Whom Issued and Signed — Date Issued — Date Orig. Entry

REGISTRAR — 14. Date Filed — 15. Registrar's Signature

CERTIFICATE — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following statement.

State File No. — Local Reg. No. — Page, Otis, No.

Clerk's Remarks are those made and dated before the [illegible] Clerk's Entry.

Class 1 Records are those made prior to [illegible] Class 2 Records are [illegible]

296-202-014-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2317
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Edna Brooks
2. Date of Birth (month) (day) (year): March 2 1919
3. Color or Race: White
4. Sex: fm.
5. Place of Birth a. County: Boise Canyon
b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Earl Estle Brooks
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Blanch Griffin
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Brooks Ford
11. Present Address of Registrant: 1322 S. Kimball

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1952
12. Signature of Notary: Edith H. Church
13. Notary Commission expires: June 20 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: Church of St. Mary's, Caldwell, Idaho
Date Issued: Date Orig. Entry: June 20, 1942
Class* B
Date of Birth: March 2, 1919, Birth Place: Caldwell, Idaho
Full Name of Mother: Blanche Griffin
Name of Father: Earl E. Brooks

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: School Dist #132, Caldwell, Idaho
Date Issued: May 13, 1952 Date Orig. Entry:
Class B
Date of Birth: March 2, 1919, Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Child's birth certificate
By whom issued and signed: Bureau of Vital Statistics Boise, # 345436
Date Issued: Date Orig. Entry: Apr. 17, 1942
Class B
Date of Birth: 23 yrs old Birth Place: Caldwell, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by:
Date Filed: May 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CHILD—FULL	1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)
(Person whose birth is to be recorded)	3. City [redacted]	4. County
FATHER	5. Full Name of Father	6. State or Country of Father's Birth
MOTHER	7. Full Maiden Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the statements above are true to the best of my knowledge and belief.	10. Present Address of Applicant
	9. Signature of Applicant	
NOTARY	Subscribed and sworn to before me on _____, 19__	12. Notary Commission expires
	11. Signature of Notary	
RECORD	Certificate of Death	Date Issued (Month) (Day) (Year)
	13. State File No. of Death	14. Issued by Bureau of Vital Statistics, Boise, Idaho

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REGISTRAR'S RECORD	15. Type of Delayed Evidence School Records	16. Date Filed with Registrar May 19, 1952
	17. Name at Birth (If Different from Item 1) Same	18. Name of Father Same
	19. Name of Mother Same	20. Date Issued May 19, 1952
	21. Name and Signature of Registrar R. V. Benson	22. Date Filed May 19, 1952

Certificate issued on the basis of the following documentary evidence submitted:

1. School Record, Caldwell, Idaho
2. Affidavit of Mother

The above certificate has been issued by the Division of Vital Statistics for the reason that sufficient and just documentary evidence has been received, which substantiates the facts as set forth in the supporting affidavit.

State Registrar

Date Filed

May 19, 1952

Please submit any items made and dated before the applicant reached eighteen (18) years of age.
Items 1 through 12 must be completed by person at least 5 years old.

962-123-014-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3029
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sidney J. Robinson
2. Date of Birth (month) Sept (day) 23 (year) 1919
3. Color or Race: White
4. Sex
5. Place of Birth a. County: Nampa Canyon
b. City or Town of Birth

FATHER

6. Full Name of Father: Luther B Robinson
7. State or Country of Father's Birth: Arkansas, Boon County

MOTHER

8. Full Maiden Name of Mother: Emma Elizabeth Dunn (Robinson)
9. State or Country of Mother's Birth: Arkansas, Little Rock

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sidney J Robinson
11. Present Address of Registrant: 9701 Webster St. Anaheim Orig.

NOTARY (Seal)

Subscribed and sworn to before me on June 24 1952

12. Signature of Notary: Anthony St Parre
13. Notary Commission expires: October 6 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge U.S.Army	Howard L. Shinsberger, Lt.Col, Inf. C.A. Ranney, 1st Lt., Inf.	9/25/45	
Class* B	Date of Birth / Birth Place: Sept. 23, 1919 Nampa, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge, U S.Army	By whom issued and signed: Johnnie C. Brink, Major, Inf.	Date Issued: 5/25/1950	Date Orig. Entry
Class B.	Date of Birth / Birth Place: Sept. 23, 1919 Nampa, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: State of California County of Riverside	Date Issued	Date Orig. Entry: Feb. 18, 1944
Class B	Date of Birth / Birth Place: 22 yrs old Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fiedler	July 18, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 17 1962

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that the foregoing is a true and correct copy of the certificate of birth registered under the above number.

State Registrar

Date Filed

July 24, 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

85-113-010-414

PLACE OF BIRTH

County of Bonneville

City of Lincoln, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. De52-3085

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Vernal Lawrence Hansen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of birth (Month) (Day) (Year)
Male				Yes	Oct. 13, 1919 19

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 1st (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME Joseph Lawrence Hansen

Residence (Usual place of abode) Lincoln, Idaho.

If non-resident, give place and State .....

Color or race White Age at last Birthday 55 (Years)

Birthplace Utah (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Myrtle Ardelle Maunsee

Residence (Usual place of abode) Lincoln, Idaho.

If non-resident, give place and State .....

Color or race White Age at last Birthday 55 (Years)

Birthplace St. Leon Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) John C. Mellor, M.D

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Aug. 5, 19 52 W.W. Benson, State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Cy + Pd

[redacted]

[redacted]

[redacted]

133-104-041-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3114
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD WAYNE ATCHLEY
2. Date of Birth: (month) JUNE (day) 4 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: FELT
a. County: TETON
b. City or Town of Birth: FELT

FATHER

6. Full Name of Father: JOHN PRESTON ATCHLEY
7. State or Country of Father's Birth: TENNESSEE

MOTHER

8. Full Maiden Name of Mother: LAURA EMILY JOHNSTON
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Wayne Atchley
11. Present Address of Registrant: TETONIA Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 7-19 1952
12. Signature of Notary: Dwight W Tooele
13. Notary Commission expires: 6-20 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: R. E. Davis, Paston
Date Issued:
Date Orig. Entry: 3-8-31
Date of Birth: June 4, 1919
Birth Place: Felt, Idaho
Full Name of Mother: Laura Emma
Name of Father: John P. Atchley
Class*: B

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother
By whom issued and signed: Laura Emily Johnston Atchley
Date Issued: July 31, 1952
Date Orig. Entry: 6-4-1919
Date of Birth: June 4, 1919
Birth Place: Felt, Idaho
Full Name of Mother: Laura Emily Johnston
Name of Father: John Preston Atchley
Class: B

SUPPORTING RECORD 3.

Type of Document: Certificate of Confirmation
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: Feb. 1, 1947
Date of Birth: June 4, 1919
Birth Place: Felt, Idaho
Full Name of Mother: Laura Johnston
Name of Father: John Preston Atchley
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Eldon
Date Filed: Aug. 18, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF PUBLIC HEALTH
STATE OF OHIO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County: Franklin
City or Village: Columbus
Township:
Ward:
Hospital or Institution: Grant Hospital
(If not in hospital or institution, give street address or location)

2. FULL NAME OF CHILD: Jimmie Lee Lewis Peterson
3. SEX: Male
4. THIS BIRTH: Single
5. DATE OF BIRTH: June 4, 1949

6. FATHER
Full Name: Jimmie Peterson
Color or Race: Negro
Age at last birthday: 24 years
Birthplace: Columbus, Ohio

7. MOTHER
Full Maiden Name: Lavina Phillips Peterson
Color or Race: Negro
Age at last birthday: 22 years
Birthplace: Columbus, Ohio

8. INFORMANT
I hereby certify that the above information is true and correct to the best of my knowledge and belief.
Signature: Lavina P. Peterson
Address: 1247 Mt. Vernon Ave., Columbus, Ohio

9. PHYSICIAN OR MIDWIFE
I attended the birth of this child which occurred at the time stated above.
Signature: Dr. Harold M. Stevens
Address: 1180 E. Broad St., Columbus, Ohio

10. REGISTRAR'S ACCEPTANCE
Received: June 7, 1949
Registrar: Mrs. Ruth E. Morrison

11. DATE FILED: June 7, 1949

CERTIFIED COPY ISSUED: JUN 15 1949

This is a certified copy of the original record filed in the Bureau of Vital Statistics, Columbus, Ohio.

453-110-025-451

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3203
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Raymond Clyde Mellick
2. Date of Birth (month) (day) (year): January 10, 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Post Falls

FATHER

6. Full Name of Father: Clyde Monroe Mellick
7. State or Country of Father's Birth: South Bend, Nebraska

MOTHER

8. Full Maiden Name of Mother: Eva May Keaton
9. State or Country of Mother's Birth: Blair, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond Clyde Mellick
11. Present Address of Registrant: R#3 Box 501 Bellingham, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on August 25th 1952
12. Signature of Notary: J. O. Olshine
13. Notary Commission expires: April-10-1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Notice of Separation from U. S. Navy
By whom issued and signed: U. S. Navy
Date Issued: May 18, 1944
Date Orig. Entry:
Date of Birth: Jan. 10, 1919
Birth Place: Post Falls, Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Family Record
By whom issued and signed: Record of births
Date Issued:
Date Orig. Entry: Jan. 10, 1919
Date of Birth: Jan. 10, 1919,
Birth Place:
Full Name of Mother:
Name of Father:
Class: A

SUPPORTING RECORD 3.

Type of Document: Insurance Policy
By whom issued and signed: Public Service Life
Date Issued:
Date Orig. Entry: Jan. 24, 1946
Date of Birth: Jan. 10, 1919
Birth Place: Post Falls, Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fleeson
Date Filed: Aug. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

399.216.001.363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3420
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No. Country
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years Home months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alta Marie Crist

5. Date of Birth of Child (Month, day, year) April 16 1919

6. Sex F. 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** C D Crist
11. Color or Race W 12. Age at time of THIS birth 40 yrs.
13. Birthplace Mo (City or town) USA (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florance Elizabeth Colburn
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Caldwell Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum A gr. Nit. 1% of 1%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living alive

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Apr 16 (Born alive, stillborn) at 1419 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Florence E Crist (First name) (Last name) who is related as Mother of the baby (Mother, etc.)

25. Attendant's **OWN** signature J L Reynolds M.D. Midwife Address Mo Emmett Idaho Date 10-30-52

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 1, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

NOV 3 1952

SEP 1 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

793-221-0/0-359

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3495
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Carol Pickett			2. Date Of Birth (month) Sept. (day) 21 (year) 1919	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Idaho a. County: Bonneville	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Jacob Ephraim Pickett			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Laura Lusk Leigh			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva C. Freeman	11. Present Address of Registrant: 729 Jordan Ave., Tooele, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 21 1952		12. Signature of Notary: Laura L. Pederson	13. Notary Commission expires: Jan. 3 1953	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: 11-19-52	Date Orig. Entry:
Class* B	Date of Birth: Sept. 21, 1919 / Birth Place: Shelley, Idaho	Full Name of Mother: Laura Lusk Leigh	Name of Father: Jacob Ephraim Pickett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Laura L. Pickett	Date Issued: 11-18-1952	Date Orig. Entry:
Class B	Date of Birth: Sept. 21, 1919 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: Tooele County School District Clerk, Board of Education	Date Issued: 1936	Date Orig. Entry: Census
Class B	Date of Birth: Sept. 21, 1919 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Nov. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2-3252

Local Reg. No.

Reg. Dist. No.

Dept. of Public Health
St. Alphonsus Hospital
Boise, Idaho

REGISTRANT

(Person whose birth is being registered)

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)
Sept. 21, 1919

3. Color or Race | 4. Sex | 5. Place of Birth | 6. County
White | Female | Idaho | Minnesville

7. City or Town of Birth
Shelley

FATHER

8. Full Name of Father
Jacob Benjamin Holeft

9. State or Country of Father's Birth
Utah

MOTHER

10. Full Maiden Name of Mother
Laura Lusk Lafon

11. State or Country of Mother's Birth
Utah

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Present Address of Registrant
720 Jefferson Ave.,
Rogers, Utah

Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

Nov. 3, 1952

DO NOT WRITE BELOW THIS LINE

Class B

Type of Document
Church Record

By whom issued and signed
L. D. Church

Date Issued
11-12-52

Date Orig. Entry

Data of Birth | Birth Place
Sept. 21, 1919, Shelley, Idaho

Full Name of Mother
Laura Lusk Lafon

Name of Father
Jacob Benjamin Holeft

Class B

Type of Document
Affidavit by mother

By whom issued and signed
Laura L. Pickett

Date Issued
11-12-1952

Date Orig. Entry

Data of Birth | Birth Place
Sept. 21, 1919

Full Name of Mother

Name of Father

Class B

Type of Document
School Census

By whom issued and signed
[illegible] School District
[illegible], Board of Education

Date Issued
1936

Date Orig. Entry
Census

Data of Birth | Birth Place
Sept. 21, 1919

Full Name of Mother

Name of Father

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the above statement.

(Date)

Signature of Registrar

Evidence Received

Date Filed
Nov. 25, 1952

Class A Records are those made and dated before the Registrar's Twenty-fifth Birthday.
Class B Records are those made after the Registrar's Twenty-fifth Birthday.

FORM BPH 430(1)

252-113-006-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3523
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD FRANCIS SESSIONS
2. Date of Birth: (month) May (day) 13 (year) 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Goshen

FATHER

6. Full Name of Father: David Junius Sessions
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Alice Jensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Francis Sessions
11. Present Address of Registrant: 1556 LaPlaya Avenue, San Diego 9, California

NOTARY (Seal)

Subscribed and sworn to before me on June 23 19 52
12. Signature of Notary: L. Ivan Jensen
13. Notary Commission expires: June 16 19 55.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church, by Joseph Fielding Smith		July 6, 1919
Class* A	Date of Birth / Birth Place: May 13, 1919 Goshen, Idaho	Full Name of Mother: Mary Jensen	Name of Father: J. D. Sessions	
SUPPORTING RECORD 2.	Affidavit by mother	Mary Alice Collins	Oct. 28, 1952	
Class B	May 13, 1919, Goshen, Idaho			
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Dec. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

A F F I D A V I T

STATE OF IDAHO,)
:ss.
County of Bingham.)

Mary Alice Collins, formerly Mary Alice Jensen Sessions, being first duly sworn, deposes and says: That she is the mother of AGNES ELINOR SESSIONS, who is applying for a Delayed Birth Certificate; that her said daughter was born in Goshen, County of Bingham, State of Idaho, on the 27th day of March, 1910, and that a Certificate of Birth was issued to her on the 26th day of June, 1952, by Joseph Fielding Smith, Historian of the Church of Jesus Christ of Latter Day Saints, which shows her name as Agnus Ellena Sessions; that the said Agnus Ellena Sessions and Agnes Elinor Sessions refers to one and the same identical person, and affiant is the mother of said person and knows the facts above set forth.

That affiant is the mother of HAROLD FRANCIS SESSIONS, who is applying for a Delayed Certificate of Birth, and who is also known as Harold F. Sessions; that her said son was born in Goshen, County of Bingham, State of Idaho, on the 13th day of May, 1919.

That this affidavit is made for the purpose of securing DELAYED BIRTH CERTIFICATES FOR HER SAID SON AND DAUGHTER NAMED ABOVE, and that the facts herein set forth are true and correct.

Mary Alice Collins

Subscribed and sworn to before me this 28th day of October, 1952.

Notary Public for the State of Idaho,
Residing at Shelley, Idaho.

DEC 4 1952

A F F I D A V I T

STATE OF IDAHO,)
:ss.
County of Bingham.)

Mary Alice Collins, formerly Mary Alice Jensen Sessions, being first duly sworn, deposes and says: That she is the mother of AGNES ELINOR SESSIONS, who is applying for a Delayed Birth Certificate; that her said daughter was born in Goshen, County of Bingham, State of Idaho, on the 27th day of March, 1910, and that a Certificate of Birth was issued to her on the 26th day of June, 1952, by Joseph Fielding Smith, Historian of the Church of Jesus Christ of Latter Day Saints, which shows her name as Agnes Ellena Sessions; that the said Agnes Ellena Sessions and Agnes Elinor Sessions refers to one and the same identical person, and affiant is the mother of said person and knows the facts above set forth.

That affiant is the mother of HAROLD FRANCIS SESSIONS, who is applying for a Delayed Certificate of Birth, and who is also known as Harold F. Sessions; that her said son was born in Goshen, County of Bingham, State of Idaho, on the 13th day of May, 1919.

That this affidavit is made for the purpose of securing DELAYED BIRTH CERTIFICATES FOR HER SAID SON AND DAUGHTER NAMED ABOVE, and that the facts herein set forth are true and correct.

Mary Alice Collins

Subscribed and sworn to before me this 28th day of October, 1952.

Notary Public for the State of Idaho,
Residing at Shelley, Idaho.

DEC 1 1952

155-207-004-355

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3586
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Gladys Jensen
2. Date of Birth (month) March (day) 7 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Montpelier, Idaho

FATHER

6. Full Name of Father: Andrew O. Jensen
7. State or Country of Father's Birth: Montpelier, Idaho

MOTHER

8. Full Maiden Name of Mother: Ellen Mary Lindberg
9. State or Country of Mother's Birth: Jenarp, Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Gladys Jensen
11. Present Address of Registrant: 938 East Benton, Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on December 22 1952

12. Signature of Notary:
13. Notary Commission expires: February 14 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	First Congregational Church Frank E. Carlson, Pastor		Baptized on April 18, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 7, 1919			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
32 379 611 Ltr re Insurance Policy No./	Metropolitan Life Ins. Co.	11/26/52	Policy dated April 14, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6 yrs old	Idaho	Mrs. Ellen Jensen	

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance	Metropolitan Life Ins. Co.		April 12, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 7, 1919	Montpelier, Ida.		Andrew O. Jensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 26, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registrar's No. 1942 — State File No. _____

Local Reg. No. _____ Reg. Dist. No. _____

REGISTRANT	4. Registered's full name at birth	5. Date of birth (month)	(day)	(year)
(Person whose birth is being registered)	Ruth Olive Jensen	March	7	1919
	6. Sex: Female	7. Color or race: White	8. Place of birth: Idaho	9. County: Bear Lake
	10. Usual residence: Montpelier, Idaho			
PARENTS	11. Full name of father: Andrew C. Jensen			
	12. Full maiden name of mother: Ellen Mary Pingree			
	13. State or Country of father's birth: Montpelier, Idaho			
	14. State or Country of Mother's birth: Jensby, Sweden			

15. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signed (Usual) Subscribed and sworn to before me on Dec 29, 1952

16. Signature of Registrant: [signature]

17. Signature of Notary: [signature]

18. Present Address of Registrant: 398 East Fenton, Pocatello

19. Notary Commission expires: [illegible]

CERTIFICATE RECORD A	Type of Document: Certificate of Baptism	Date Issued: By whom issued and signed: First Congregational Church, Rev. C. Jean, Pastor	Date Entered in Family Bible: April 28, 1924
	Date of Birth: March 7, 1919 Birth Place: Montpelier, Ida.	Full Name of Mother: Ellen Mary Pingree	Name of Father: Andrew C. Jensen

CERTIFICATE RECORD B	Type of Document: Application for Insurance	Date Issued: By whom issued and signed: Metropolitan Life Ins. Co.	Date Orig. Entry: April 12, 1924
	Date of Birth: 5 yrs old Birth Place: Idaho	Full Name of Mother: Mrs. Ellen Jensen	Name of Father:

CERTIFICATE RECORD C	Type of Document: 32 yrs old	Date Issued: By whom issued and signed: Metropolitan Life Ins. Co.	Date Orig. Entry: Policy dated 11/25/52
	Date of Birth: March 7, 1919 Montpelier, Ida.	Full Name of Mother: Andrew C. Jensen	Name of Father:

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence received by	Date Filed
W. W. Watson	Edna Hamilton	Dec. 29, 1952

* Class A Records are those made and dated before the ... Class B Records are those made after the twenty-first birthday but are at least A years old.

Form DPH 19951

231-202-010-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. ..... File No. De53-176

Hospital Spencer

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD CHARLEEN STATEN
(Certificate of no value without full name of child.)

Sex of Child	Twin-Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug. 2 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William Staten	FULL MAIDEN NAME	Caroline Burton
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Springville, Utah	BIRTHPLACE	Grantsville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) H. J. Spencer M.D.

(Physician or midwife)

Address Box 458, Idaho Falls Idaho

Filed Sept. 1922 .....
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-104-006-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 319
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Homer Fackler			2. Date of Birth (month) April (day) 4 (year) 1919
	3. Color or Race: white	4. Sex	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Homer Lloyd Fackler			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Catherine Watson			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Homer Fackler		11. Present Address of Registrant: 932 Poulsen St. Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 27, 1953	12. Signature of Notary: L. Ivan Jensen		13. Notary Commission expires: June 16, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Sept. 10, 1945	Date Orig. Entry
Class* B	Date of Birth: April 4, 1919 / Birth Place: Shelley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Catherine Watson Fackler	Date Issued: 3/27/53	Date Orig. Entry
Class B	Date of Birth: April 4, 1919 / Birth Place: Shelley, Idaho	Full Name of Mother: Catherine Watson Fackler	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Homer Lloyd Fackler	Date Issued: 3/27/53	Date Orig. Entry
Class B	Date of Birth: April 4, 1919 / Birth Place: Shelley, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: March 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Person's full name at birth		2. Date of Birth (Month)	(Day) (Year)
Lloyd Homer Packler		April	4, 1919
3. Place of birth: County	4. City or Town of Birth		
Bingham	Shelley		
5. Father's name	6. Data or Country of Father's Birth		
Homer Lloyd Packler	Kansas		
7. Mother's full maiden name	8. Data or Country of Mother's Birth		
Catherine Watson	South Dakota		
9. Signature of Party or Agent	10. Present Address of Applicant		
	222 Bonjiorn St. Idaho Falls Idaho		
11. Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires	
March 27, 19 59		June 16, 1959	

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Honorable Discharge	Army of the United States	Sept. 10, 1945	
Data of Birth Birth Place	Full Name of Mother	Name of Father	

Affidavit by Brother	By whom issued and signed	Date issued	Date Orig. Entry
Data of Birth Birth Place	Full Name of Father	Name of Father	
April 4, 1919 Shelley, Idaho	Catherine Watson Packler	3/27/59	

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Brother	Homer Lloyd Packler	3/27/59	
Data of Birth Birth Place	Full Name of Mother	Name of Father	
April 4, 1919 Shelley, Idaho	Catherine Watson Packler		

MAR 27 1959

DECLARATION OF CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
W. M. Hanson	Vera Lemmon	March 30, 1959

Issue Rec. No. 1653 2/59
Issue Reg. No. _____

819-113-039-364

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-348
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnold Martin Harbig		2. Date Of Birth (month) December (day) 13 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County Power; b. City or Town of Birth Rockland
FATHER	6. Full Name of Father: Ernst M. Harbig		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ella Comnick		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arnold Martin Harby	11. Present Address of Registrant: Route # 6 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1953	12. Signature of Notary: M. N. Rank	13. Notary Commission expires: April 28 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Lutheran Church Samuel Lentz, Pastor	Date Issued: 9/21/42	Date Orig. Entry: 4/18/20
Class* A	Date of Birth: Dec 13, 1919 Birth Place: Rockland, Idaho	Full Name of Mother: Ella Comnick	Name of Father: Ernst M. Harbig	
SUPPORTING RECORD 2.	Type of Document: Affidavit of Mother	By whom issued and signed: Ella Harbig	Date Issued: 3/16/53	Date Orig. Entry: 3/16/53
Class B	Date of Birth: Dec 13, 1919 Birth Place: Power County, Idaho	Full Name of Mother: Ella Comnick Harbig	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: April 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

REQUIRED	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	Name of Father
	Certificate of Baptism	Saint Joan's Lutheran Church	7/24/42	1/14/20	
REQUIRED *	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	Name of Father
	Affidavit of Mother	Ella Martin	3/26/52	3/10/52	
REQUIRED ?	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	Name of Father

I hereby certify that (documentary) evidence has been found in the Division of Vital Statistics for this (delayed) birth certificate.

State Registrar	Evidence received by	Date Filed
W. Bertram	Eva Kamuse	April 6, 1953

391-107-010-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Ucon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Confined at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ucon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28+ yrs.

3. **RESIDENCE OF FATHER** (city, state) 17 years

4. **FULL NAME OF CHILD** Harold DeMarntz Tracy

5. Date of Birth of Child (Month, day, year) 7 mo 7 day 1919.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Mormon Harold Tracy.
11. Color or Race White
12. Age at time of THIS birth 31+ yrs.
13. Birthplace Ogden (City or town) Utah. (State or foreign country)
14. Exact Occupation Produce Buyer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Jayne Everett.
17. Color or Race White
18. Age at time of THIS birth 28+ yrs.
19. Birthplace Idaho Falls (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag Nos
23. Number of children of ~~this mother~~: (a) At time of birth and including this child Four (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by Helen Jayne (First name) Tracy (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. D. Spencer M.D. ~~Midwife~~ Address Idaho Falls Ida Box 458 Date 4/13/53

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho. } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty three years of age, that I have known this person for 24 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Jayne Tracy Signature
Ucon, Idaho. P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 16, 1953 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

239-221-028-339

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-488
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Juanita Straight		2. Date Of Birth (month) August (day) 28 (year) 1919
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Worley, Idaho Kootenai; b. City or Town of Birth: Worley, Idaho
FATHER	6. Full Name of Father: Asa Edgar Straight		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Lovie Jane Clifford		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Straight	11. Present Address of Registrant: 215 Mitchell St. Ithaca, New York
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1952	12. Signature of Notary: Maude E. Page	13. Notary Commission expires: October 15 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Francis St. Methodist Church	Date Issued: Baptized	Date Orig. Entry: Apr. 25, 1943
Class* B	Date of Birth: Aug. 28, 1919	Birth Place: Worley, Idaho	Full Name of Mother: Lovie Clifford	Name of Father: Asa Edgar Straight
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: South Gifford High School Kirksville Senior High School	Date Issued:	Date Orig. Entry: 1937
Class B	Date of Birth: Aug. 28, 1919	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 1930	Date Orig. Entry: Census
Class B	Date of Birth: 10 yrs old	Birth Place: Idaho	Full Name of Mother: Lovie and	Name of Father: Asa E. Straight
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeman	Date Filed: May 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 15

Class B

867-131 021-462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 733
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Morn Hoggan / ROBERT MORN HOGGAN
2. Date Of Birth: (month) 12 (day) 31 (year) 1919
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Preston Weber Franklin
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: James Hoggan / Preston, Franklin Co. Idaho James Hoggan
7. State or Country of Father's Birth: Scotland

MOTHER

8. Full Maiden Name of Mother: Vernita Winward Moser / Vernita Winward Moser Hoggan
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert M Hoggan
11. Present Address of Registrant: North Richland Washington

NOTARY (Seal)

Subscribed and sworn to before me on April 19th 1952

12. Signature of Notary: A M Conkie
13. Notary Commission expires: Nov. 29 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by Uncle	Bertie W. Winward	Apr. 19, 1952	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 31, 1919, Preston, Idaho	Vernita Winward Moser	James Hoggan	
SUPPORTING RECORD 2. Class B	Certificate of Baptism	L. D. S. Church, by J. Lavon Larson, Clerk	Jan. 10, 1928	Baptized on Jan. 3, 1928
	Dec. 31, 1919 Preston, Idaho	Vernita Winward	James Hoggan	
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Lola Catharine Winward Sant	7/25/53	
	Dec. 31, 1919 Preston, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 28 1959

Form DPH 49067

Department of Public Health
Statistics

MAR 26 1926

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 4 1953

REGISTRATION 1. Registration No. Name at birth

2. Date of birth (month) (day) (year)

3. City or Town of Birth 4. County 5. State

PARENTAGE 6. Full Name of Father 7. Color or Race 8. State or Country of Father's Birth

MOTHER 9. Full Maiden Name of Mother

10. State or Country of Mother's Birth

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Informant 12. Present Address of Informant

NOTARY (Seal) Subscribed and sworn to before me on 19

13. Signature of Notary 14. Notary Commission expires

SUPPORTING RECORD 1. Type of Document By whom Issued Date Issued Date Reg. Entry

Date of Birth Birth Place Name of Father Name of Mother

SUPPORTING RECORD 2. Type of Document By whom Issued and signed Date Issued Date Reg. Entry

Certificate of Baptism E. D. S. Church, by Jan. 10, 1923 Jan. 3, 1923

Date of Birth Birth Place Name of Father Name of Mother

Class B Jan. 24, 1919 Preston, Idaho James Hopson Bertha Wingard

SUPPORTING RECORD 3. Type of Document By whom Issued and signed Date Issued Date Reg. Entry

Date of Birth Birth Place Name of Father Name of Mother

Class

REMARKS

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

Date Filed: Aug. 3, 1953

Evidence reviewed by: Edna Hewlett

Registrar: W. W. Ingram

"Class A Records are those made and dated within the first twelve months after birth.
Class B Records are those made after the first twelve months but prior to the end of the fourth year.

APR 28 1953

213-223-010-191

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-756
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLOTTE VIOLA BALDWIN		2. Date Of Birth (month) September (day) 23 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: John Alpheus Baldwin		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Laura Viola Arave		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charlotte Viola Egan	11. Present Address of Registrant: 3½ W. Agate 622 W. Iron Butte, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1953	12. Signature of Notary: Ray F. Hennungsen	13. Notary Commission expires: July 27 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1920	Date Orig. Entry
Class* A	Date of Birth: 4 mo old / Birth Place: Idaho	Full Name of Mother: Laura Baldwin	Name of Father: John A. Baldwin	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Hawthorne School District	Date Issued: entered	Date Orig. Entry: 1-4-26
Class B	Date of Birth: Sept 23, 1919, / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Laura Viola Morris	Date Issued: 3-7-53	Date Orig. Entry
Class B	Date of Birth: Sept. 23, 1919, Idaho Falls, / Birth Place	Full Name of Mother: Idaho Laura Viola and	Name of Father: John Alpheus Baldwin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Aug. 7, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 7

416-113-039-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

State File No. De53 902
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Russell Dawson		2. Date of Birth (month) (day) (year): January 13 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Power; b. City or Town of Birth: Paulene, Idaho
FATHER	6. Full Name of Father: Joseph Russell Dawson		7. State or Country of Father's Birth: Weston, Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Pearl Bennett		9. State or Country of Mother's Birth: Kaysville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn Russell Dawson	11. Present Address of Registrant: Box 86 Moreland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 21st 1953	12. Signature of Notary: Earl M. Pory	13. Notary Commission expires: February 8th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church, by James R. Lindsay, Clerk	9/4/27	Baptized on Sept. 3, 1927
Class* B	Date of Birth / Birth Place: Jan. 13, 1919 Pauline, Idaho	Full Name of Mother: Annie Bennett	Name of Father: Joseph Dawson	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Snake River High School, Moreland Wilson T. Harper, Principal	Date Issued	Date Orig. Entry: Entered school Aug. 28, 1933
Class B	Date of Birth / Birth Place: Jan. 13, 1919	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued	Date Orig. Entry: Separation date Jan. 12, 1946
Class B	Date of Birth / Birth Place: Jan. 13, 1919 Pauline, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF VITAL STATISTICS

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. NAME OF CHILD: Anna Pearl Bennett

2. SEX: F

3. THIS BIRTH: Twin

4. DATE OF BIRTH: January 13, 1919

5. PLACE OF BIRTH: Paulsens, Idaho

6. MOTHER: Maiden name: Anna Russell Dawson

7. Color or race: White

8. Age at last birthday: 25

9. Birthplace: Kaysville, Utah

10. Occupation: Housework

11. Residence: Box 86 Moreland, Idaho

12. FATHER: Name: Joseph Arthur Bennett

13. Color or race: White

14. Age at last birthday: 33

15. Birthplace: Weston, Idaho

16. Occupation: Farmer

17. Residence: Box 86 Moreland, Idaho

18. INFORMANT: I hereby certify that the above facts are true to the best of my knowledge and belief.

Signature: Anna Russell Dawson

19. Date signed: February 8th, 1952

20. Address of informant: Box 86 Moreland, Idaho

21. Date received by local registrar: February 8th, 1952

22. Registered number: 1919-1-1

23. Date registered: February 8th, 1952

24. Signature of local registrar: [illegible]

25. Remarks: None

CERTIFICATE OF BIRTH

1. NAME OF CHILD: Joseph Arthur Bennett

2. SEX: M

3. THIS BIRTH: Twin

4. DATE OF BIRTH: January 13, 1919

5. PLACE OF BIRTH: Paulsens, Idaho

6. MOTHER: Maiden name: Anna Russell Dawson

7. Color or race: White

8. Age at last birthday: 25

9. Birthplace: Kaysville, Utah

10. Occupation: Housework

11. Residence: Box 86 Moreland, Idaho

12. FATHER: Name: Joseph Arthur Bennett

13. Color or race: White

14. Age at last birthday: 33

15. Birthplace: Weston, Idaho

16. Occupation: Farmer

17. Residence: Box 86 Moreland, Idaho

18. INFORMANT: I hereby certify that the above facts are true to the best of my knowledge and belief.

Signature: Joseph Arthur Bennett

19. Date signed: February 8th, 1952

20. Address of informant: Box 86 Moreland, Idaho

21. Date received by local registrar: February 8th, 1952

22. Registered number: 1919-1-2

23. Date registered: February 8th, 1952

24. Signature of local registrar: [illegible]

25. Remarks: None

236-130-006-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 959
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Moylen Stoddard		2. Date of Birth: November 30 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County	b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Gene Stoddard		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fannie Lillian Detton		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. M. Stoddard	11. Present Address of Registrant: Carson City, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 19 53	12. Signature of Notary: Lois L. McNamara	13. Notary Commission expires: My Commission Expires Nov. 13, 1954 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church and Baptismal Record		By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith	Date Issued: 10/6/53	Date Orig. Entry: Baptized on April 2, 1933
Class* B	Date of Birth: Nov. 30, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: Lillian Detton	Name of Father: Eugene Stoddard	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: United States Marine Corps	Date Issued: Nov. 10, 1945	Date Orig. Entry: Enlisted on Oct. 11, 1941
Class B	Date of Birth: Nov. 30, 1919	Birth Place: Shelley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Letter re Application Insurance Policy #10,000 G		By whom issued and signed: A.C. Petterday, Gr. Accts. Div. Metropolitan Life Ins. Co.	Date Issued: 9-3-53	Date Orig. Entry: Application dated Mar. 14, 1947
Class B	Date of Birth: Nov. 30, 1919	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Also Employment record from the Western Union Telegraph Company, San Francisco, showing birth date to be November 30, 1919

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 14 1933

493-214-017-264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 999
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Berma Jean Miller			2. Date Of Birth (month) May (day) 14 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Clark	b. City or Town of Birth: Kilgore
FATHER	6. Full Name of Father: George William Miller			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jeana Aldora Southworth			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berma Jean Miller now Berma J. Adamson		11. Present Address of Registrant: Fort Benton, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 1953	12. Signature of Notary: J C Schmidt Jr.		13. Notary Commission expires: January 10 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. CHURCH, Alfred Young, Clerk	7/15/28	Baptized on June 17, 1928
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**		**Name of Father**
	May 14, 1919 Kilgore, Idaho	Jean Southworth		George W. Miller
SUPPORTING RECORD 2.	School record	Belfrey, Montana Cyril H. Hancock, Principal		Entered school Sept. 4, 1934
Class B	May 14, 1919			Geo. W. Miller
SUPPORTING RECORD 3.	Affidavit by Father	George W. Miller	10/19/53	
Class B	May 14, 1919 Kilgore, Idaho	Jean Miller (Jean Southworth)		George W. Miller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth	
	3. Place of Birth (City)	(County)	(State)
	4. Sex	5. Color or Race	6. Date (Month, Day, Year)
FATHER	7. Full Name	8. Birthplace (State or Country)	
MOTHER	9. Full Maiden Name	10. Birthplace (State or Country)	
AFFIDAVIT	I, the undersigned, being duly sworn on oath, state that the above statements are true to the best of my knowledge and belief.		
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

AFFIDAVIT	14. Signature of Registrant	15. Present Address of Registrant	
NOTARY	Subscribed and sworn to before me on	17. Signature of Notary	18. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

REGISTRAR'S ENTRIES	Item Number	Date Received	Registrar
	Local Board No.	Order No.	Class
	Date of Birth Verified by	Date Classified	Classified by

SUPPORTING DOCUMENT NO. 1	Type of Document	By whom issued and signed	Date Issued
	Date of Birth Given Above	Full Name of Mother	Name of Father
SUPPORTING DOCUMENT NO. 2	Type of Document	By whom issued and signed	Date Issued
	Date of Birth Given Above	Full Name of Mother	Name of Father

SUPPORTING INFORMATION	Type of Document	By whom issued and signed	Date Issued
	Date of Birth Given Above	Full Name of Mother	Name of Father

Remarks: If no delayed or amended birth certificate has been found in the Division of Vital Statistics for this registrant, and if documentary evidence has been received, which substantiates the facts as set forth in the following affidavit:

Affidavit of Witness	Evidence received by	Date Filed

817-130-006-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-14
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Leon Robert Hagen			2. Date of Birth (month) November (day) 30 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Home Bingham	b. City or Town of Birth: Goshen Idaho
FATHER	6. Full Name of Father: Jake Hagen			7. State or Country of Father's Birth: Marion County Kansas
MOTHER	8. Full Maiden Name of Mother: Flora Adell Graham			9. State or Country of Mother's Birth: Smith Center Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leon Robert Hagen		11. Present Address of Registrant: Shelley - Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 19 54	12. Signature of Notary: L. Dean Jensen		13. Notary Commission expires: June 16 19 55

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: University of Idaho Southern Branch, Pocatello	Date Issued: 1-4-54	Date Orig. Entry
Class* B	Date of Birth: Nov. 30, 1919,	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Jake Hagen	Date Issued: 1-6-54	Date Orig. Entry
Class B	Date of Birth: Nov. 30, 1919,	Birth Place: Goshen, Idaho	Full Name of Mother: Flora Adell Hagen	Name of Father: Jake Hagen
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Flora Adell Hagen	Date Issued: 1-6-54	Date Orig. Entry
Class B	Date of Birth: Nov. 30, 1919,	Birth Place: Goshen, Idaho	Full Name of Mother: Flora Adell Hagen	Name of Father: Jake Hagen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Eldredge	Date Filed: 1-6-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd.

Form DPH 49067

915-230-042

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Artesian

No. ..... St.

Registration District No. .....

File No. D054 86

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD HELEN MARJORIE RANDELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		Yes	March 30 1954

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ruben B. Randell	FULL MAIDEN NAME	Chloe Pearl Randell
RESIDENCE	Artesian City Twin Falls County, Idaho	RESIDENCE	Artesian City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hennefer, Utah	BIRTHPLACE	Fort Bridger, Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... P. M. on the date above stated.
(Born alive or stillborn)

(Signature) E. R. Van Cott
M. D.
(Physician or midwife)

Address 130 Main Ave. So., Twin Falls

Filed Feb. 5, 1954 W. W. Benson
Registrar.

{ a When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Give names added from a supplemental report.

..... 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 - 1954

DELAYED

632-105-029-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-320
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLINTON LAVERN OLSON		2. Date of Birth (month) (day) (year): Jan. 5th 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Troy,	a. County: Latah
				b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: WALTER ALBIN OLSON		7. State or Country of Father's Birth: Meaker County, Minn. U.S.A.	
MOTHER	8. Full Maiden Name of Mother: FREDA ESTHER SMITH		9. State or Country of Mother's Birth: Troy, Idaho. U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter A Olson	11. Present Address of Registrant: Troy, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 8th 1954	12. Signature of Notary: R Brooke	13. Notary Commission expires: Aug. 1st 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notice of Separation	By whom issued and signed: U. S. Naval Service	Date Issued: Dec. 6, 1945	Date Orig. Entry:
Class* B	Date of Birth: Jan. 5, 1919	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Whitepine Class "A" School District, Troy, Idaho	Date Issued: attended	Date Orig. Entry: 1925-34
Class B	Date of Birth: Jan. 5, 1919,	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Jno. E. Oslund, Pastor	Date Issued: Baptized	Date Orig. Entry: May 8, 1919
Class A	Date of Birth: Jan. 5, 1919	Birth Place: Troy, Idaho	Full Name of Mother: Freda Olson	Name of Father: Walter Olson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F Eden	Date Filed: Apr. 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S No. 1954-0-8 APR

FAMILY NAME — Given Name at Birth

CLIFTON LAVERN OLSON

1. Color or Race: White | 2. Sex: Male | 3. Place of Birth (City): Troy | (County): Latah

4. Date of Birth: Month: Jan. | Day: 5th | Year: 1919

5. Name of Town of Birth: Troy, Idaho

6. Name of Hospital or Institution: (If not in hospital, give street address or location)

7. State or Country of Birth: Mexico

8. Usual Residence: (Where mother lives unless institution) Troy, Idaho

9. Mother's Maiden Name: FREDA ESTHER SMITH

10. Age at Last Birthday: 35

11. Birthplace: Idaho

12. Father's Name: WALTER ALBIN OLSON

13. Age at Last Birthday: 41

14. Birthplace: Mexico

15. Usual Occupation: Farmer

16. Informant: Mother

17. Mailing Address: Troy, Idaho

AFFIDAVIT — Personally appeared before me this 8th day of April, 1954, the above named informant, who being first duly sworn, deposes and says that the facts stated by him are true to the best of his knowledge and belief.

Subscribed and sworn to before me on April 8th, 1954

Signature of Notary

Notary Public

My Commission Expires: Aug. 1st 1957

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1 — Type of Document: Notice of Operation | By whom issued and signed: U. S. Naval Service | Date Issued: Dec. 5, 1945

Date of Birth: Birth Place | Full Name of Mother | Name of Father

SUPPORTING RECORD 2 — Type of Document: School Record | By whom issued and signed: Whitepine Grade "A" School | Date Issued: 1952-53

Date of Birth: Birth Place: Jan. 5, 1919, Troy, Idaho | Full Name of Mother: Theirich, Troy, Idaho | Name of Father: attended

Class 8

SUPPORTING RECORD 3 — Type of Document: Certificate of Baptism | By whom issued and signed: Uno. R. Osimo, Pastor | Date Issued: May 8, 1945

Date of Birth: Birth Place: Jan. 5, 1919, Troy, Idaho | Full Name of Mother: Freda Olson | Name of Father: Walter Olson

Class B

IDENTIFICATION

CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

Registrar: R. E. Benson | Evidence received by: | Date Filed: Apr. 21, 1954

419-212-046396 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 4 - 1954

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-551
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Bernieece Martindale		2. Date of Birth (month) November (day) 12 (year) 1919
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Elmer Athen Martindale		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Laude Cross		9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernieece V. Booding	11. Present Address of Registrant: 1850 Luning St. Red Bluff, California
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1954	12. Signature of Notary: William O. Fale	13. Notary Commission expires: July 5 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Maude Martindale	Date Issued: May 27, 1954	Date Orig. Entry
	Date of Birth / Birth Place: Nov. 12, 1919, Burley, Idaho	Full Name of Mother: Maude Cross	Name of Father: Elmer Athen Martindale	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Long Beach Public Schools	Date Issued: year 1926	Date Orig. Entry
	Date of Birth / Birth Place: 6 yrs old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class R	Type of Document: School Record	By whom issued and signed: Red Bluff Union High School R d Bluff, Calif.	Date Issued:	Date Orig. Entry: Sept. 18, 1933
	Date of Birth / Birth Place: Nov. 12, 1919	Full Name of Mother:	Name of Father: Elmer Martindale	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reed	June 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 1 1954

266-118-005-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54-587
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St Maries
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: (at home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City St Maries
   (d) Street Address or R.F.D. No. Gen. Del
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Barney Ray Bowditch

5. Date of Birth of Child (Month, day, year) May 18 1914

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Manton L. Bowditch
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Minn. (City or town) Minnesota (State or foreign country)
14. Exact Occupation Shingle weaver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margie A. Bowditch
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Medford (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:20 P M. on the date and at the place stated above, and that personal particulars were furnished by Margie (First name) Bowditch (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address St. Maries, Ida. Date 6-28-54

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 12, 1954 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JUL 18 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

317-31-019-515

PERMANENT RECORD. WRITE PLAINLY. In case of more than one child at birth, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Challis

St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. De54-877

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Van Reed Caples

Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	Full term yes	yes	Aug 31 1919 (Month, Day, Year)

FATHER

Full name James Walter Caples

Residence (usual place of abode) (If non-resident, give place and State) Salmon

Color or race white 12. Age at last birthday 38 (years)

Birthplace (city or place) (State or Country) Glasgow Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Edwie Flora Vandover

19. Residence (usual place of abode) (If non-resident, give place and State) Salmon

20. Color or race white | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) West City Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work Three _____, 19__

26. Total time (years) spent in this work _____

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of children of this mother (At time of this birth and including this child) Two

(a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no

If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician midwife, then the father, householder, etc., could make this return.

(Signed) _____ M. D.

or Laura Caples Abbott R.N. Midwife

Address Salmon Idaho 422M - Phone - Ques

Filed Nov. 2, 1954 By W. W. Hansen
(Date of) Registrar.

Give name added from supplemental report _____

DELAYED

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho Arizona
County of Custer Maricopa } ss.

Laura Caples Abbott being first duly sworn says that
Elsie Caples Beers Mathes is the (Relationship of child)* of Van Reed Caples

born Aug 31 1919 (Date of birth) at Challis, Idaho,

whose certificate of birth is hereto attached, and that Van Reed Caples desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Van Reed Caples

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Laura Caples - nurse M. D. was the Midwife medical attendant at the birth of said Van Reed Caples and that the said medical attendant is Dr. Chas. Kittler now deceased (Now deceased (or) cannot be located)

Name of Affiant Laura Caples Abbott (Mrs. W. A. Abbott)

P. O. Address R.F.D. - Box H.2.M

Subscribed and sworn to before me this 25th day of May, 1939

Phyllis L. Eddy
Notary Public.

My Commission Expires May 16, 1941

Residing at Phoenix, Arizona, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 3 1994

DEC 9 - 1985

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ..... } ss.
County of ..... }

being first duly sworn says that

..... is the ..... of .....
(Relationship of child)*

born ..... at ....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 185—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said .....

hereto attached are true and correct.

Affiant further states that ..... M. D. was the Midwife medical attendant at the birth of said ..... and that

the said medical attendant

(or cannot be located)

Name of Affiant .....

P. O. Address .....

Subscribed and sworn to before me this ..... day of ....., 19....

.....
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

793-12.1016-412

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 1008
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ennis Max Pickett
2. Date of Birth (month) (day) (year): Apr. 12 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Oakley, Cassia Co.
b. City or Town of Birth: Oakley, Idaho

FATHER

6. Full Name of Father: Eugene Pickett
7. State or Country of Father's Birth: Oakley, Idaho

MOTHER

8. Full Maiden Name of Mother: Adalaid Emma Mabey
9. State or Country of Mother's Birth: Oakley, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ennis Pickett X
11. Present Address of Registrant: Oakley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 13, 1954 19
12. Signature of Notary: Henry H. Tucker
13. Notary Commission expires: June 1, 1958 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Cert. Blessing, L.D.S.Church
By whom issued and signed: Bp. Joel C. Rasmussen
Date Issued: 12-13-54
Date Orig. Entry: 6-1-19
Class*: A
Date of Birth: 4-12-1919
Birth Place: Oakley, Id.
Full Name of Mother: Emma Adalaid Mabey
Name of Father: Eugene Pickett

SUPPORTING RECORD 2.

Type of Document: Family record of birth
By whom issued and signed:
Date Issued:
Date Orig. Entry: April 12, 1919
Class: A
Date of Birth: Apr. 12, 1919
Birth Place: Marion, P.O. Oakley
Full Name of Mother: Emma Adalaid Mabey Pickett
Name of Father: Eugene Pickett

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Class:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Dec. 20, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 21 1954

NOV 5 1975

692-127-010-338 (Be sure the information is complete and accurate)

State File No. De55-122

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): General Hospitol

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 204 Chamberlin Ave.

3. CHILD'S NAME (Type or print)
a. (First): Darrell
b. (Middle): Raymond
c. (Last): Fisher

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) (Day) (Year): August 27, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Ira
b. (Middle): O
c. (Last): Fisher

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Young America, Ind.

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY: Hotel

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Bessie
b. (Middle): Ann
c. (Last): Clyne

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. M. Clyne

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED: Feb. 9, 1955

19. DATE REC'D BY LOCAL REG.: Feb. 11, 1955

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: 8 LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]

Approximate date: ?

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: 1% Silver Nitrate

Form DPH-48001

FEB 11 1955

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of None

(b) Labor: Complication None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(e) Signature of Physician:

331-127-042-917

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55- 157
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virgil Edwin Clampitt
2. Date of Birth (month) (day) (year): Nov. 27, 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Amsterdam

FATHER

6. Full Name of Father: Marion Francies Clampitt
7. State or Country of Father's Birth: Oklahoma

MOTHER

8. Full Maiden Name of Mother: Myra A. Rarick
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virgil Edwin Clampitt
11. Present Address of Registrant: 29 - Wallace Boise

NOTARY (Seal)

Subscribed and sworn to before me on Feb 21 19 55
12. Signature of Notary: Mabel F. Feder
13. Notary Commission expires: May 1 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	Army of the United States	Oct. 27, 1945	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 27, 1919	Amsterdam, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Division of Vital Statistics Boise, Idaho, #307035		12-22-1940

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 yrs	Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Marion Francies Clampitt	Feb. 21, 1955	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 27, 1919	Amsterdam, Idaho	Myra A. Rarick	Marion F. Clampitt

QUALIFYING INFORMATION

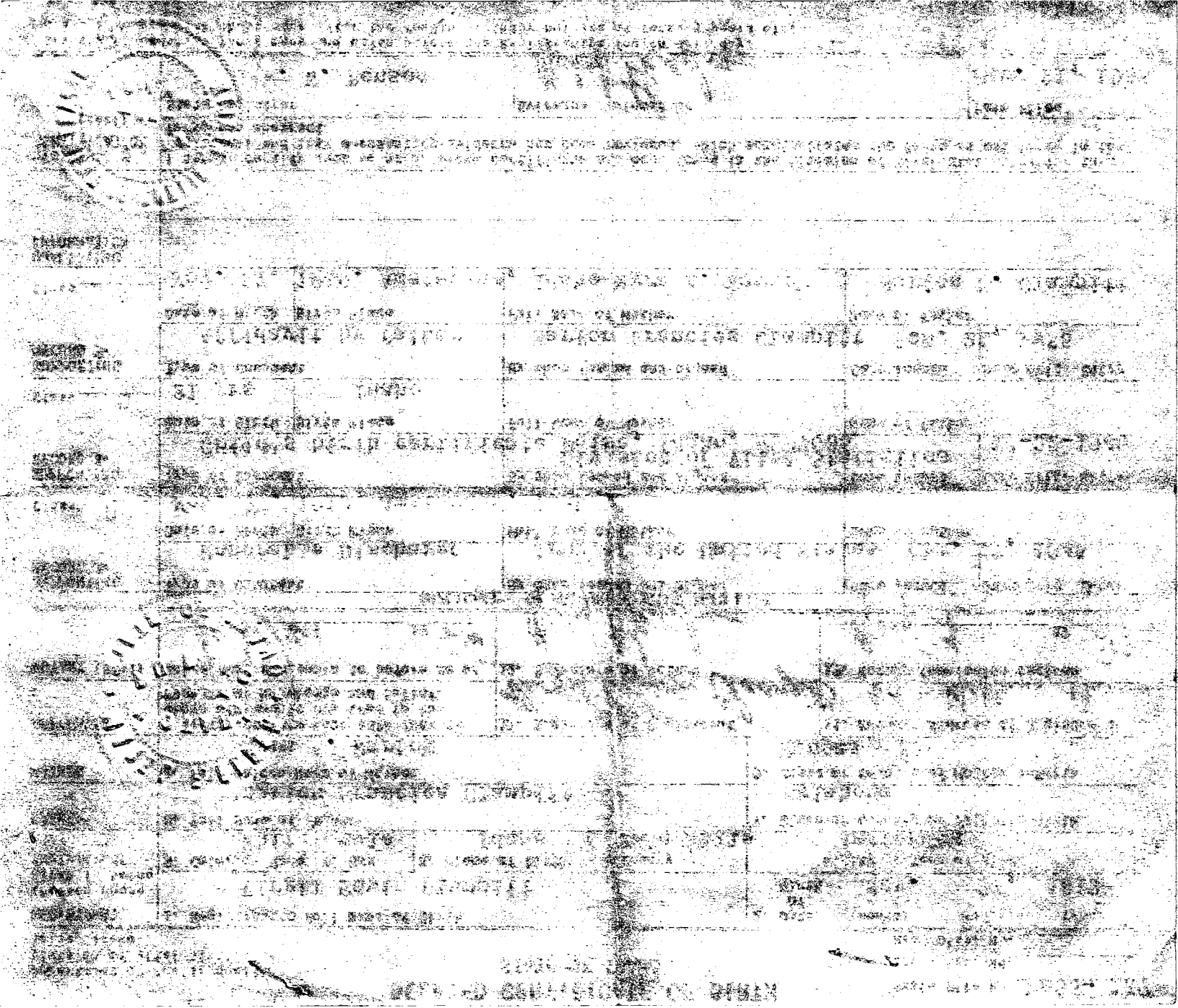
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Feder	Feb. 21, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067



Boise, Idaho
Feb. 21, 1955

I, Marion F. Clampitt, do swear that my son, Virgil Edwin Clampitt was born in Amsterdam, Idaho on the 27th day of November 1919, the mother's maiden name was Myra A. Rarick.

Marion Franklin Clampitt

Subscribed and sworn to before me on this 21st day of Feb. 1955

Notary Public

Boise, Idaho
Feb. 21, 1955

FEB 22 1955

I, Marion F. Clampitt, do swear that my son, Virgil Edwin Clampitt was born in Amsterdam, Idaho on the 27th day of November 1919, the mother's maiden name was Myra A. Rarick.

Marion F. Clampitt

Subscribed and sworn to before me on this 21st day of Feb. 1955

Notary Public

796-106-032-715

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 14 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-367
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Edward Grooman Jr.		2. Date of Birth (month) Nov. (day) 6, (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Dietrich Idaho Lincoln; b. City or Town of Birth: Dietrich Idaho
FATHER	6. Full Name of Father: John Edward Grooman		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Mary Pavlik		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Edward Grooman Jr.	11. Present Address of Registrant: Nebraska City Nebraska
NOTARY (Seal)	Subscribed and sworn to before me on: APR 12 1955 19	12. Signature of Notary: Jane M Parker	13. Notary Commission expires: Comm. Exp. March 30, 1958 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Roman Catholic Church Rock Springs, Wyoming	Baptized	Nov. 25, 1919
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 6, 1919,	Mary Pavlik	John E. Grooman	
SUPPORTING RECORD 2. Class B	School Record	Hanna Public Schools Hanna, Wyoming	Apr. 19,	1954
	Nov. 7, 1919, Idaho		Ed Grooman	
SUPPORTING RECORD 3. Class B	Application for insurance	New York Life Insurance Company		Dec. 9, 1937
	Nov. 6, 1919, Dietrich, Idaho			

QUALIFYING INFORMATION

Application for National Service Life Insurance gives the date of birth as Nov. 6, 1919 in Dietrich, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Eccles	Apr. 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 cc p-4

Form DPH 49067

APR 14 1955

APR 11 1957

619-19-010-282

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 25 1955

Division of Vital Statistics

State File No. De55-412
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: REX BYBEE FAIRLESS			2. Date Of Birth: (month) June (day) 19 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Coltman	
FATHER	6. Full Name of Father: HUGH FAIRLESS			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: MABEL BYBEE			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rex Bybee Fairless	11. Present Address of Registrant: 813 MAYFIELD AVENUE MANHATTAN BEACH, CALIF.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1955		12. Signature of Notary: Viola Keeler NOTARY PUBLIC	13. Notary Commission expires: My Commission Expires October 16, 1956 19	

APPLICANT [illegible] State of California

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Nov. 2, 1919
Class* A	Date of Birth: June 19,	Birth Place: 1919, Coltman,	Full Name of Mother: Idaho Mabel Bybee	Name of Father: Hugh Fairless
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued:	Date Orig. Entry: Apr. 9, 1941
Class B	Date of Birth: 21 yrs old	Birth Place: Coltman, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Hugh Fairless	Date Issued: Apr. 21,	Date Orig. Entry: 1955
Class B	Date of Birth: June 19,	Birth Place: 1919, Coltman,	Full Name of Mother: Idaho Mabel Bybee	Name of Father: Hugh Fairless
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: W. W. Benson	Date Filed: Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 29 1974

JUN 12 2024

160-010-029-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAY 23 1955
Division of Vital Statistics

State File No. De55-500
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Gladys Evelyna Johnson
2. Date of Birth: (month) Aug (day) 10 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Troy

FATHER

6. Full Name of Father: Simon H. Johnson
7. State or Country of Father's Birth: Waseca, Minnesota

MOTHER

8. Full Maiden Name of Mother: Lela Mae Bailey
9. State or Country of Mother's Birth: Stayton Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Evelyna Johnson
11. Present Address of Registrant: 410 W. Main Pullman Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1955
12. Signature of Notary: Gwendolle Schmidt
13. Notary Commission expires: December 15 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible	Aug. 10,	1919
Class* A	Date of Birth / Birth Place: Aug. 10, 1919, Troy, Idaho	Full Name of Mother: Lela Mae Johnson	Name of Father: Simon H. Johnson	
SUPPORTING RECORD 2.	School Record	Whitepine Independent Class "A" Latah County	Sept 1925	to May 1937
Class B	Date of Birth / Birth Place: Aug. 10, 1919,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Affidavit by mother	Lela Mae Johnson	Apr. 8, 1955	
Class B	Date of Birth / Birth Place: Aug. 10, 1919, Troy, Idaho	Full Name of Mother: Lela Mae Johnson	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	May 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF

MAY 9 4 1955

249-129-010-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JUN 29 1955
Division of Vital Statistics

State File No. De55-697
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ford Smith
2. Date of Birth: (month) January (day) 29 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls (At Home)

FATHER

6. Full Name of Father: John William Smith
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Genevieve Mae Clay
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ford Smith
11. Present Address of Registrant: Thornton, Idaho R.F.D.#1

NOTARY (Seal)

Subscribed and sworn to before me on: June 7, 1955
12. Signature of Notary: Henry Dietrich
13. Notary Commission expires: April 3 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit	Genevieve Mae Clay Smith	6-7-55	
Class* B	Date of Birth: 1-29-19 / Birth Place: Idaho Falls	Full Name of Mother: Genevieve Mae Clay Smith	Name of Father: John William Smith	
SUPPORTING RECORD 2.	Type of Document: letter re school record	By whom issued and signed: MADISON HIGH SCHOOL Rexburg, Idaho	Date Issued: 4-5-54	Date Orig. Entry: Years 1934 - 1937
Class B	Date of Birth: Jan 29, 1919 / Birth Place	Full Name of Mother	Name of Father: J. W. Smith	
SUPPORTING RECORD 3.	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO #368730	Date Issued	Date Orig. Entry: child born Feb. 2, 1943
Class B	Date of Birth: 24 years old - Idaho / Birth Place: Idaho Falls	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

COUNTY OF MADISON, STATE OF IDAHO
School Census Marshal's report, September, 1926
gives birth date as 1-29-19; 7 years old

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Betty Waller	July 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

FEB 7 1955

334-209-038-464

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-764
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Arta Blurton			2. Date Of Birth (month) Jan. (day) 9, (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Robert Floyd Blurton			7. State or Country of Father's Birth: Mo. Lawrence co.
MOTHER	8. Full Maiden Name of Mother: Viola Ellen Dougherty			9. State or Country of Mother's Birth: Minn. Anoka co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Arta Blurton Black x		11. Present Address of Registrant: 904 E. Lake, North Renton Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1954	12. Signature of Notary: Dorothy Madison		13. Notary Commission expires: August 20 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Viola Ellen Blurton		Date Issued: 8-18-55	Date Orig. Entry:
Class* B	Date of Birth: January 9 1919	Birth Place: Payette, Idaho	Full Name of Mother: Viola Ellen Blurton	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: insurance application	By whom issued and signed: RESERVE LIFE INSURANCE COMPANY, Dallas, Texas		Date Issued:	Date Orig. Entry: 4-24-51
Class B	Date of Birth: January 9, 1919	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO #345109		Date Issued:	Date Orig. Entry: child born April 1, 1942
Class B	Date of Birth: 23 years old	Birth Place: Payette, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	August 18, 195

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

349-224-003-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-865
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ellen Turner
2. Date Of Birth (month) May (day) 24 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Robert Earl Turner
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Margaret Mary ~~Daly~~
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret E. Wright
11. Present Address of Registrant: 353 Cottage Ave

NOTARY (Seal)

Subscribed and sworn to before me on June 4 1955
12. Signature of Notary: John L. Latini
13. Notary Commission expires: 9-21 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	church record	St. Anthony's Church Pocatello, Idaho	1-8-55	baptized June 1, 1919
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	May 24, 1919	Pocatello, Idaho	Margaret Mary Daly	Ralph Earl Turner
SUPPORTING RECORD 2. Class B	affidavit by mother	Margaret Mary Daly Turner	6-4-55	
	May 24, 1919	Pocatello, Idaho	Margaret Mary Daly Turner	
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	Sept. 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

SEP 29 1958

CHILD	1. Registered Full Name of Birth		2. Date of Birth
(Person whose birth is being registered)	3a. Color or Race	4. Sex	5. Place of Birth County
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

CERTIFICATE OF BIRTH

CERTIFIED RECORD	Name of Informant (Signature)		
Date of Birth	Birthplace	Full Name of Mother	Maiden Surname
Date Issued	By whom issued and signed		Date Orig. Entry

IMPORTANT — DO NOT WRITE BELOW THIS LINE

CERTIFIED RECORD	Name of Informant (Signature)		
Date of Birth	Birthplace	Full Name of Mother	Maiden Surname
Date Issued	By whom issued and signed		Date Orig. Entry

Class

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

Date of Birth | Birthplace | Full Name of Mother | Maiden Surname

Class

Date of Birth | Birthplace | Full Name of Mother | Maiden Surname

CERTIFICATION — This is to certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that the above statements, to the best of my knowledge and belief, are true, complete and correct. Documentary evidence has been received, which substantiates the facts as set forth in the above statements.

Date Received	Evidence received by	Date Filed
Sept. 29, 1958	Betty Mantz	

Class A Records: Those made at the time of the registrant's birth or shortly thereafter and based on the knowledge of the parents, midwife, nurse or physician.
Class B Records: Those made many years after birth, but are not based upon personal knowledge.

494-223-040-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 6 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-884
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jean Drumheller
2. Date of Birth: January 23 1919
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County
b. City or Town of Birth: Kingston

FATHER

6. Full Name of Father: Charles Drumheller
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mable Louise Brown
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean Wilkinson
11. Present Address of Registrant: Route 5 - Spokane Wn.

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 4 1955
12. Signature of Notary: Charles R. Bruce
13. Notary Commission expires: Nov. 21 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	hospital record	Sacred Heart Hospital Spokane, Washington		June 9, 1938
Class* B	Date of Birth: January 23, 1919 — Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	church record	St. Andrew's Church		Baptized July 30, 1939
Class B	Date of Birth: June 23, 1919 — Birth Place: Kingston, Idaho	Full Name of Mother: Mabel Brown	Name of Father: Charles Drumheller	
SUPPORTING RECORD 3.	insurance record	THE PRUDENTIAL INSURANCE CO., Newark, New Jersy		April 4, 1937
Class B	Date of Birth: January 23, 1919 — Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

affidavit by person present at birth, Mrs. Murrel Brown; Jean Drumheller born on January 23, 1919 at Kingston, Idaho. Parents: Mabel Louise Drumheller Charles Drumheller
affidavit dated: 10-3-55

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. A. Benson	Betty Waller	Oct. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 10 1989

DECEASED

955-216-026-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Aileen Rees		2. Date Of Birth (month) Nov. (day) 16 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Grant, Idaho
FATHER	6. Full Name of Father: Rees Hyrum Rees		7. State or Country of Father's Birth: Utah U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Frances Ann Young		9. State or Country of Mother's Birth: Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Aileen Rees Lewis	11. Present Address of Registrant: Lewisville, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 19 October 19 55	12. Signature of Notary: Justin A. Green	13. Notary Commission expires: January 26 19 58	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: daughter's birth certificate	By whom issued and signed: STATE OF IDAHO #444562	Date Issued:	Date Orig. Entry: child born Sept. 10, 1947
Class* B	Date of Birth: 27 years old	Birth Place: Grant, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L. D. S. CHURCH	Date Issued: 12-4-27	Date Orig. Entry: baptized December 3, 1927
Class B	Date of Birth: November 16, 1919	Birth Place: Grant, Idaho Jefferson County	Full Name of Mother: Francis A. Young	Name of Father: R. H. Rees
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor of parents	By whom issued and signed: Emmett W. DaBell	Date Issued: 11-18-55	Date Orig. Entry:
Class B	Date of Birth: November 16, 1919	Birth Place: Grant, Idaho Jefferson County	Full Name of Mother: Frances Ann Young	Name of Father: Rees Hyrum Rees
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	October 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

1955

864-123-006-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1049
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wendell K Young		2. Date of Birth (month) (day) (year): March 23 1919
	3. Color or Race: white	4. Sex: m	5. Place of Birth (a) County: Bingham; b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: John Royal Young		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth L. Wilcock		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wendell K Young	11. Present Address of Registrant: Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 1955	12. Signature of Notary: L Russell Jensen	13. Notary Commission expires: June 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor of parents	By whom issued and signed: Bert Holland Shelley, Idaho	Date Issued: 11-28-55	Date Orig. Entry:
Class* B	Date of Birth: March 23 1919 / Birth Place: Shelley, Idaho	Full Name of Mother: Elizabeth L. Wilcock	Name of Father: John Royal Young	
SUPPORTING RECORD 2.	Type of Document: affidavit re church records	By whom issued and signed: L. D. S. CHURCH	Date Issued: 11-17-55	Date Orig. Entry:
Class B	Date of Birth: March 23 1919 / Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Elizabeth L. Wilcock	Name of Father: John Royal Young	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: BENEFICIAL LIFE INSURANCE CO. of Utah #187196	Date Issued:	Date Orig. Entry: October 27 1928
Class B	Date of Birth: March 23 1919 / Birth Place: Shelley, Idaho	Full Name of Mother: Elizabeth L. Young	Name of Father: John Roy Young	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Benson	Evidence reviewed by: Betty Waller		Date Filed: December 2 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

1919

Type of Document
Application for

Date of Birth
[illegible]

Name of Father
John Roy Young

Name of Mother
Clarissa J. Young

Maiden Name
Clarissa J. Young

355-228.028-444

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1081
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **BERDINA ANNA LEECH**		2. Date Of Birth (month) (day) (year): **FEBRUARY 28, 1919**
	3. Color or Race: **white**	4. Sex: **female**	5. Place of Birth a. County: **Kootenai** / b. City or Town of Birth: **Coeur d'Alene**
FATHER	6. Full Name of Father: **Ralph R. Leech**		7. State or Country of Father's Birth: **Nebraska**
MOTHER	8. Full Maiden Name of Mother: **Mattie Dudden**		9. State or Country of Mother's Birth: **Nebraska**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berdina Leech Hotaling	11. Present Address of Registrant: **1336 Clermont Street, Denver, Colo.**
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 8 1955	12. Signature of Notary: Florence V. Haley	13. Notary Commission expires: My Commission expires January 22, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: census record	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 11-15-55	Date Orig. Entry: Census of 1920, Jan. 1	
Class* A	Date of Birth: 10 months old	Birth Place: Idaho	Full Name of Mother: Mattie Leech	Name of Father: Ralph R. Leech	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Ralph R. Leech Stockton, California	Date Issued: 8-25-55	Date Orig. Entry:	
Class B	Date of Birth: February 28, 1919	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Mattie D. Leech	Name of Father: Ralph R. Leech	
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: CLASS A SCHOOL DISTRICT #271, Coeur d'Alene, Idaho	Date Issued: 9-20-55	Date Orig. Entry: entered school, Jan. 1, 1925	
Class B	Date of Birth: February 28, 1919	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Mattie D. Leech	Name of Father: Ralph R. Leech	

QUALIFYING INFORMATION

Certificate of Voting Registration; Office of the Election Commission City and County of Denver, Colorado 23 years old on August 20, 1942

newspaper clipping titled "Better Babies in Kootenai", contest for babies under 1 year of age gives birthdate: February 28, 1919-

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	December 13 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 19 1955

294209.024-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-167
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Susie E. Brumbaugh
2. Date of Birth (month) April (day) 9th (year) 1919
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Gooding

FATHER

6. Full Name of Father: Jesse Brumbaugh
7. State or Country of Father's Birth: Casper, Wyoming

MOTHER

8. Full Maiden Name of Mother: Ida DeLong
9. State or Country of Mother's Birth: Hastings, Nebraska.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Susie E. Handley
11. Present Address of Registrant: RFD Carnation, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: August 19th 1955
12. Signature of Notary: Jesse Simmons
13. Notary Commission expires: July 14th 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	DAUGHTER'S BIRTH CERTIFICATE	WASHINGTON STATE BOARD OF HEALTH, Olympia, Washington	11-19-54	child born Jan 30, 1937
	Date of Birth: 17 years old	Birth Place: Gooding Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: IDA BRUMBAUGH Carnation, Washington	Date Issued: 8-19-55	Date Orig. Entry:
	Date of Birth: April 9 1919	Birth Place: Gooding, Idaho Gooding County	Full Name of Mother: Ida Brumbaugh	Name of Father: Jesse Brumbaugh
SUPPORTING RECORD 3. Class B	Type of Document: HOSPITALIZATION RECORD	By whom issued and signed: PROVIDENCE HOSPITAL Seattle, Washington	Date Issued: 8-31-55	Date Orig. Entry: October 28 1947
	Date of Birth: April 9 1919	Birth Place: Idaho	Full Name of Mother: Ida Delong	Name of Father: Jess Brumbaugh

QUALIFYING INFORMATION

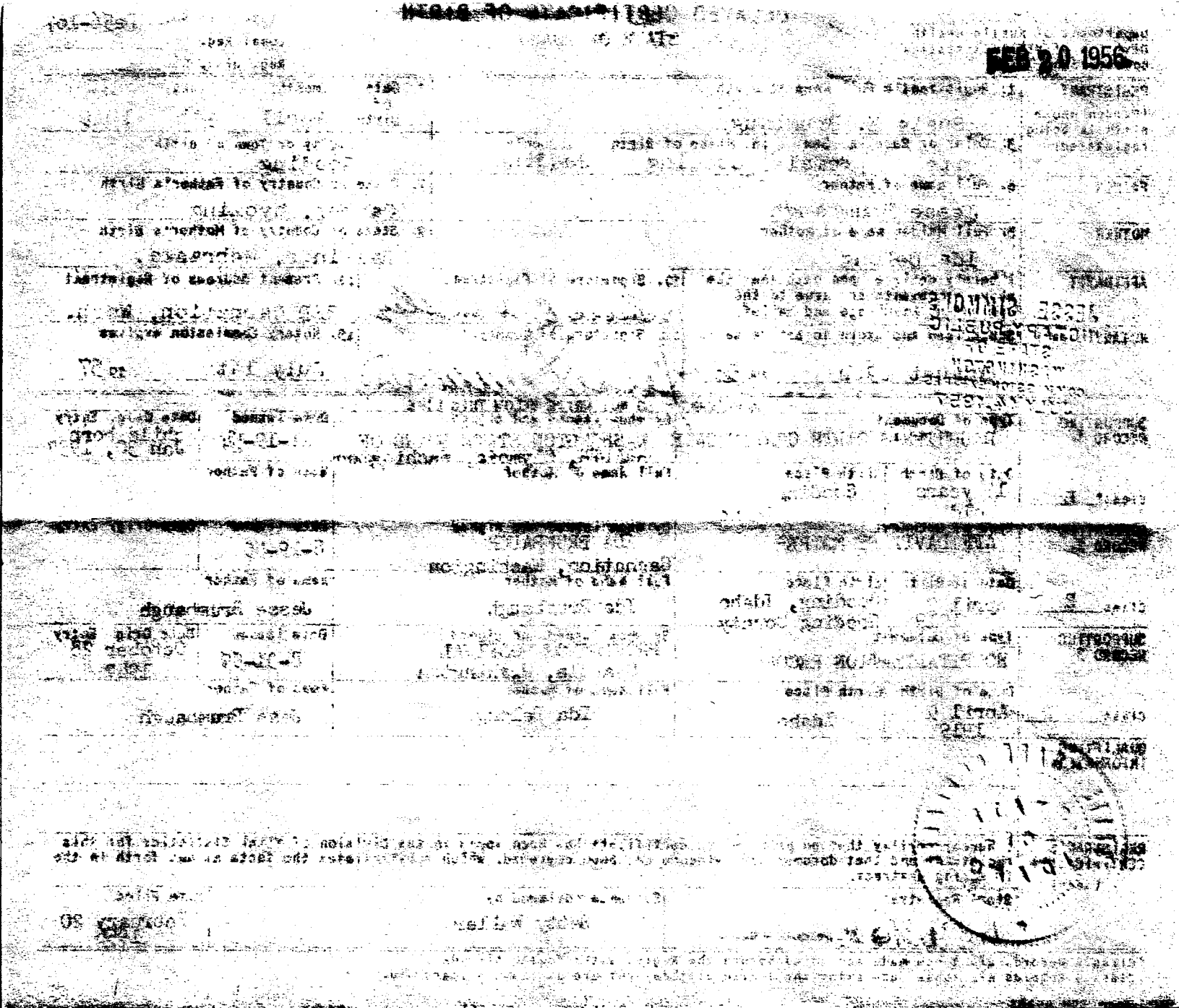
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



4-5-211-015-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-303
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALBA DUKE
2. Date of Birth (month) MAY (day) 11 (year) 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: IDAHO a. County: CARIBOU b. City or Town of Birth: GRACE

FATHER

6. Full Name of Father: Albert Duke
7. State or Country of Father's Birth: Provo, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Fern Tanner
9. State or Country of Mother's Birth: Grace, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: alba Duke Jenkins
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on March 1956.

12. Signature of Notary: Robert L. Miller
13. Notary Commission expires MY COMMISSION EXPIRES 7-14-58 NOTARY PUBLIC OF IDAHO RESIDING AT BURLEY, IDAHO 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	DAUGHTER'S BIRTH CERTIFICATE	STATE OF IDAHO #49 - 12478	3-1-56	child born October 6, 1949
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	30 years old / Grace, Idaho			
SUPPORTING RECORD 2. Class B	AFFIDAVIT BY AUNT	MARTHA A. TANNER HARRIS	3-11-56	
	May 11 1919 / Grace, Idaho Bannock County	Mary Fern Tanner	Albert Duke	
SUPPORTING RECORD 3. Class B	APPLICATION FOR INSURANCE	IDAHO MUTUAL BENEFIT ASSOCIATION Boise, Idaho #28031		January 18 1938
	May 11 1919 / Grace, Idaho		Albert Duke	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	bw Betty Waller	March 22 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 22 1950

1. Name of child	2. Sex
3. Date of birth	4. Place of birth
5. City or town of birth	
6. Name of father	
7. State or country of father's birth	
8. Maiden name of mother	
9. State or country of mother's birth	
10. Signature of applicant	11. Present address of applicant
12. Notary Commission expires	
13. Type of document	14. Date filed
15. Data of birth verified by	
16. Date issued	17. Date orig. entry received
18. Name of person	
19. Relationship	
20. Type of document	21. Date issued
22. Date of birth verified by	
23. Name of person	24. Date orig. entry received
25. Type of document	26. Date issued
27. Date of birth verified by	
28. Name of person	29. Date orig. entry received
30. Evidence reviewed by	31. Date filed

169-131-018-169

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-320
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 20 1956 Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harry Clyde Jordan
2. Date of Birth (month) 1 (day) 31 (year) 1919
3. Color or Race: Cauc.
4. Sex: M.
5. Place of Birth a. County: Weippe - Clearwater
b. City or Town of Birth: Weippe

FATHER

6. Full Name of Father: John [redacted] H. Jordan
7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Ica Chloe Waybright Jordan
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harry Clyde Jordan
11. Present Address of Registrant: 2188 Devos Ave

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 11th 1955.
12. Signature of Notary: F. L. Ruder
13. Notary Commission expires: Jan 3 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	John H. Jordan	Dec. 10,	1954
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 31, 1919, Weippe, Idaho		John H. Jordan	
SUPPORTING RECORD 2.	discharge record	U. S. Army		inducted Sept. 16 1940
Class B	21 years old / Weippe, Idaho			
SUPPORTING RECORD 3.	APPLICATION FOR SOCIAL SECURITY NUMBER #518-12-3431	TREASURY DEPARTMENT Internal Revenue Service		signed Jan 6, 1938
Class B	January 31 1919 / Weippe Idaho	Ica Waybright	John Jordan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	bw Betty Waller	March 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 28 1958

Mary Clyde Jordan

Mesa

Mary Clyde Jordan

Mesa

Mary Clyde Jordan

Mesa

636-208-029-758

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-317
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LUCILLE ROSE FLOMER
2. Date of Birth (month) (day) (year): DECEMBER 8 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: LATAH; b. City or Town of Birth: GENESEE

FATHER

6. Full Name of Father: John Frederick Flomer
7. State or Country of Father's Birth: New York, New York

MOTHER

8. Full Maiden Name of Mother: Alma Ida Gehnke
9. State or Country of Mother's Birth: Blue Earth, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Rose Flomer Nielsen
11. Present Address of Registrant: Newport, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on April 2nd 1956

12. Signature of Notary: H. H. Geller
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires June 19, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	CHURCH RECORD	LUTHERAN CHURCH Genesee, Idaho	2-10-56	baptised January 26, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	December 8, 1919	Alma Gehrke	John Flomer	
SUPPORTING RECORD 2. Class B	CHURCH RECORD	LUTHERAN CHURCH Genesee, Idaho		confirmed April 5, 1936
	December 8 1919			
SUPPORTING RECORD 3. Class B	AFFIDAVIT BY FATHER	JOHN FREDRICK FLOMER	4-2-56	
	December 8 1919 / Genesee, Idaho Latah County	Alma Ida Gehrke	John Frederick Flomer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	April 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 5 1965

1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
3. Color or Race 4. Sex	5. Place of Birth (County)
6. Name of Father	7. Date of Delivery of Mother's Birth
8. Birthplace (State or Foreign Country) of Father	9. Maiden Name of Mother
10. Birthplace (State or Foreign Country) of Mother	11. Present Address of Registrant
12. Signature of Registrant	13. Date Signed
14. Name and Address of Person Who Supplied Information Above	15. Relationship to Registrant
16. Signature of Person	17. Official Capacity

SUPPORTING RECORDS

Type or Document	Name Issued or Signed	Date Issued

Type of Document	By Whom Issued and Signed	Date Issued

Evidence Reviewed by

Date Filed

APR 21 1965

168-230-029-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-575
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Adeline Johnson			2. Date of Birth (month) August (day) 30 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: David Montgomery Johnson			7. State or Country of Father's Birth: Kansas, USA
MOTHER	8. Full Maiden Name of Mother: Florence Mae Latimer			9. State or Country of Mother's Birth: Pearl, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Johnson Rucker		11. Present Address of Registrant: 2207 A St Bellingham, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1956	12. Signature of Notary: J. E. Reuter		13. Notary Commission expires: May 15 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle	By whom issued and signed: John A. Johnson Spokane, Washington		Date Issued: 3-21-56	Date Orig. Entry:
Class* B	Date of Birth: August 30, 1919	Birth Place: Idaho	Full Name of Mother: Florence May Latimore	Name of Father: David Montgomery John-	
SUPPORTING RECORD 2.	Type of Document: daughter's birth certificate	By whom issued and signed: Alaska Dept. of Health Bureau of Vital Statistics		Date Issued:	Date Orig. Entry: son child born Aug. 23, 1940
Class B	Date of Birth: 20 years old	Birth Place: Potlatch Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: 539-10-8013 application for Social Security number	By whom issued and signed: Treasury Department Internal Revenue Service		Date Issued:	Date Orig. Entry: applied Oct. 19, 1937
Class B	Date of Birth: August 30, 1919	Birth Place: Potlatch Idaho	Full Name of Mother: Florence Lattimer	Name of Father: David Montgomery Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: May 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 31 1950

764-221-004-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-747
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nathell Poulsen
2. Date of Birth (month) (day) (year): January 21 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Walter Poulsen
7. State or Country of Father's Birth: Liberty, Idaho

MOTHER

8. Full Maiden Name of Mother: Orbie Ann Findlay
9. State or Country of Mother's Birth: Lanark, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nathel Poulsen Law
11. Present Address of Registrant: Soda Springs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 16th 1956
12. Signature of Notary: Lee M. Marcus
13. Notary Commission expires: 8/61 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: blessed May 4, 1919
	Date of Birth: January 21, 1919	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Orbie Findlay	Name of Father: Walter Poulsen
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by mother	By whom issued and signed: Orbie Findlay Poulsen Bear Lake Co., Idaho	Date Issued: 7-16-56	Date Orig. Entry:
	Date of Birth: January 21, 1919	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Orbie Findlay	Name of Father: Walter Poulsen
SUPPORTING RECORD 3. Class B	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #413624	Date Issued:	Date Orig. Entry: child born Jan. 14, 1945
	Date of Birth: 25 years old	Birth Place: Montpelier Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

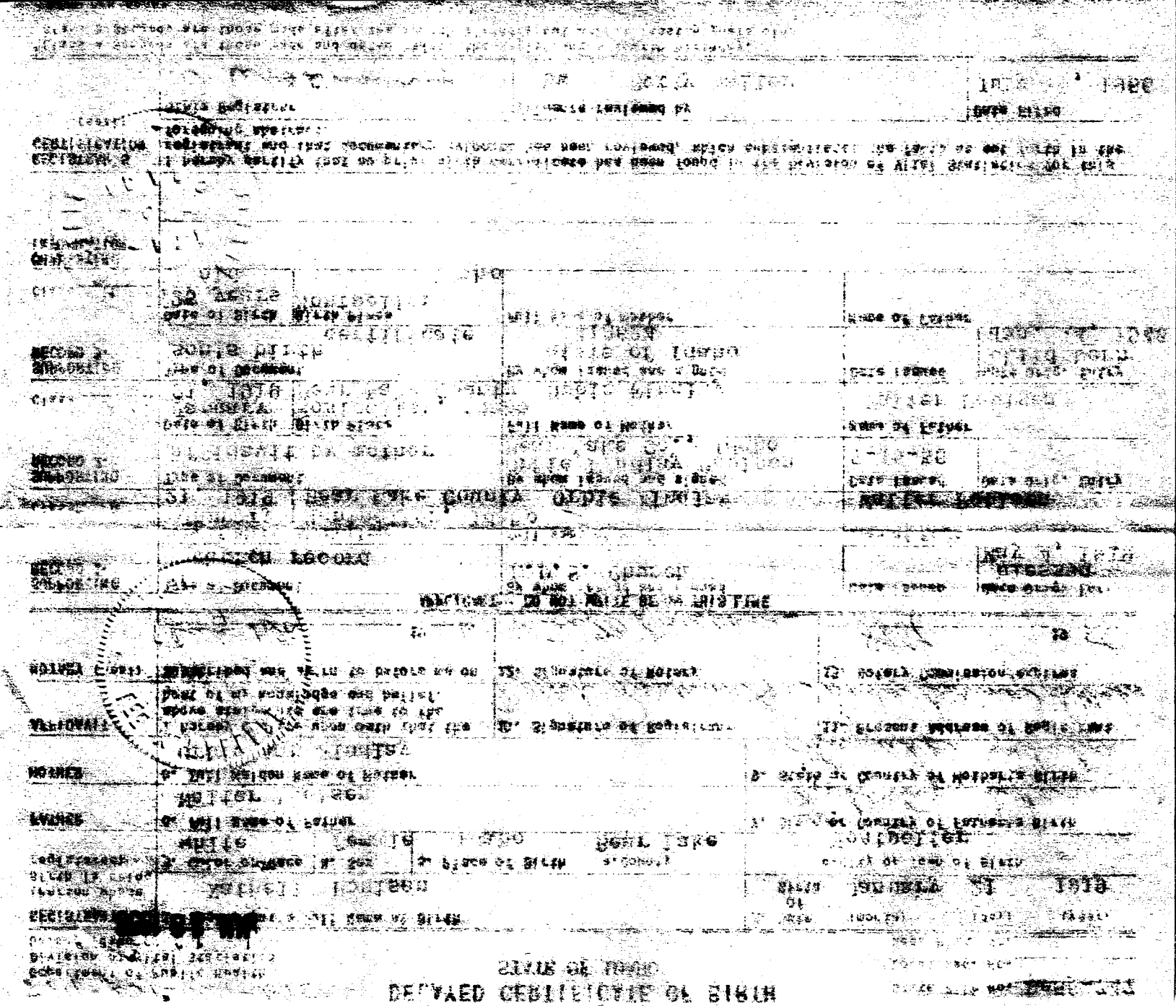
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Wilson	bw Betty Waller	July 18, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



693-225-025-193

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-938
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ava Lavina Wilson			2. Date Of Birth (month) Feb. (day) 25, (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Idaho	b. City or Town of Birth: White Bird
FATHER	6. Full Name of Father: Jacob Henry Wilson			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mabel Angie Jillson			9. State or Country of Mother's Birth: Washington, Asotin County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ava Lavina Smith		11. Present Address of Registrant: 663 Bertelsen Rd., Eugene, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 28, 1956	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires Feb. 26, 1960 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mabel Angie Page	Date Issued: May 2, 1956	Date Orig. Entry
Class* B	Date of Birth: February 25, 1919	Birth Place: Whitebird, Ida.	Full Name of Mother: Mabel Angie Jillson	Name of Father: Jacob Henry Wilson	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: 7-16-43	Date Orig. Entry
Class B	Date of Birth: February 25, 1919	Birth Place: Whitebird, Idaho	Full Name of Mother: Mabel Angie Jillson	Name of Father: Jacob Henry Wilson	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Mrs. Sally Miller-Clerk Yakima Public School	Date Issued: Aug. 20, 56	Date Orig. Entry: Sept. 8, 1931
Class B	Date of Birth: February 25, 1919	Birth Place: Whitebird, Idaho	Full Name of Mother:	Name of Father: Jake Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept. 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF HAWAII

SEP 19 1950

1. Name of child (Type or print)
2. Sex
3. Date of birth (Month, day, year)
4. Place of birth
5. Legitimate or illegitimate
6. Color or race
7. Name and race of father
8. Maiden name and race of mother
9. Name and address of informant
10. Relationship of informant to child
11. Date filed by registrar
12. Signature of registrar

I hereby certify that the above is a true and correct copy of the record of birth filed in the Department of Health, Territory of Hawaii.

Issued at Honolulu, Hawaii, SEP 19 1950

Registrar of Vital Statistics

Jacob Henry Nissen

815-203-041-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 22 56
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1108
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Marvel Hansen		2. Date Of Birth: (month) June (day) 3 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Teton	b. City or Town of Birth: Tetonia, Idaho
FATHER	6. Full Name of Father: James R. Hansen		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Elizabeth T. Gregory		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice M. Roberts	11. Present Address of Registrant: 934 West Center	
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1956	12. Signature of Notary: Arthur M. Hall.	13. Notary Commission expires: June - 11th 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Boise, Idaho Idaho File #48-5030	May 8, 1948	
Class* B	Date of Birth: Age 28	Birth Place: Tetonia, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: July 28, 1937	Date Orig. Entry:
Class B	Date of Birth: June 3, 1919	Birth Place: Tetonia, Idaho	Full Name of Mother: Elizabeth T. Gregory	Name of Father: James R. Hansen
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Salt Lake City, Utah Beneficial Life Ins. Co.	Date Issued: Sept. 27, 51	Date Orig. Entry:
Class B	Date of Birth: Age 32	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: J. W. Benson	Evidence reviewed by: Verna Wilson	Date Filed: Oct. 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 23 1958

MAY 3 1967

ARTHUR W. [illegible]
NOTARY PUBLIC
STATE OF IDAHO

719-213-035-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1307
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Eleanor Parks			2. Date Of Birth (month) April (day) 13 (year) 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: ~~Peck~~ Nez Perce	b. City or Town of Birth: Peck
FATHER	6. Full Name of Father: Raymond Parks			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Naomi Ruth Galloway			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Eleanor Parks Smith		11. Present Address of Registrant: Peck Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 26, 1956	12. Signature of Notary: [signature]		13. Notary Commission expires: 7-10 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurancerecord	By whom issued and signed: Lewiston, Idaho Great Western Mutual	Date Issued: June 5,56	Date Orig. Entry: June 8,1948
Class* B	Date of Birth: April 13, 1919	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Daughter's birth Certificate	By whom issued and signed: Idaho 314239	Date Issued: May. 19,	Date Orig. Entry: 1941
Class B	Date of Birth: age 22	Birth Place: Peck	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: Raymond Parks	Date Issued: Dec. 26, 1956	Date Orig. Entry:
Class B	Date of Birth: April 13, 1919	Birth Place: Peck, Idaho	Full Name of Mother: Naomi Ruth Galloway Parks	Name of Father: Raymond Parks
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: vr Shirley Straubhar	Date Filed: Dec.31,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0063

JAN 2 1957

235-119-004-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-015

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Miles Sleight			2. Date of Birth (month) (day) (year): January 19, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Thomas George Sleight			7. State or Country of Father's Birth: Paris, Bear Lake, Idaho
MOTHER	8. Full Maiden Name of Mother: Emily Miles			9. State or Country of Mother's Birth: Glendale, Kane, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph M. Sleight		11. Present Address of Registrant: Paris, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 2, 1957	12. Signature of Notary: Harold J. Price		13. Notary Commission expires: Oct. 1, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Paris Ward, Bear Lake Stake, L.D.S. Church		Date Issued: Dec. 13, 1956	Date Orig. Entry: Aug. 7, 1927
	Date of Birth: Jan. 19, 1919	Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Emily Miles	Name of Father: Thomas George Sleight	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Emily M. Sleight		Date Issued: Dec. 24, 1956	Date Orig. Entry:
	Date of Birth: Jan. 19, 1919	Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Emily Miles Sleight	Name of Father: Thomas George Sleight	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S. Army H. S. Davis-Personal Off.		Date Issued:	Date Orig. Entry: Jun. 3, 1946
	Date of Birth: Jan. 19, 1919	Birth Place: Paris, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Jan. 7, 1957

FORM BH 56067

DECLARED DEATH OF DATE OF BIRTH

MAR 7 1957

695-203010-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCILLE BESSIE WINDER			2. Date Of Birth (month) OCTOBER (day) 3, (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Guy Winder			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Laura Ritter			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Houghtow		11. Present Address of Registrant: Mellon, Idaho Box 73
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostatic copy of Original Social Security Application	By whom issued and signed: U. S. Treasury Department	Date Issued:	Date Orig. Entry: 8-29-46
	Date of Birth: 10-3-19 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Laura Ritter	Name of Father: Guy Winder	
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: Idaho #283535	Date Issued: Child's Birthdate August 8, 1939	Date Orig. Entry:
	Date of Birth: Age 19 / Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Laura Wellard	Date Issued: 4-1-1957	Date Orig. Entry:
	Date of Birth: Oct 3, 1919 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Laura Ritter	Name of Father: Guy Winder	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: sc Joyce B. Foltz		Date Filed: April 10, 1957

FORM BH 56067

1 copy paid

APRIL 1957

Oct 25, 1919 Idaho Falls, Idaho — Laura Bitner — Guy Mather

Affidavit by Mother — Laura Tolliver — 4-3-1957

Joyce R. Foley — April 10, 1957

236-203-003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-407

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delpha Ann Bloxham
2. Date of Birth (month) (day) (year): January 3 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Downey, Idaho

FATHER

6. Full Name of Father: Erastus Zackariah Bloxham
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah May Wakely
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delpha Ann Bloxham
11. Present Address of Registrant: 647 W. Day Pocatello, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1957
12. Signature of Notary: [illegible]
13. Notary Commission expires: Jan. 10 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Pocatello Third Ward, West Pocatello Stake, LDS Church	Date Issued: 3-10-57	Date Orig. Entry: May 4, 1919	
	Date of Birth: Jan. 3, 1919	Birth Place: Bannock Co. Downey, Idaho	Full Name of Mother: Sarah May Wakley	Name of Father: Erastus Z. Bloxham	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Guarantee Mutual Life Co. Omaha, Nebraska	Date Issued:	Date Orig. Entry: Nov. 12, 1930	
	Date of Birth: Jan. 3, 1919	Birth Place: Downey, Idaho	Full Name of Mother: Sarah May Bloxham	Name of Father: Erastus Bloxham	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #315811	Date Issued:	Date Orig. Entry: child born June 11, 1941	
	Date of Birth: age 22	Birth Place: Downey, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	April 15, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 16 1957

1. Name of person on whom record is made (First, middle, last)	2. Sex
3. Date of birth (month, day, year)	4. Place of birth (county)
5. City or town of birth	
6. Full name of father	7. State or country of father's birth
8. Full maiden name of mother	9. State or country of mother's birth

AFFIDAVIT

I hereby declare upon oath that above statements are true to the best of my knowledge and belief

10. Signature of Applicant

11. Present Address of Applicant

NOTARY (Seal) Subscribed and sworn to before me

12. Signature of Notary

13. Notary Commission expires

SUPPORTING RECORD 1

Type of Document

Date Issued

Date Orig. Entry

Name of Person

SUPPORTING RECORD 2

Type of Document

Date Issued

Date Orig. Entry

Name of Person

REMARKS

CERTIFICATION

I certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above statements.

Date Issued

Registrar

Date Filed

April 15, 1957

Delayed registered by

Vivian Thompson

State File No. 8057-57

236-203-040-355

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-509
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dema Ruth Slothower
2. Date of Birth (month) (day) (year): July 3 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kellogg Shoshone
b. City or Town of Birth: Kellogg, Idaho

FATHER

6. Full Name of Father: Floyd Melvin Slothower
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Faye Frances Lees
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dema Ruth Slothower
11. Present Address of Registrant: 5090 Long Branch San Diego 7 Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: January 16 1957
12. Signature of Notary: Lloyd W. Gates
13. Notary Commission expires: My Commission Expires January 6, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	Salt Lake City, Utah L.D.S. Church	12-12-56	3-14-37
Class* B	Date of Birth: July 3, 1919 / Birth Place: Kellogg, Idaho	Full Name of Mother: Fay Lees	Name of Father: Floyd M. Slothower	
SUPPORTING RECORD 2.	Affidavit by Father	Floyd Melvin Slothower	1-31-57	
Class B	Date of Birth: July 3, 1919 / Birth Place: Kellogg, Idaho	Full Name of Mother:	Name of Father: Floyd Melvin Slothower	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #268674		child born June 3, 1938
Class B	Date of Birth: age 18 / Birth Place: Kellogg, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

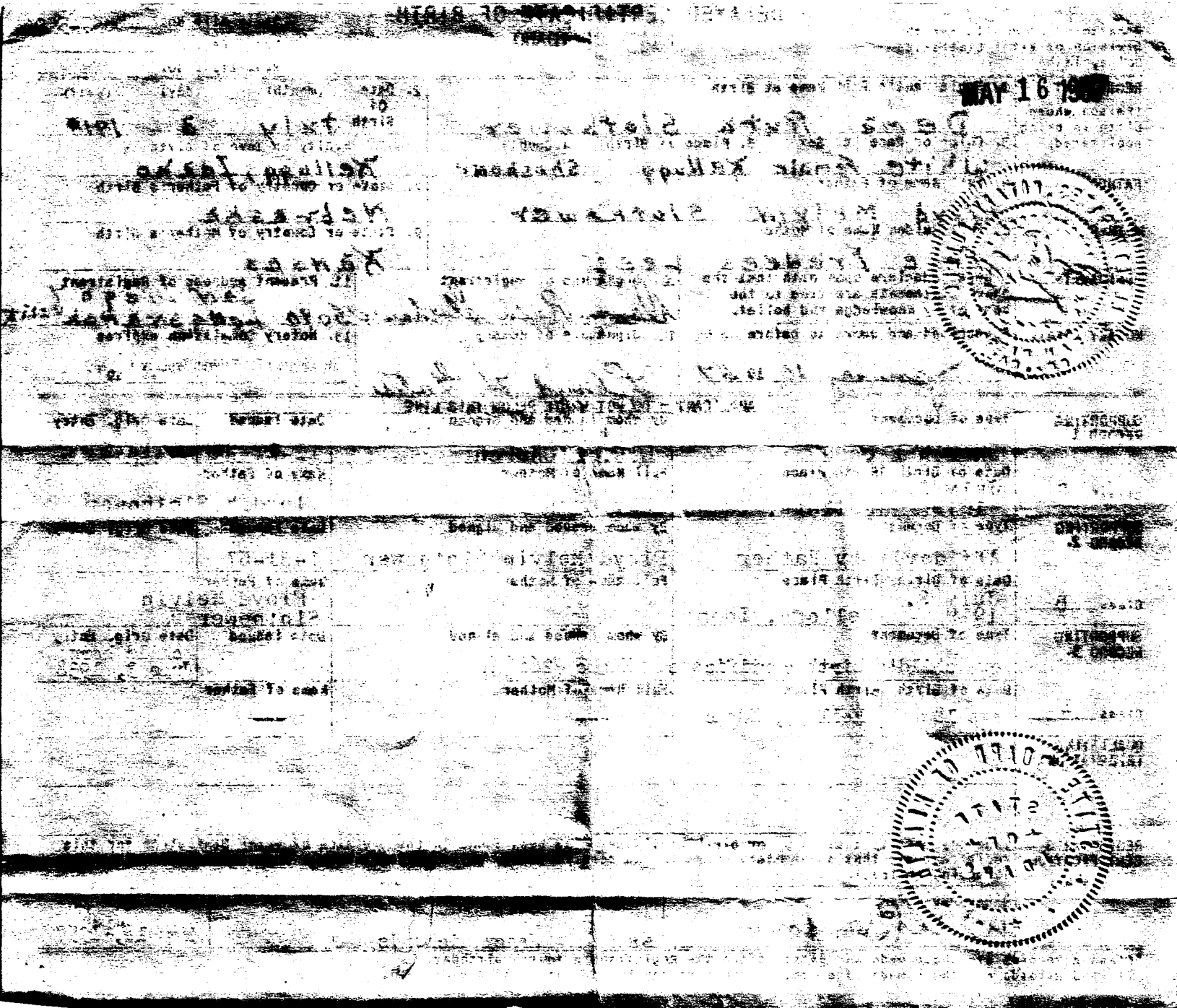
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: ss Nancy Richards
Date Filed: May 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



114-120-037-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-545

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Jausoro			2. Date Of Birth: (month) 3 (day) 20 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Silver City, Owyhee, Idaho	
FATHER	6. Full Name of Father: Thomas Jausoro			7. State or Country of Father's Birth: Escoriaza, Guipuzkoa, Spain	
MOTHER	8. Full Maiden Name of Mother: Thomasa Mallea			9. State or Country of Mother's Birth: Ereno, Vizcaya, Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis Jausoro		11. Present Address of Registrant: #8 Roosevelt, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 23 May 1957	12. Signature of Notary: David Hart		13. Notary Commission expires: 9-10 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Family Friend	By whom issued and signed: Nicolas Mallea - Age 67		Date Issued: 5-22-57	Date Orig. Entry:
	Date of Birth: March 20, 1919	Birth Place: Silver City, Idaho	Full Name of Mother: Tomasa Jausoro	Name of Father: Tomas Jausoro	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral Boise, Idaho		Date Issued: 5-23-57	Date Orig. Entry: 5-25-1919
	Date of Birth: March 20, 1919	Birth Place:	Full Name of Mother: Tomasa Mallea	Name of Father: Tomas Jausoro	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.		Date Issued:	Date Orig. Entry: Aug. 1, 1946
	Date of Birth: March 20, 1919	Birth Place: Silver City, Idaho	Full Name of Mother: Tomasa Jausoro	Name of Father:	

QUALIFYING INFORMATION

Honorable Discharge Papers - U. S. Government - issued Nov. 25, 1945 - date orig. entry March 18, 1942. Birthdate given as March 20, 1919. Birthplace, Silver City, Idaho.

Also, Own Child's Birth Certificate - State of Idaho #49-429 - January 3, 1949 gives age on 1-3-49 as 29 years old and birthplace as Silver City, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Ranson	Shirley Cooper	May 23, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 1 1971

24 1957

DECEASED

394-218016-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-553

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: (Edith) Edythe Louise Trunkey
2. Date of Birth (month) (day) (year): April 18 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Moulton, Ida. Cassia
b. City or Town of Birth: Moulton Idaho.

FATHER

6. Full Name of Father: Frank John Trunkey
7. State or Country of Father's Birth: Iowa - (Marshaltown)

MOTHER

8. Full Maiden Name of Mother: Mary Pricilla (Wolter) Trunkey
9. State or Country of Mother's Birth: Yost, Utah -

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edythe Louise Trunkey / Edythe Louise Trunkey (Mrs. Murtrey)
11. Present Address of Registrant: 137 Flormann Rapid City S.D.

NOTARY (Seal)

Subscribed and sworn to before me on 15 May 1957

12. Signature of Notary: [illegible] Notary Public
13. Notary Commission expires: 16 Feb 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Ins. Co.	Date Issued:	Date Orig. Entry: Feb. 25, 1931
	Date of Birth: April 18, 1919	Birth Place: Moulton, Idaho	Full Name of Mother: Mary Priscillia Trunkey	Name of Father: Frank John Trunkey
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary P. Trunkey	Date Issued: 4-26-57	Date Orig. Entry:
	Date of Birth: April 18, 1919	Birth Place: Moulton, Idaho	Full Name of Mother: Mary Priscilla Wolter Trunkey	Name of Father: Frank John Trunkey
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Colorado #102191-102217	Date Issued:	Date Orig. Entry: child born Feb. 12, 1944
	Date of Birth: age 24	Birth Place: Moulton, Idaho	Full Name of Mother: ----	Name of Father: ----

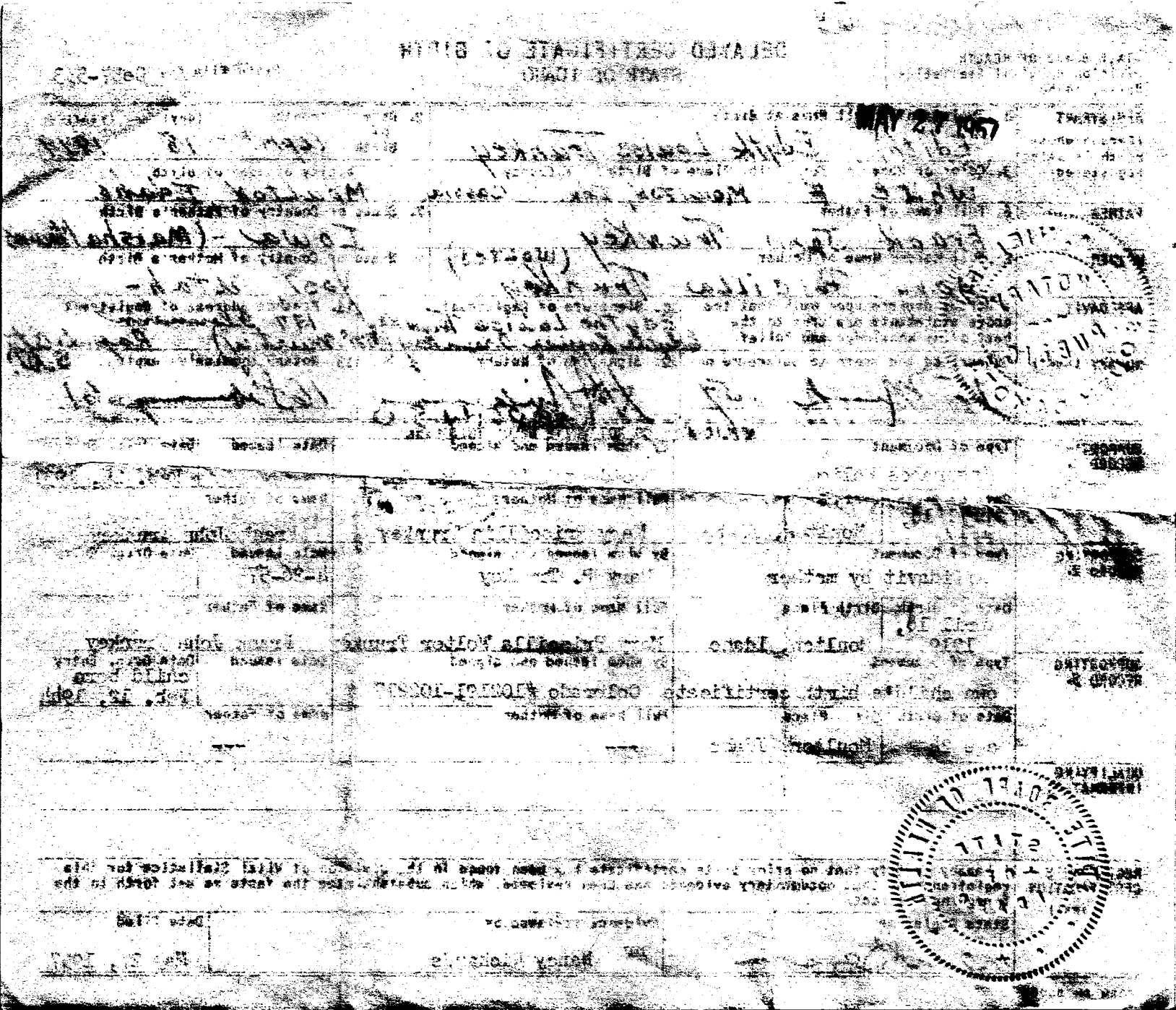
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	May 27, 1957

FORM BH 56067



251-209-001-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-589

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Amy Angeline Seamans
2. Date of Birth: (month) May (day) 9 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Enoch C. Seamans
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Lula N. Burkhart
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Amy Angeline Seamans Walker
11. Present Address of Registrant: 1212 So. Veyda, Pryor, Okla.

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1957
12. Signature of Notary: Lois L Harrison
13. Notary Commission expires: Aug 23 — 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security Account Number	Treasury Department	Jan 5,1937	Jan 5, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 9,1919	Boise, Idaho	Lula N. Burkhart	Enoch C. Seamans

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's Birth Certificate	on file State of Oklahoma File # 135-50-29411	May 28,1952	Child born Aug 27,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 31	Boise, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #1508963	Massachusetts Mutual Life Insurance Company		August 10, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 9, 1919	Boise, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	June 6, 1957

FORM BH 56067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 6 1957

Mary Angelina Seamans

Ada

Boise

Wisconsin

Missouri

Julia M. Burkhart

Family Welfare (or Social Security Program) Number

Boise, Idaho

Treasury Department

Julia M. Burkhart

Jan 5, 1927

Jan 5, 1927

Joyce M. Wilks

June 6, 1957

958-101-019-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Lee Reynolds			2. Date Of Birth (month) (day) (year): October 1, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Albert Lee Reynolds			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ada Edna Ivie			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Lee Reynolds		11. Present Address of Registrant: Hailey, Ida. Box 505
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth	By whom issued and signed: Age 64 Florence Kessinger	Date Issued: 6-18-57	Date Orig. Entry:
	Date of Birth: October 1, 1919	Birth Place: Mackay, Idaho	Full Name of Mother: Ada Edna Ivie	Name of Father: Albert Lee Reynolds
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: Sept. 2, 1937
	Date of Birth: Oct. 1, 1919	Birth Place: Mackay, Idaho	Full Name of Mother: Ada Edna Ivie	Name of Father: Albert Lee Reynolds
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #341427	Date Issued: Child's Birthdate February 20, 1942	Date Orig. Entry:
	Date of Birth: Age 22	Birth Place: Mackey, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Barron	Shirley Cooper	June 18, 1957

FORM BH 56067

CERTIFICATE OF BIRTH

JUN 18 1947

229403-014-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-649

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ~~Johnnie~~ Pershing Skinner			2. Date of Birth: June 3 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa	
FATHER	6. Full Name of Father: John Kell Skinner			7. State or Country of Father's Birth: Oaklahoma	
MOTHER	8. Full Maiden Name of Mother: Brookie Monroe Skinner			9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Pershing Skinner		11. Present Address of Registrant: 1740 Marina Way San Jose, California	
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1957	12. Signature of Notary: E V Russell		13. Notary Commission expires: February 1 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Army Discharge	By whom issued and signed: U.S. Army	Date Issued: 10-17-41	Date Orig. Entry:
	Date of Birth: age 21 4/12	Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Alameda Co., California	Date Issued:	Date Orig. Entry: 12-22-45
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Brookie M. Skinner	Date Issued: 2-25-57	Date Orig. Entry:
	Date of Birth: June 3, 1919	Birth Place: Canyon County Nampa, Idaho	Full Name of Mother: Brookie King	Name of Father: John K. Skinner
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	ss Nancy Richards	June 24, 1957

FORM BH 56067

JUN 24 1957

355-206-035-769

RECEIVED
AUG 5 1957
Division of Vital Statistics

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-789
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): VIVIAN
b. (Middle): IRENE
c. (Last): LENTS

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): May 6, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): HIRAM
b. (Middle): JEFFERSON
c. (Last): LENTS

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Missouri

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Florence
b. (Middle):
c. (Last): Porter

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs Lula Dankenbring Sister

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. M. Lyle M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Lewiston, Idaho.

18d. DATE SIGNED: July 31, 1957

19. DATE REC'D BY LOCAL REG.: 7/31/57

20. REGISTRAR'S SIGNATURE: Cora Kinzer

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 40 WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum:

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

De 57-789

NORTH CENTRAL DISTRICT HEALTH UNIT

Lewiston, Idaho

August 1, 1957

RECEIVED
AUG 5 1957
Division of Vital Statistics

STATE REGISTRAR

bject: ATTACHED BIRTH CERTIFICATE

The attached birth certificate is for Vivian Irene Lents who was born at Lewiston in 1919. Her older sister, Mrs. Lila Dankenbring, gave me the information regarding the birth that she knew. Dr. J. M. Lyle, who delivered Vivian at St. Joseph's Hospital May 6, 1919, accompanied her to this office. The Hospital was unable to find records of this birth, but the sister and doctor are both sure that such information has been misplaced since the birth did occur there.

Mrs. Dankenbring states that she is not sure of her parent's age at the time Vivian was born. She believes her father was approximately 40 and her mother approximately 36. Since she was not definite about this I did not put it on the certificate.

I hope this is satisfactory for filing, and if so, enclosed is 50¢ so that a copy can be sent to Vivian, now Mrs. George E. Fisher, Astoria, Oregon.

Cert. # 35382
50929

Cora Kinzer
Local Registrar

AUG 6 1957

993-219-022-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-891

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Richman		2. Date Of Birth (month) July (day) 19, (year) 1919	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Teton City, Fremont Co.	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: John Henry Richman		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lucy Luella Baker		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Nave	11. Present Address of Registrant: Sugar City, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1957	12. Signature of Notary: Ray W. Rigby, Rexburg, Idaho	13. Notary Commission expires: January 24 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Sugar Ward, North Rexburg Stake, LDS Church	Date Issued: 4-15-57	Date Orig. Entry: June 23, 1928	
	Date of Birth: July 19, 1919	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: Luella Baker	Name of Father: John Henry Richmond	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #342139	Date Issued:	Date Orig. Entry: child born March 12, 1942	
	Date of Birth: age 22	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Madison Co. Clerk	Date Issued: 8-29-57	Date Orig. Entry: Sept. 1932	
	Date of Birth: age 13 (born 7-19)	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. H. Richman	

QUALIFYING INFORMATION: Certificate of Blessing, Oct. 5, 1919, Teton Ward, Fremont Stake: born July of 1919 at Teton, Fremont County; father J. Henry Richman; mother Luella Baker.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	nr Nancy Richards	Sept. 6, 1957

FORM BH 56067

1 copy Cert

SEP 6 1957

719-22-041-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-982
982

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Jean Garlick			2. Date Of Birth (month) (day) (year): January 21, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: David Garlick			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Campbell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Hallenbeyer		11. Present Address of Registrant: 809 Lemp St.
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28. 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Older Sister	By whom issued and signed: Gladys Garlick Marsh - Age 48		Date Issued: 10-8-57	Date Orig. Entry:
	Date of Birth: Jan. 21, 1919	Birth Place: Victor, Idaho	Full Name of Mother: Mary Campbell		Name of Father: David Garlick
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Boise Public Schools Boise, Idaho		Date Issued: 10-8-57	Date Orig. Entry: school years of 1926-1927
	Date of Birth: Jan. 21, 1919	Birth Place: —	Full Name of Mother: —		Name of Father: David Garlick
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #409801		Date Issued: Child's Birthdate August 27,	Date Orig. Entry: 1945
	Date of Birth: Age 26	Birth Place: Victor, Idaho	Full Name of Mother:		Name of Father:
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	Shirley Cooper	Oct. 8, 1957

FORM BH 56067

OCT 8 1957

295-229-006-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1056
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Dean [redacted] Biver
2. Date of Birth (month) Nov. (day) 29 (year) 19
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Shelley Idaho Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Sylvester August Biver
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: Hulda CARTER
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora D. Degeman
11. Present Address of Registrant: 101 S. Sixth W. Alhambra.

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 6, 1957

12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires September 20, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage License	State of Kansas	12-24-38	
Class* B	Date of Birth: age 19 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Son's Birth Certificate	Illinois #15390	9-13-55	Child born Mar. 20, 1941
Class B	Date of Birth: age 21 / Birth Place: Shelley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by father	Sylvester A. Biver	10-21-57	
Class B	Date of Birth: Nov. 29, 1919 / Birth Place: Shelley, Idaho	Full Name of Mother: Hulda Carter Biver	Name of Father: Sylvester A. Biver	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

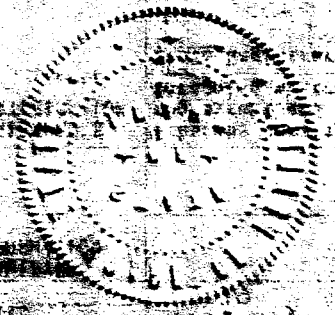
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	ss Nancy Richards	Nov. 5, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy sent



NOV

DELAYED CERTIFICATE OF BIRTH

313-17-014-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1081

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: August Gene Callsen
2. Date Of Birth (month) (day) (year): October 17, 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell,

FATHER

6. Full Name of Father: August G. Callsen
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Florence Edith Mutch
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: August Gene Callsen
11. Present Address of Registrant: Caldwell, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 30 1957
12. Signature of Notary: [illegible]
13. Notary Commission expires: 12/1 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

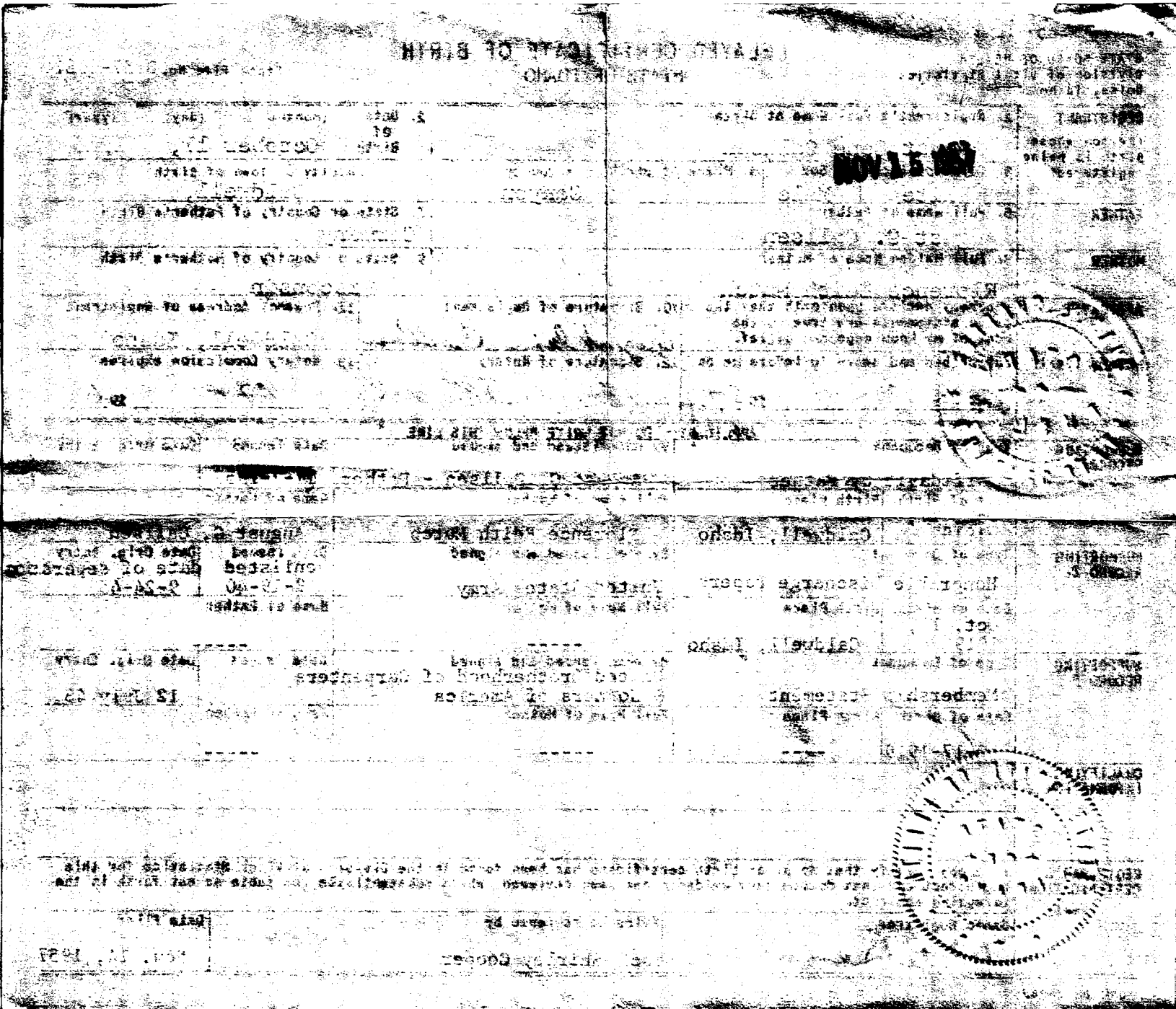
SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: August G. Callsen - Father	Date Issued: 11-7-1957	Date Orig. Entry:
	Date of Birth: Oct. 17, 1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: Florence Edith Mutch	Name of Father: August G. Callsen	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Papers	By whom issued and signed: United States Army	Date Issued: enlisted 9-19-40	Date Orig. Entry: date of separation 9-24-45
	Date of Birth: Oct. 17, 1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Membership Statement	By whom issued and signed: United Brotherhood of Carpenters & Joiners of America	Date Issued:	Date Orig. Entry: 12 July 48
	Date of Birth: 10-17-1919 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sc Shirley Cooper	Nov. 14, 1957

FORM BH 56067



251-216-022-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1126

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ina Luciele Searle.
2. Date of Birth (month) July (day) 16 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho
6. County: Fremont
7. City or Town of Birth: Teton City

FATHER

8. Full Name of Father: Albert H. Searle
9. State or Country of Father's Birth: Utah Utah Co.

MOTHER

8. Full Maiden Name of Mother: Lettie Stewart
9. State or Country of Mother's Birth: Idaho Fremont Co

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant (Foster): Ina Luciele Searle
11. Present Address of Registrant: St. Anthony, Idaho Rt. 2.

NOTARY (Seal)

Subscribed and sworn to before me on Feb 21st 1957

12. Signature of Notary: [signature]
13. Notary Commission expires: Jan 30 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Teton Ward, Fremont Stake LDS Church	2-21-57	Sept. 7, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16, 1919	Fremont Co. Teton, Idaho	Lettie Stewart	Albert H. Searle

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Albert H. Searle	2-18-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16, 1919	Teton, Idaho	Lettie Stewart	Albert H. Searle

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #396543		child born Aug. 12, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Teton City, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	Nov. 27, 1957

FORM BH 56067 1 copy paid

NOV 27 1957

JAN 2 2 2008

DECEASED

939-208 024-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1222
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Winnie Helen McRoberts
2. Date of Birth (month) (day) (year): April 8 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Gooding
b. City or Town of Birth: Buhl - Rural Route

FATHER

6. Full Name of Father: Ray McRoberts
7. State or Country of Father's Birth: Wright County, Mo.

MOTHER

8. Full Maiden Name of Mother: Tina Woolard
9. State or Country of Mother's Birth: Wright County, Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Winnie Walker
11. Present Address of Registrant: Hazelton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 3 1955
12. Signature of Notary: John M Barker
13. Notary Commission expires: Jan 1 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	own child's birth certificate	Idaho #48-9938		child born Aug. 4, 1948
	Date of Birth age 29	**Birth Place** Buhl, Idaho	**Full Name of Mother** —	**Name of Father** —
SUPPORTING RECORD 2. Class B	Affidavit by mother	Tina McRoberts	12-5-57	
	Date of Birth April 8, 1919	**Birth Place** Gooding Co., Idaho	**Full Name of Mother** Tina McRoberts	**Name of Father** Ray McRoberts
SUPPORTING RECORD 3. Class	Social Security Record	Treasury Dept.		Oct. 19, 1944
	Date of Birth April 8, 1919	**Birth Place** Buhl, Idaho	**Full Name of Mother** Tina Wollard	**Name of Father** Ray McRoberts

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Dec. 30, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy mf

245-208-023-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-510
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dolly Christina Bunce			2. Date Of Birth (month) (day) (year): August 8 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William K. Bunce			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Laura Christenson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dolly C. Bunce Frenchik Salt Lake City, Utah <-- Westminster		11. Present Address of Registrant: 1947
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1958	12. Signature of Notary: Orval O. Kenny		13. Notary Commission expires: May 10 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by father, age 72	By whom issued and signed: William K. Bunce		Date Issued: 4-29-58	Date Orig. Entry:
	Date of Birth: Aug. 8, 1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Laura Christensen	Name of Father: William K. Bunce	
SUPPORTING RECORD 2. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #296947		Date Issued:	Date Orig. Entry: child born July 25, 1940
	Date of Birth: age 20	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: Class A School Dist. #25 Pocatello, Idaho		Date Issued: 2-18-57	Date Orig. Entry: Sept. 14, 1925
	Date of Birth: Aug. 8, 1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: W. K. Bunce	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: June 16, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 17 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT	1. Name (if a child, give present name)		2. Date of Birth (Month) (Day) (Year)
(Person whose birth is being registered)	3. Color or Race	4. Sex	5. Place of Birth (City or Town) (County) (State)
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I, (Name) declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued
Class* B	Date of Birth Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued Date of Entry
Class* B	Date of Birth Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued Date Orig. Entry
Class* B	Date of Birth Birth Place	Full Name of Mother	Name of Father

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered	Evidence reviewed by	Date Filed
		June 16, 1980

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but before he is 5 years old.

349-107-014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-520

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Raleigh Smith
2. Date of Birth: November 7 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Canyon Co. b. City or Town of Birth: Bowmont, Idaho

FATHER

6. Full Name of Father: Raleigh Dailey Smith
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Minnie Belle Miller
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Raleigh Smith
11. Present Address of Registrant: 366 E 2nd N Green River, Wyo.

NOTARY (Seal)

Subscribed and sworn to before me on 4-29 1958

12. Signature of Notary: Linda Harris Clerk
13. Notary Commission expires: Term 1-5 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	Raleigh Dailey Smith and Minnie Belle Miller Smith	2-7-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 7, 1919 / Bowmont, Idaho	Minnie Belle Miller Smith	Raleigh Dailey Smith	
SUPPORTING RECORD 2.	Insurance Policy	Beneficial Protective Assoc.	4-29-37	Apr. 27, 1937
	Nov. 7, 1919 / ---	Minnie B. Smith	---	
SUPPORTING RECORD 3.	Social Security Record	Treasury Dept.		Nov. 20, 1939
	Nov. 7, 1919 / Bowmont, Idaho	Minnie Bell Miller	Roy Dailey Smith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	nr Nancy Richards	June 17, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 18 1962

1. NAME OF CHILD		2. SEX	3. DATE OF BIRTH
4. PLACE OF BIRTH			
5. NAME OF FATHER		6. RESIDENCE OF FATHER	
7. MAIDEN NAME OF MOTHER		8. RESIDENCE OF MOTHER	
9. NAME OF PERSON MAKING STATEMENT		10. RELATIONSHIP TO CHILD	
11. ADDRESS OF PERSON MAKING STATEMENT			
12. SIGNATURE OF PERSON MAKING STATEMENT			
13. SUBSCRIBED AND SWORN TO BEFORE ME ON			
14. SIGNATURE OF OFFICIAL		15. TITLE OF OFFICIAL	
16. ADDRESS OF OFFICIAL			
17. EVIDENCE SUBMITTED			
18. REGISTRAR'S STATEMENT			
19. SIGNATURE OF REGISTRAR		20. DATE FILED	

766-129-030-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-527
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Melvin Powers
2. Date of Birth (month) (day) (year): May 29 1919
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: May, Ida. Lemhi
b. City or Town of Birth: May, Idaho

FATHER

6. Full Name of Father: Dyke Powers
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: Alice Christian
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest Melvin Powers
11. Present Address of Registrant: Spokane, Wash. 1818 So. Sherman

NOTARY (Seal)

Subscribed and sworn to before me on: 21st day of Sept. 1956
12. Signature of Notary: Ron A Hilterbrand
13. Notary Commission expires: Jan. 14, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Alice B. Powers	3-27-58	
Class* B	Date of Birth: May 29, 1919 / Birth Place: Lemhi Co. May, Idaho	Full Name of Mother: Alice B. Christian Powers	Name of Father: Dyke Powers	
SUPPORTING RECORD 2.	Insurance Policy	Mutual Life Ins. Co. of New York	7-21-39	July 15, 1939
Class B	Date of Birth: May 29, 1919 / Birth Place: May, Idaho	Full Name of Mother: Alice B. Powers	Name of Father: Dyke Powers	
SUPPORTING RECORD 3.	Social Security Record	Treasury Dept.		Aug. 13, 1941
Class B	Date of Birth: May 29, 1919 / Birth Place: May, Idaho	Full Name of Mother: Alice Bell Christian	Name of Father: Dyke Powers	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	June 18, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JUN 16

Insurance Policy

Name Edna Boehm

Name Albert Boehm

6-27-28

6-27-28

Type of Delivery

Name of Physician or Midwife

Name of Mother

Name of Father

Date Received

Date Filed

Name of Informant

Name of Undertaker

Cause of Death

Date of Death

Date of Burial

Name of Cemetery

Name of Physician

Date Signed

Date Received

Date Filed

Name of Informant

Name of Undertaker

Cause of Death

Date of Death

Date of Burial

Name of Cemetery

Name of Physician

Date Signed

495-223-028-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-619

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Dingman		2. Date Of Birth (month) January (day) 23, (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Hayden Lake
FATHER	6. Full Name of Father: Ross Dingman		7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Nellie Myrtle Chaffee		9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Clements	11. Present Address of Registrant: 548 N. Settlemeier St. Woodburn, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 26, 1957	12. Signature of Notary: A. M. Goltdin NOTARY PUBLIC FOR OREGON	13. Notary Commission expires: April 3, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Hazel M. Cardwell, Supt. of Schools, Kootenai Co., Idaho	Date Issued: 4-16-57	Date Orig. Entry: Sept. 1925	
	Date of Birth: age 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: Ross Dingman	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: certified copy California #26	Date Issued: 5-25-53	Date Orig. Entry: child born April 20, 1941	
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nellie Myrtle Dingman Cisco	Date Issued: 7-8-58	Date Orig. Entry:	
	Date of Birth: Jan. 23, 1919	Birth Place: Hayden Lake, Idaho	Full Name of Mother: Nellie Myrtle Chaffee	Name of Father: Robert Rossel Dingman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnum	Evidence reviewed by: nr Nancy Richards	Date Filed: July 17, 1958

FORM BH 56067

852-220-006-153

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-760

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Opal Hess
2. Date Of Birth (month) (day) (year): January 20 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Bingham; b. City or Town of Birth: Shelley, Idaho

FATHER

6. Full Name of Father: Asael L Hess
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Ann Anthony
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice O'McSnelly
11. Present Address of Registrant: Box 191 Council, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 8-20 1958

12. Signature of Notary: [illegible]
13. Notary Commission expires: 11-26 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

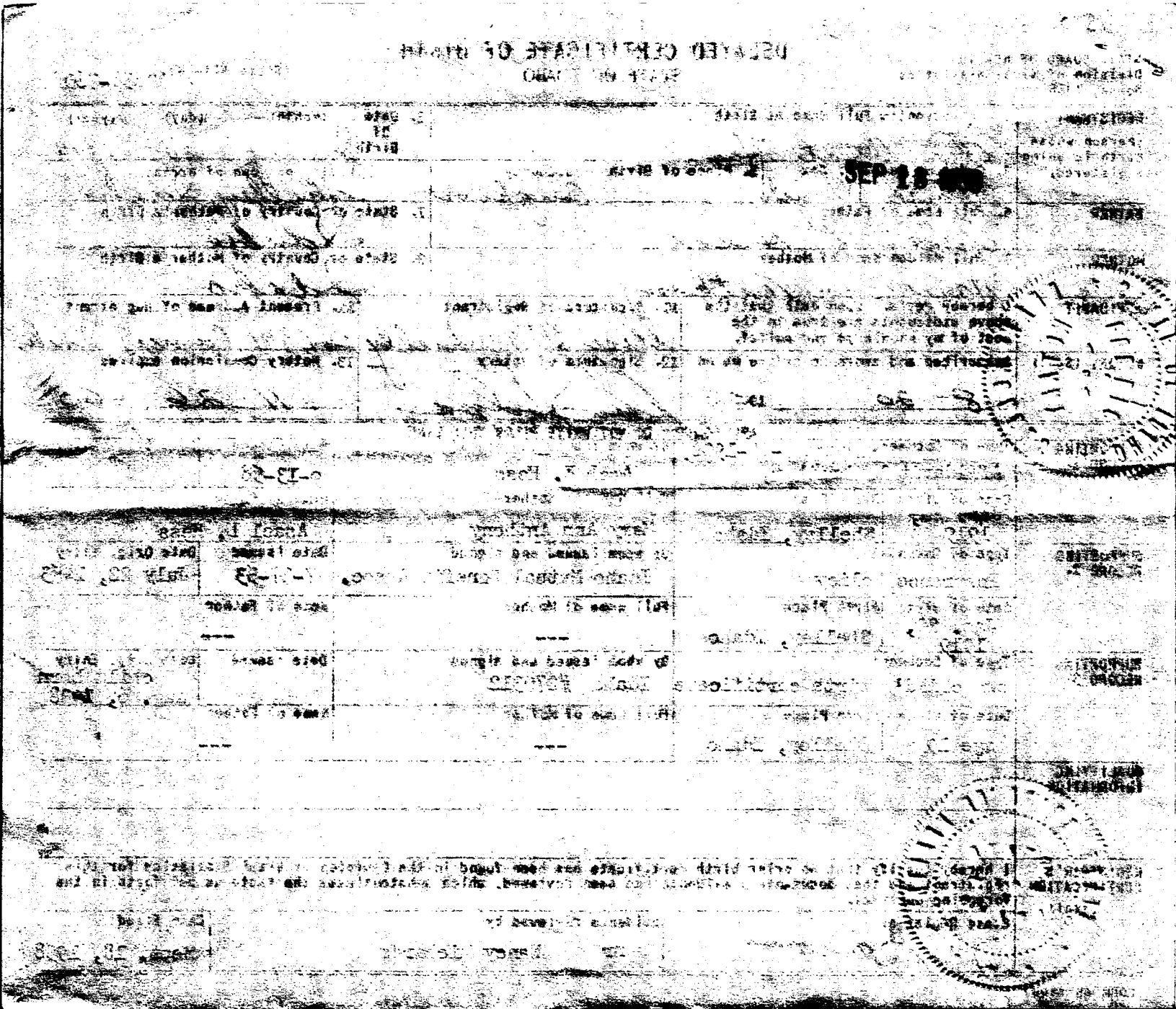
SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, (born 7-24-1908)	By whom issued and signed: Arch E. Hess	Date Issued: 9-13-58	Date Orig. Entry:	
	Date of Birth: Jan. 20, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: Mary Ann Anthony	Name of Father: Asael L. Hess	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 7-27-53	Date Orig. Entry: July 22, 1953	
	Date of Birth: Jan. 20, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #270312	Date Issued:	Date Orig. Entry: child born Aug. 6, 1938	
	Date of Birth: age 19	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	Sept. 18, 1958

FORM BH 56067



884-204-020-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Re-Etta Hyde			2. Date of Birth (month) July (day) 4 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Pine
FATHER	6. Full Name of Father: Orson Hyde			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Ella Re-Etta Johnson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Re-Etta Hyde		11. Present Address of Registrant: 1325 N. Hayes Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 1958	12. Signature of Notary: Ben C. Gisinger		13. Notary Commission expires: March 4 1961 (1961)

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: #51-07892 Ida. Vital Stat.		Date Issued:	Date Orig. Entry: child born July 23, 1951
	Date of Birth: age 32	Birth Place: Pine, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Ins. Co.		Date Issued: 4-15-40	Date Orig. Entry: Apr. 8, 1940
	Date of Birth: July 4, 1919	Birth Place: Pine, Idaho	Full Name of Mother: Ella R. Hyde	Name of Father: Orson Hyde	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Ada County, Idaho		Date Issued: 8-13-58	Date Orig. Entry: April 17, 1947
	Date of Birth: age 27	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	C.J. Nancy Richards	Sept. 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Registered Full Name at Birth		2. Date of Birth
	Genevieve Bo-Peep Wade		July 4, 1919
FATHER	3. Full Name	4. Place of Birth	5. Color or Race
	Frank Wade	Idaho	White
MOTHER	6. Full Maiden Name		7. State or Country of Mother's Birth
	Mary Bo-Peep Johnson		Idaho

8. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant

10. Subscribed and sworn to before me on

11. Signature of Notary

12. Notary Commission Expires

Supporting Document		Date Issued	Date Reg. Here
Delayed birth certificate		July 22, 1931	
Affidavit of Person Having Knowledge of Facts			
Type of Document	By whom issued and signed	Date Issued	Date Reg. Here
Registered Letter	Central Idaho Ins. Co.	July 22, 1931	
Date of Birth as Given	Full Name at Birth	Name of Father	
July 4, 1919	Mary Bo-Peep Johnson	Frank Wade	
Date of Document	By whom issued and signed	Date Issued	Name of Mother
Baptismal Record	Holy Trinity, Pocatello	July 22, 1931	Mary Bo-Peep Johnson
Date of Birth as Given	Full Name at Birth	Name of Father	
July 4, 1919	Genevieve Bo-Peep Wade	Frank Wade	

Registrar's Action: Delayed birth certificate has been made in the Division of Vital Statistics for this child on the basis of documentary evidence which substantiates the data as set forth in the foregoing affidavit.

Date Filed	Evidence reviewed by	Date Filed
July 22, 1931	Mrs. Grace Emerson, Clerk Mary Blue	July 22, 1931

275-229-010-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-792
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Esther Speraw		2. Date of Birth (month) (day) (year): November 29 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho b. City or Town of Birth: Idaho Falls Idaho
FATHER	6. Full Name of Father: Arthur Leroy Speraw		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lois May Davis		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Esther Holman	11. Present Address of Registrant: Butte, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: October 4 1956	12. Signature of Notary: M. A. Bolerino	13. Notary Commission expires: Jan. 19 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: St. John's Church Butte, Montana	Date Issued:	Date Orig. Entry: Aug. 9, 1946
Class* B	Date of Birth: Nov. 29, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lois May Davis	Name of Father: Arthur Leroy Speraw	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Supt. of Schools Butte, Montana	Date Issued: 10-16-57	Date Orig. Entry: betw. 9-15 and 10-15, 1929
Class B	Date of Birth: Nov. 29, 1919 (age 9)	Birth Place: ----	Full Name of Mother: Lois Speraw.	Name of Father: Arthur L. Speraw	
SUPPORTING RECORD 3.	Type of Document: Insurance Record (Statement re: policy)		By whom issued and signed: New York Life Ins. Co.	Date Issued: statement 8-18-58	Date Orig. Entry: policy Oct. 4, 1946
Class B	Date of Birth: Nov. 29, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lois M. Speraw	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. L. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 30. 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

REGISTRANT

1. Name at birth

2. Sex

3. Date of birth (month, day, year)

4. Place of birth

5. Time of birth

6. Usual residence

7. Race or Country of Person's Birth

8. Name of Father

9. Race or Country of Father's Birth

10. Maiden Name of Mother

11. Race or Country of Mother's Birth

12. I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

13. Signature of Registrant

14. Present Address of Registrant

15. Subscribed and sworn to before me on

16. Signature of Notary

17. Notary Commission Expires

REGISTRAR — DO NOT WRITE BELOW THIS LINE

Date of Document

Date of Birth

By whom filed

Full Name of Father

Date Issued

Date Reg. Entry

Maiden Name of Mother

Date Issued

Date Reg. Entry

By whom issued and signed

Full Name of Mother

Date Issued

Date Reg. Entry

Name of Father

I hereby certify that no prior birth certificate has been found in the City Bureau of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above abstract.

Date Registered

Evidence reviewed by

Date Signed

Class A Records are those made and dated before the registrant's fourth birthday.
Class D Records are those made after the registrant has reached 5 years old.

259-205-011-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-020

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: IRENE KAE KNIGHT
2. Date Of Birth: (month) March (day) 5 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Boundry
b. City or Town of Birth: Naples

FATHER

6. Full Name of Father: Samuel Taylor Knight
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Frances Lavina Loveed
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene Kae Knight
maidenname Irene Kae Hendrean
11. Present Address of Registrant: 204 Center st. Brewer, Maine

NOTARY (Seal)

Subscribed and sworn to before me on November 20 1958

12. Signature of Notary: Ralph C. Ham

13. Notary Commission expires: My commission expires March 21, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 74	Mrs. Frances L. Knight	11-20-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 5, 1919 / Naples, Idaho	Frances L. Knight	Samuel Taylor Knight	
SUPPORTING RECORD 2.	Marriage Record	Idaho #21205		Aug. 17, 1952
	age 33 / Naples, Idaho	---	---	
SUPPORTING RECORD 3.	Hospital Certificate of own child's birth	Sanger Hospital Sanger, Calif.		child born May 19, 1950
	March 5, 1919 / Naples, Idaho	---	---	

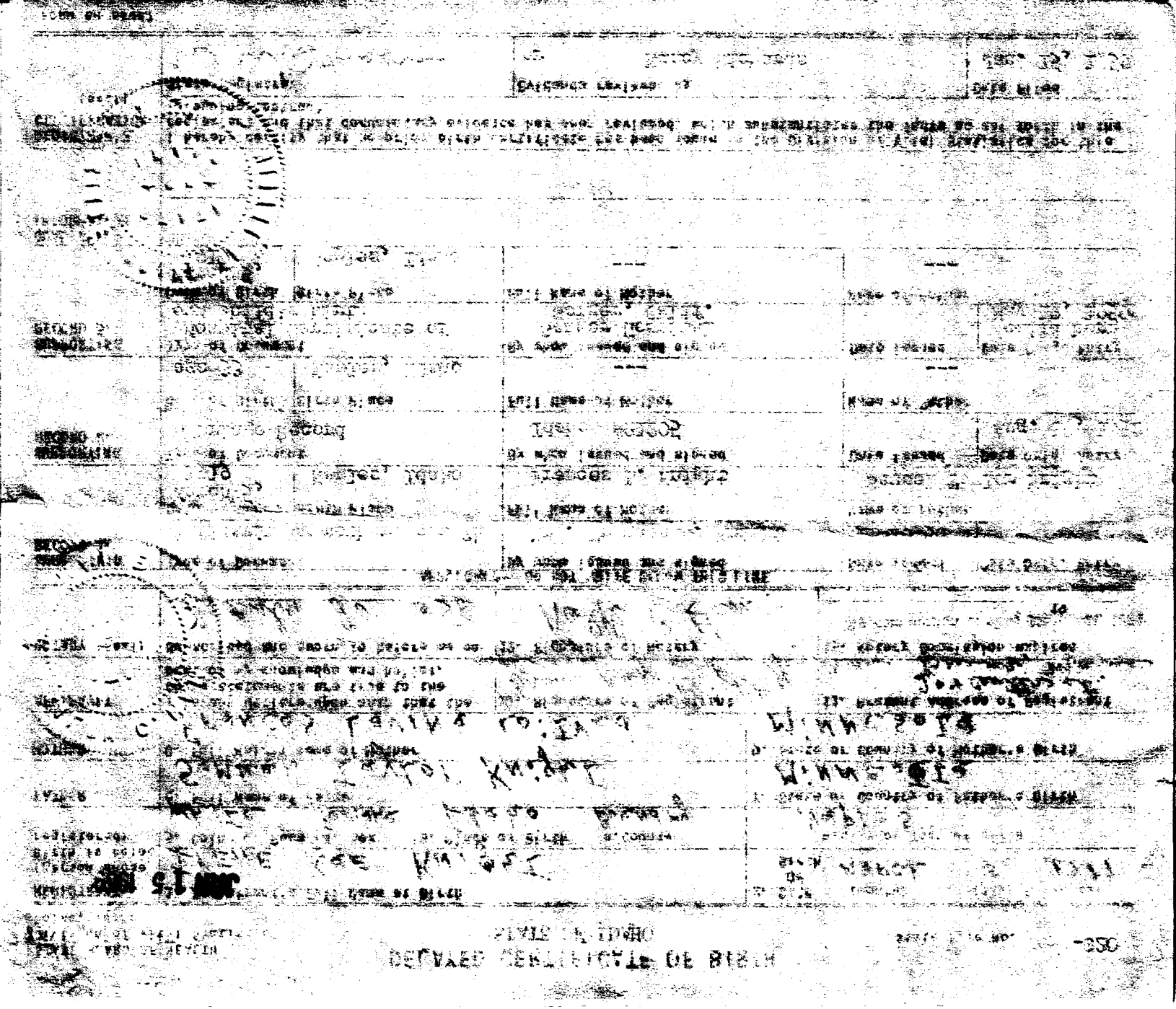
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	Jan. 15, 1959

FORM BH 56067



652-113.0 03-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-051

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Richard J. Hess, III
2. Date of Birth: August 13 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Fairview,

FATHER

6. Full Name of Father: Richard J. Hess, Jr.
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ann Grace Furey
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard J. Hess
11. Present Address of Registrant: 5025 Fairmont St. Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 17 January 1959

12. Signature of Notary: John R. Howell

13. Notary Commission expires: 11-18 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother; Age 71	Grace F. Hess	June 13, 1958	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 13, 1919	Pocatello, Idaho (Fairview Addition)	Ann Grace Furey	Richard J. Hess, Jr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Enlisted Record and Report of Separation-Honorable Discharge	U.S. Army	October 5, 1945	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
13 Aug 19	Fairview, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Vital Statistics, Idaho 49-11905		Child born October 29, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 30	Fairview, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	ses Nancy Richards	Jan. 29, 1959

FORM BH 56067

1 copy paid

JAN 29 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)	Richard J. Hess, III
2. Sex	Male
3. Date of birth (Month, day, year)	August 13, 1919
4. Place of birth (County)	Bannock
5. City or town of birth	Pairview
FATHER 6. Full name	Richard J. Hess, Jr.
7. Color or race	White
8. Age at last birthday (Years)	39
9. Birthplace (State or country)	Missouri
MOTHER 10. Full maiden name	Grace Pruett
11. Color or race	White
12. Age at last birthday (Years)	39
13. Birthplace (State or country)	Idaho
AFFIDAVIT 14. Name and address of person making statement	Grace P. Hess
15. Relationship to child	Mother
16. Date signed	June 13, 1958
17. Signature of affiant	Grace P. Hess
18. Subscribed and sworn to before me on (Date)	June 13, 1958
19. Signature of official	Richard J. Hess, Jr.
20. Official's title	Dep. Coroner
21. Notary Commission expires	11-19 1961

Affidavit by Mother: Age 39

SUPPORTING DOCUMENT 1. Type of Document: Delayed Record and Report of Birth (Return-Postcard) Discharge

2. Date issued: 13 Aug 19

3. By whom issued and signed: U.S. Army

4. Full name of Recipient: ----

5. Date filed with Registrar: October 29, 1945

6. Name of Registrar: Richard J. Hess, Jr.

7. Title of Registrar: Dep. Coroner

8. Signature of Registrar: ----

SUPPORTING DOCUMENT 1. Type of Document: Own child's birth certificate on file Vital Statistics, Idaho 49-11932

2. Date issued: Age 30

3. By whom issued and signed: Fairview, Idaho

4. Full name of Recipient: ----

5. Date filed with Registrar: October 29, 1945

6. Name of Registrar: Cert'd Copy

7. Title of Registrar: ----

8. Signature of Registrar: ----

Examined and found correct by: Mrs. Lorraine

Date Filed: Sept. 29, 1958

743-214-006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Lucille Guthrie			2. Date Of Birth: (month) March (day) 14 (year) 1919	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Arro Dean Guthrie			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Edna Mary Betty			9. State or Country of Mother's Birth: Oklahoma	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elsie Lucille Chabis	11. Present Address of Registrant: Firth, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 22 1958		12. Signature of Notary: W.W. Grove	13. Notary Commission expires: 6/5 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Arro Dean Guthrie and Edna Mary Betty Guthrie	Date Issued: 8-22-58	Date Orig. Entry: [redacted]
	Date of Birth: March 14, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: Edna Mary Betty Guthrie	Name of Father: Arro Dean Guthrie	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #408876	Date Issued:	Date Orig. Entry: child born July 20, 1945
	Date of Birth: age 26	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho	Date Issued:	Date Orig. Entry: December 21, 1944
	Date of Birth: March 14, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: nr Sharon E. Skaggs	Date Filed: March 3, 1959

FORM BH 56067

MAR 4 1959

163-102-006-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-211
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kenneth Irvin Jolley
2. Date of Birth (month) March (day) 2 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Goshen; b. City or Town of Birth: Route 2 Shelley (mailing address Idaho)

FATHER

6. Full Name of Father: Irvin Henry Jolley
7. State or Country of Father's Birth: Mount Carmel Utah

MOTHER

8. Full Maiden Name of Mother: Orvella Young
9. State or Country of Mother's Birth: Moroni Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kenneth Irvin Jolley
11. Present Address of Registrant: 490 East Idaho street Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4th February 1959
12. Signature of Notary: Dean H. Williams
13. Notary Commission expires: Aug 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	8-5-28	Aug. 5, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 2, 1919	Bingham Co. Goshen, Idaho	Orvella Young	Irvin Jolley

SUPPORTING RECORD 2. Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Goshen Ward, Shelley Stake LDS Church		Apr. 6, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 2, 1919	Bingham Co. Goshen, Idaho	Orvella Young	Ervin Jolley

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Irvin H. Jolley and Orvella Y. Jolley	2-28-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 2, 1919	Bingham Co. Goshen, Idaho	Orvella Young	Irvin Henry Jolley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Bransford	wwb Nancy Richards	March 9, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 9 1959

689-206-001-3/2

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De59-288
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA MARGERY WHITNEY		2. Date of Birth (month) Dec (day) 6 (year) 1919	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Melvin Eugene Whitney		7. State or Country of Father's Birth: ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: Margery Mills Castile		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Margery Whitney Marsdale	11. Present Address of Registrant: 6646½ Carson Ave. Seattle 8, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1959	12. Signature of Notary: Ruth Bellman	13. Notary Commission expires: Dec 7, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: U. S. Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 3-10-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: less than one month of age	Birth Place: Idaho	Full Name of Mother: Marjorie Whitney	Name of Father: Melvin E. Whitney
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Walla Walla College College Place, Washington	Date Issued: 3-17-59	Date Orig. Entry: school year 1936
	Date of Birth: Dec. 6, 1919	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: M. E. Whitney
SUPPORTING RECORD 3. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Washington #27	Date Issued: 2-26-59	Date Orig. Entry: child born Jan. 21, 1940
	Date of Birth: age 20	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	Nancy Richards	March 30, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067

1 Copy

MAR 30 1959

754-206-004-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-414

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Mary Pedersen			2. Date Of Birth (month) 11 (day) 6 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: George Garfield Pedersen			7. State or Country of Father's Birth: Wyoming	
MOTHER	8. Full Maiden Name of Mother: Malinda Cook			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois P. Hiller		11. Present Address of Registrant: Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1959	12. Signature of Notary: Fred G. Beckman		13. Notary Commission expires: December 20 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: LDS Church Salt Lake City, Utah		Date Issued: 4-16-59	Date Orig. Entry: Feb. 15, 1920
	Date of Birth: Nov. 6, 1919	Birth Place: Montpelier, Idaho	Full Name of Mother: Malinda Cook	Name of Father: George G. Pedersen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Malinda Cook Pedersen		Date Issued: 4-23-59	Date Orig. Entry:
	Date of Birth: Nov. 6, 1919	Birth Place: Montpelier, Idaho	Full Name of Mother: Malinda Cook Pedersen	Name of Father: George Garfield Pedersen	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Aug. 12, 1937
	Date of Birth: Nov. 6, 1919	Birth Place: Montpelier, Idaho	Full Name of Mother: Malinda Cook	Name of Father: George Garfield Pedersen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	May 15, 1959

FORM BH 56067

MAY 15 2000

F446-230-009-688

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Audrey Nell Duffy			2. Date of Birth (month) (day) (year): January 30th, 1919
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Sandpoint	b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: Archie C. Duffy			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Mary Ethel Whyatt			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Audrey Nell Stevenson		11. Present Address of Registrant: Star Route, Grand Coulee, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 12th 1959	12. Signature of Notary: Leola Spratlin		13. Notary Commission expires: November 20th 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother (born 4-9-1891)	By whom issued and signed: Mary Ethel Duffy		Date Issued: 5-12-59	Date Orig. Entry:
	Date of Birth: Jan. 30, 1919	Birth Place: Sandpoint, Idaho	Full Name of Mother: Mary Ethel Whyatt Duffy	Name of Father: Archie C. Duffy	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Coulee Dam Community Hospital Coulee Dam, Washington		Date Issued: 5-12-59	Date Orig. Entry: Dec. 28, 1948
	Date of Birth: Jan. 30, 1919	Birth Place: Sandpoint, Idaho	Full Name of Mother: Mary Ethel Whyatt	Name of Father: Archie C. Duffy	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Ferry County, Washington		Date Issued: 5-7-59	Date Orig. Entry: April 11, 1939
	Date of Birth: age 20	Birth Place: Sand Point, Idaho	Full Name of Mother: --Ethel Wyatt	Name of Father: Archie Coleman Duffy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	May 21, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 21

1. NAME	a. First	b. Middle	c. Last
	Marjorie	Q.	Doherty
2. SEX	3. DATE OF BIRTH (Month, Day, Year)		
Female	January 20th, 1919		
4. PLACE OF BIRTH	a. City or Town	b. County	c. State or Country
	Bancroft		Idaho
5. NAME OF FATHER	a. First	b. Middle	c. Last
	Joseph		Doherty
6. MAIDEN NAME OF MOTHER	a. First	b. Middle	c. Last
	Mary		Conrad
7. PARENTS	a. Date of Marriage (Month, Day, Year)	b. Place of Marriage (City or Town)	c. State or Country
		Bancroft	Idaho
8. BIRTHPLACE OF FATHER	a. State or Country		
	Montana		
9. BIRTHPLACE OF MOTHER	a. State or Country		
	Colorado		
10. INFORMANT	a. I certify that the above statements are true to the best of my knowledge and belief.	b. Signature of Informant	c. Present Address of Informant
			1325 Eighth Street
			Grand Rapids, Mich.
NOTARY	a. Subscribed and sworn to before me on	b. Signature of Notary	c. Notary Commission expires
	May 25th, 1959		June 29th, 1959

DO NOT WRITE BELOW THIS LINE

SUPPLYING RECORD A	Type of Document	When Filed	Date Issued
	Affidavit for Delayed Birth	May 21, 1959	5-22-59
SUPPLYING RECORD B	Type of Document	By whom Signed and Signed	Date Issued
	Certified Record	Custodian of Records, Vital Statistics	5-22-59
SUPPORTING RECORD 1	Date of Birth	Full Name of Mother	Name of Father
	Jan. 20, 1919	Mary Conrad	Joseph Doherty
SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued
	Marriage Record	Henry Clerk, Registrar	5-7-59
SUPPORTING RECORD 3	Date of Birth	Full Name of Mother	Name of Father
	Dec. 20, 1890	Mary Ann Myers	Frank Coleman Doherty

I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence received	Date Filed
	Baptismal Record	May 21, 1959

Form 40-5001

638-21-005-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-464

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LaDalia DaleMae Ochs
2. Date of Birth (month) (day) (year): April 11 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Benewah
b. City or Town of Birth: Emida, Idaho

FATHER

6. Full Name of Father: William Howard Ochs
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Mayme D. Aschenbrenner
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. B. L. Martin
11. Present Address of Registrant: 3706 So. Gandy

NOTARY (Seal)

Subscribed and sworn to before me on April 30 1959
12. Signature of Notary: [illegible]
13. Notary Commission expires: Aug 24 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: April 26, 1948
Date of Birth: April 11, 1919
Birth Place: Emida, Idaho
Full Name of Mother: Mayme Ashenbrenner
Name of Father: William Howard Ochs

SUPPORTING RECORD 2.

Type of Document: Affidavit by aunt, age 57 (present at birth)
By whom issued and signed: Golda B. Conrad
Date Issued: 4-30-59
Date Orig. Entry:
Date of Birth: April 11, 1919
Birth Place: Emida, Idaho
Full Name of Mother: Mamie Aschenbrenner
Name of Father: William Howard Ochs

SUPPORTING RECORD 3.

Type of Document: Marriage Record
By whom issued and signed: Spokane Co., Spokane, Wash.
Date Issued: 4-21-59
Date Orig. Entry: May 9, 1937
Date of Birth: age 18
Birth Place: Idaho
Full Name of Mother: Mayme Ashenbrenner
Name of Father: Wm. H. Ochs

QUALIFYING INFORMATION

Hospital Certificate of own child's birth, Deaconess Hospital, Spokane, Wash.; child born Sept. 12, 1944: mother born at Mida, Idaho on April 11, 1919.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Nancy Richards
Date Filed: May 29, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

MAY 29 1959

569-210-001-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BETTY LOU EWING			2. Date of Birth (month) AUG. (day) 10 (year) 1919
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BOISE ADA	b. City or Town of Birth: BOISE IDAHO
FATHER	6. Full Name of Father: ROBERT LEE EWING			7. State or Country of Father's Birth: UNITED STATES
MOTHER	8. Full Maiden Name of Mother: FLORENCE EVELYN JOHNSON			9. State or Country of Mother's Birth: UNITED STATES
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty E. Sherrow		11. Present Address of Registrant: 3304 E. Spring Seattle (Wash) 22
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1959	12. Signature of Notary: Josephine Bruna		13. Notary Commission expires: Oct. 6, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 30, 1940
	Date of Birth: Aug. 10, 1919 / Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Florence Evelyn Johnson		Name of Father: Robert Lee Ewing, Senior
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Florence E. Lewis (now)	Date Issued: 6-19-59	Date Orig. Entry:
	Date of Birth: Aug. 10, 1919 / Birth Place: Boise, Idaho	Full Name of Mother: Florence E. Johnson		Name of Father: Robert L. Ewing
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Lewis and Clark Co., Montana	Date Issued: 5-21-59	Date Orig. Entry: June 12, 1937
	Date of Birth: age 17 / Birth Place: Boise, Idaho	Full Name of Mother: Florence E. Johnson		Name of Father: Robert L. Ewing

QUALIFYING INFORMATION

School Record, Ballard High, Seattle: record of Nov. 4, 1935; born Aug. 10, 1919; birthplace-Boise, Idaho;

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	June 30, 1959

FORM BH 56067

JAN 4

JUN 30 1959

813-219-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-701

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ramona Hathaway			2. Date of Birth (month) (day) (year): November 19, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Chester, Idaho
FATHER	6. Full Name of Father: Robert Henry Hathaway			7. State or Country of Father's Birth: N. Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Johanna Fredricka Johnson			9. State or Country of Mother's Birth: Mount Pleasant, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ramona Hathaway Schwarze		11. Present Address of Registrant: 6409 S. Clement Ave. Tacoma 9, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 19 59	12. Signature of Notary: Edna B. Hardall		13. Notary Commission expires: August 1 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #408430		Date Issued:	Date Orig. Entry: child born July 8, 1943
	Date of Birth: age 23	Birth Place: Chester, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Yellowstone Stake, Chester Ward LDS Church		Date Issued: 8-3-59	Date Orig. Entry: Feb. 1, 1920
	Date of Birth: Nov. 19, 1919	Birth Place: Fremont Co. Chester, Idaho	Full Name of Mother: Johanna Fredricka Johnson		Name of Father: Robert H. Hathaway
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 78	By whom issued and signed: Johanna Johnson Hathaway		Date Issued: 7-21-59	Date Orig. Entry:
	Date of Birth: Nov. 19, 1919	Birth Place: Fremont Co. Chester, Idaho	Full Name of Mother: Johanna Johnson Hathaway		Name of Father: Robert H. Hathaway
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: ses nr Nancy Richards	Date Filed: Aug. 24, 1959

FORM BH 56067

2 copies paid

AUG 24 1954

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

483-225-009-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-793
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Alma Mickelson
2. Date of Birth (month) (day) (year): January 25, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Family Farm, Bonner
b. City or Town of Birth: nr Sandpoint, Idaho

FATHER

6. Full Name of Father: John Albert Mickelson
7. State or Country of Father's Birth: Bertby, Finland

MOTHER

8. Full Maiden Name of Mother: Elena Alma Jacobson
9. State or Country of Mother's Birth: Neihart, Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence A Holub
11. Present Address of Registrant: 3663 21st Street

NOTARY (Seal)

Subscribed and sworn to before me on July 17th 1959

12. Signature of Notary: JOAN C. HARVEY — Joan C. Harvey
13. Notary Commission expires: August 30, 1959

NOTARY PUBLIC, in and for the City and County of San Francisco, State of California

APPLICANT: DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	School Record	Jan. 25, 1919	Idaho	Balboa High School San Francisco, Calif.	---		John Mickelson	Jan. 2, 1934
SUPPORTING RECORD 2. Class B	Social Security Record	Jan. 25, 1919	Sandpoint, Idaho	Treasury Dept.	Lena A. Jacobson		John A. Mickelson	Jan. 5, 1937
SUPPORTING RECORD 3. Class B	Affidavit by father, age 71	Jan. 25, 1919	Sandpoint, Idaho	John Albert Mickelson	Elena Alma Jacobson	8-28-59	John Albert Mickelson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. L. Benson
Evidence reviewed by: mr Nancy Richards
Date Filed: Sept. 22, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd.

Form DPH 49067

SEP 23

Florence Alma Nickelson

Female Twin Number Bumper

John Albert Nickelson

Alma Jacobson

Sandpoint, Idaho

Sandpoint, Idaho

Sandpoint, Idaho

2662041028-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-965

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma May Bowman			2. Date Of Birth (month) June (day) 4, (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai Co.	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Bert Bowman			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Minnie May Hale			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. May Banks		11. Present Address of Registrant: 516-15th St. Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: NOV 18 1959 19___	12. Signature of Notary: [signature]		13. Notary Commission expires: Apr 8, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 6, 1943
	Date of Birth: June 4, 1919	Birth Place: Kootni Co. Coeur d'Alene, Ida.	Full Name of Mother: Minnie May Hale	Name of Father: Bert Bowman
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Idaho #22790	Date Issued:	Date Orig. Entry: Oct. 13, 1952
	Date of Birth: age 33	Birth Place: Cour d'Aalane, Ida.	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Court Order concerning guardianship	By whom issued and signed: Kootenai County, Idaho	Date Issued:	Date Orig. Entry: May 10, 1938
	Date of Birth: June 4, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Denoon	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 27, 1959

FORM BH 56067 1 copy paid

NOV 27 1956

DECEASED

897-203-044-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1026
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MADeLine LeAH HiGGins
2. Date of Birth (month) FeB (day) 3 (year) 1919
3. Color or Race: WHite
4. Sex: FeMALe
5. Place of Birth a. County: HeATH. IDA. WASH
b. City or Town of Birth: HEATH

FATHER

6. Full Name of Father: WiLLiAM Jessie HiGGINS
7. State or Country of Father's Birth: NeBRASKA

MOTHER

8. Full Maiden Name of Mother: FLoRence AVis WHiTNey
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Madeline Leah Mulford
11. Present Address of Registrant: Route 2 Box 803B Spokane Wash

NOTARY (Seal)

Subscribed and sworn to before me on: May 27 1959
12. Signature of Notary: Robert F Buchstaber
13. Notary Commission expires: Sept 29 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by mother, age 72	Florence Avis Sariguren (now)	5-27-59	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 3, 1919 / Washington Co. Heath, Idaho	Florence Avis Whitney	William Jessie Higgins	
SUPPORTING RECORD 2. Class	Social Security Record	Treasury Dept.		June 14, 1939
	Feb. 3, 1919 / Washington Co. Heath, Idaho	Florence Avis Whitney	William Jessie Higgins	
SUPPORTING RECORD 3. Class	own child's birth certificate	Washington #25	11-5-59	child born Jan. 1, 1943
	age 23 / Heath, Idaho	—	—	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Dec. 28, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 29 1960

298-229-001-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Louise Bryant			2. Date Of Birth (month) November (day) 29 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Melvin Bryant			7. State or Country of Father's Birth: Detroit, Michigan
MOTHER	8. Full Maiden Name of Mother: Emma L. Bucklin			9. State or Country of Mother's Birth: Winslow, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma L. Chambers		11. Present Address of Registrant: 1821 N. 8th St.
NOTARY (Seal)	Subscribed and sworn to before me on: December 31 1959	12. Signature of Notary: Hazel L. Hurlbut		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bankers Life and Casualty (White Cross) Ins. Policy	By whom issued and signed: Oscar N. Simmen, Agent Policy # m-8995 and 1974	Date Issued: --	Date Orig. Entry: Sept. 25, 1952
	Date of Birth: Nov. 29, 1919	Birth Place: --	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: St. Michaels Cathedral Boise, Idaho	Date Issued: Dec. 30, 1959	Date Orig. Entry: April 23, 1920
	Date of Birth: Nov. 29, 1919	Birth Place: Boise, Idaho	Full Name of Mother: Emma Louise Bryant	Name of Father: Melvin Berry Bryant
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 67	By whom issued and signed: Emma Louise Bryant	Date Issued: 12-31-59	Date Orig. Entry:
	Date of Birth: Nov. 29, 1919	Birth Place: Boise, Idaho	Full Name of Mother: Emma Louise Bryant	Name of Father: Melvin Berry Bryant
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	1a Nancy Richards	Dec. 31, 1959

FORM BH 56067

DEC 31 1959

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

DEC-XXXX CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1959-XXXX

MAR 10 2008

1. Name of Child (First, Middle, Last) — Type or Print
Baby Girl Boy Prevas

2. Date of Birth (Month, Day, Year)
November 29, 1959

3. Sex
Female

4. Color or Race
White

5. Place of Birth (City or Town, County)
Boise, Ada

6. Full Name of Father
Melvin Prevas

7. State or Country of Father's Birth
Detroit, Michigan

8. Maiden Name of Mother
Marjorie Washington

9. State or Country of Mother's Birth
Boise

10. Number of Previous Children Born to This Mother
1. Deceased
2. Living

11. Present Address of Parents
Boise, Idaho

12. Signature of Informant
Melvin Prevas

13. Mailing Address
Boise, Idaho

14. Signature of Notary
[illegible]

15. Notary Commission Expires
[illegible]

16. Name of Physician or Midwife in Attendance
Barbara Lee and Casualty (White Cross) Ins. Policy

17. Date Received by Registrar
Dec. 29, 1959

18. Signature of Registrar
Oscar N. Stanton, Agent
Policy # -3952 and 1974

19. Date Issued
--

20. Issue of Permit
--

21. Type of Document
Baptismal Certificate

22. Date of Birth
Nov. 29, 1959

23. Birth Place
Boise, Idaho

24. Name of Child
Baby Girl Boy Prevas

25. Type of Document
Baptismal Certificate

26. Date of Birth
Nov. 29, 1959

27. Birth Place
Boise, Idaho

28. Name of Child
Melvin Perry Prevas

29. Name of Father
Melvin Prevas

30. Signature of Registrar
St. Michaels Cathedral
Boise, Idaho

31. Date Issued
Dec. 30, 1959

32. Date Orig. Entry
April 23, 1960

33. Name of Father
Melvin Perry Prevas

34. Date Issued
--

35. Date Orig. Entry
Sept. 25, 1962

36. Name of Father
--

37. Name of Child
Melvin Perry Prevas

38. Date of Birth
Nov. 29, 1959

39. Place of Birth
Boise, Idaho

40. Name of Father
Melvin Prevas

41. Name of Mother
Marjorie Washington

42. Date Issued
--

43. Date Orig. Entry
--

44. Issue of Permit
--

45. Name of Father
--

46. Name of Child
Melvin Perry Prevas

47. Date of Birth
Nov. 29, 1959

48. Birth Place
Boise, Idaho

49. Name of Father
Melvin Prevas

50. Name of Mother
Marjorie Washington

51. Date Issued
--

52. Date Orig. Entry
--

53. Name of Father
--

54. Name of Child
Melvin Perry Prevas

55. Date of Birth
Nov. 29, 1959

56. Place of Birth
Boise, Idaho

57. Name of Father
Melvin Prevas

58. Name of Mother
Marjorie Washington

59. Date Issued
--

60. Date Orig. Entry
--

61. Name of Father
--

62. Name of Child
Melvin Perry Prevas

63. Date of Birth
Nov. 29, 1959

64. Place of Birth
Boise, Idaho

65. Name of Father
Melvin Prevas

66. Name of Mother
Marjorie Washington

67. Date Issued
--

68. Date Orig. Entry
--

69. Name of Father
--

70. Name of Child
Melvin Perry Prevas

71. Date of Birth
Nov. 29, 1959

72. Place of Birth
Boise, Idaho

73. Name of Father
Melvin Prevas

74. Name of Mother
Marjorie Washington

75. Date Issued
--

76. Date Orig. Entry
--

77. Name of Father
--

78. Name of Child
Melvin Perry Prevas

79. Date of Birth
Nov. 29, 1959

80. Place of Birth
Boise, Idaho

81. Name of Father
Melvin Prevas

82. Name of Mother
Marjorie Washington

83. Date Issued
--

84. Date Orig. Entry
--

85. Name of Father
--

86. Name of Child
Melvin Perry Prevas

87. Date of Birth
Nov. 29, 1959

88. Place of Birth
Boise, Idaho

89. Name of Father
Melvin Prevas

90. Name of Mother
Marjorie Washington

91. Date Issued
--

92. Date Orig. Entry
--

93. Name of Father
--

94. Name of Child
Melvin Perry Prevas

95. Date of Birth
Nov. 29, 1959

96. Place of Birth
Boise, Idaho

97. Name of Father
Melvin Prevas

98. Name of Mother
Marjorie Washington

99. Date Issued
--

100. Date Orig. Entry
--

101. Name of Father
--

102. Name of Child
Melvin Perry Prevas

103. Date of Birth
Nov. 29, 1959

104. Place of Birth
Boise, Idaho

105. Name of Father
Melvin Prevas

106. Name of Mother
Marjorie Washington

107. Date Issued
--

108. Date Orig. Entry
--

109. Name of Father
--

110. Name of Child
Melvin Perry Prevas

111. Date of Birth
Nov. 29, 1959

112. Place of Birth
Boise, Idaho

113. Name of Father
Melvin Prevas

114. Name of Mother
Marjorie Washington

115. Date Issued
--

116. Date Orig. Entry
--

117. Name of Father
--

118. Name of Child
Melvin Perry Prevas

119. Date of Birth
Nov. 29, 1959

120. Place of Birth
Boise, Idaho

121. Name of Father
Melvin Prevas

122. Name of Mother
Marjorie Washington

123. Date Issued
--

124. Date Orig. Entry
--

125. Name of Father
--

126. Name of Child
Melvin Perry Prevas

127. Date of Birth
Nov. 29, 1959

128. Place of Birth
Boise, Idaho

129. Name of Father
Melvin Prevas

130. Name of Mother
Marjorie Washington

131. Date Issued
--

132. Date Orig. Entry
--

133. Name of Father
--

134. Name of Child
Melvin Perry Prevas

135. Date of Birth
Nov. 29, 1959

136. Place of Birth
Boise, Idaho

137. Name of Father
Melvin Prevas

138. Name of Mother
Marjorie Washington

139. Date Issued
--

140. Date Orig. Entry
--

141. Name of Father
--

142. Name of Child
Melvin Perry Prevas

143. Date of Birth
Nov. 29, 1959

144. Place of Birth
Boise, Idaho

145. Name of Father
Melvin Prevas

146. Name of Mother
Marjorie Washington

147. Date Issued
--

148. Date Orig. Entry
--

149. Name of Father
--

150. Name of Child
Melvin Perry Prevas

151. Date of Birth
Nov. 29, 1959

152. Place of Birth
Boise, Idaho

153. Name of Father
Melvin Prevas

154. Name of Mother
Marjorie Washington

155. Date Issued
--

156. Date Orig. Entry
--

157. Name of Father
--

158. Name of Child
Melvin Perry Prevas

159. Date of Birth
Nov. 29, 1959

160. Place of Birth
Boise, Idaho

161. Name of Father
Melvin Prevas

162. Name of Mother
Marjorie Washington

163. Date Issued
--

164. Date Orig. Entry
--

165. Name of Father
--

166. Name of Child
Melvin Perry Prevas

167. Date of Birth
Nov. 29, 1959

168. Place of Birth
Boise, Idaho

169. Name of Father
Melvin Prevas

170. Name of Mother
Marjorie Washington

171. Date Issued
--

172. Date Orig. Entry
--

173. Name of Father
--

174. Name of Child
Melvin Perry Prevas

175. Date of Birth
Nov. 29, 1959

176. Place of Birth
Boise, Idaho

177. Name of Father
Melvin Prevas

178. Name of Mother
Marjorie Washington

179. Date Issued
--

180. Date Orig. Entry
--

181. Name of Father
--

182. Name of Child
Melvin Perry Prevas

183. Date of Birth
Nov. 29, 1959

184. Place of Birth
Boise, Idaho

185. Name of Father
Melvin Prevas

186. Name of Mother
Marjorie Washington

187. Date Issued
--

188. Date Orig. Entry
--

189. Name of Father
--

190. Name of Child
Melvin Perry Prevas

191. Date of Birth
Nov. 29, 1959

192. Place of Birth
Boise, Idaho

193. Name of Father
Melvin Prevas

194. Name of Mother
Marjorie Washington

195. Date Issued
--

196. Date Orig. Entry
--

197. Name of Father
--

198. Name of Child
Melvin Perry Prevas

199. Date of Birth
Nov. 29, 1959

200. Place of Birth
Boise, Idaho

201. Name of Father
Melvin Prevas

202. Name of Mother
Marjorie Washington

203. Date Issued
--

204. Date Orig. Entry
--

205. Name of Father
--

206. Name of Child
Melvin Perry Prevas

207. Date of Birth
Nov. 29, 1959

208. Place of Birth
Boise, Idaho

209. Name of Father
Melvin Prevas

210. Name of Mother
Marjorie Washington

211. Date Issued
--

212. Date Orig. Entry
--

213. Name of Father
--

214. Name of Child
Melvin Perry Prevas

215. Date of Birth
Nov. 29, 1959

216. Place of Birth
Boise, Idaho

217. Name of Father
Melvin Prevas

218. Name of Mother
Marjorie Washington

219. Date Issued
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220. Date Orig. Entry
--

221. Name of Father
--

222. Name of Child
Melvin Perry Prevas

223. Date of Birth
Nov. 29, 1959

224. Place of Birth
Boise, Idaho

225. Name of Father
Melvin Prevas

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500. Date Orig. Entry
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819-10-1022-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-042

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Quintin Alldredge Harris
2. Date of Birth: (month) 12 (day) 7 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont Co. b. City or Town of Birth: Green timber - near Ashton, Idaho

FATHER

6. Full Name of Father: Oral McGee Harris
7. State or Country of Father's Birth: Utah - U.S.A.

MOTHER

8. Full Maiden Name of Mother: Nora Alldredge
9. State or Country of Mother's Birth: Utah - U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Quintin Alldredge Harris
11. Present Address of Registrant: 3540 W. Arapahoe Littleton, Colorado

NOTARY (Seal)

Subscribed and sworn to before me on: January 13th 1960
12. Signature of Notary: Kay Malone
13. Notary Commission expires: July 22nd 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		July 25, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 7, 1919	Ashton, Idaho	Nora Alleredge	Oral McGee Harris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	Bonneville County, Idaho	12-31-59	June 22, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31	Ashton, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #51-15282		child born Dec. 15, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	Ashton, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Nancy Richards	Jan. 15, 1960

FORM BH 56067 12-11-59

JAN 15 1980

JAN 3 1972

736-923-034-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-071

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frieda Ottilia Plocher
2. Date of Birth (month) Dec. (day) 23, (year) 1919
3. Color or Race: Cauc
4. Sex: Female
5. Place of Birth a. County: Minidoka
b. City or Town of Birth: Adelaide, Idaho

FATHER

6. Full Name of Father: Edward Plocher
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Magdalena Dietz
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frieda O. Schenk
11. Present Address of Registrant: R.F.D. # 2, Paul, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 21st 19 60

12. Signature of Notary: Robert J. Balch
13. Notary Commission expires: 7/1 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	H. C. Schulze, Ev. Luth. Pastor		Feb. 29, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 23, 1919	Minidoka Co. Adelaide, Idaho	Magdalena Dietz	Eduard Plocher

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Magdalena Plocher	1-21-60	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 23, 1919	Minidoka Co. Adelaide, Idaho	Magdalena Plocher	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #421582		child born March 10, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 26	Adelaide, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Peterson	Nancy Richards	Jan. 29, 1960

FORM BH 56067

JAN 29 1960

168-117-003-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D60-149
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vernon Lucian Johnson
2. Date of Birth (month) Nov. (day) 17 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Lucian R. Johnson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rita Kirby
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernon Lucian Johnson
11. Present Address of Registrant: Grace, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on February 15 19 60

12. Signature of Notary: [illegible]
13. Notary Commission expires: Feb. 28-1961 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Date Issued	Date Orig. Entry	Full Name of Mother	Name of Father
SUPPORTING RECORD 1. Class*_____	Church Record-Baptism	Nov. 17, 1919	Bannock Co. Grace, Idaho	Grace 2nd Ward, Bannock Stake LDS Church	3-20-58	June 2, 1928	Rita Kirby	Lucian R. Johnson
SUPPORTING RECORD 2. Class_____	School Record	Nov. 17, 1919	Grace, Idaho	Joint Class A School Dist. No. 148, Grace, Idaho	2-15-60	Sept. 1926	---	---
SUPPORTING RECORD 3. Class_____	Insurance Application	Nov. 17, 1919	Grace, Idaho	Idaho Mutual Benefit Assoc.		Aug. 9, 1950	---	Lucian Johnson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	Nancy Richards	Feb. 18, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO
DELAYED CERTIFICATE OF BIRTH

FEB 24 1960

NOV 1976

1. Name of child (First, middle, last)	2. Sex
3. Date of birth (Month, day, year)	4. Place of birth (County)
5. Name of parent	6. Full maiden name of mother
7. State or Country of Father's birth	8. State or Country of Mother's birth
9. Name and address of person signing affidavit	10. Relationship to child
11. Present address of person signing affidavit	

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant

NOTARY (Seal): Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

Feb. 27-1961 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Records	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Delayed Record	Ada County Recorder	2-29-60 / Feb. 29, 1960
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Jan. 27, 1919 Meridian, Idaho	Ida Clarke	Clarence T. Johnson

Supporting Records	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Delayed Record	Ada County Recorder	2-29-60 / Feb. 29, 1960
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Jan. 27, 1919 Meridian, Idaho	Ida Clarke	Clarence T. Johnson

Supporting Records	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Delayed Record	Ada County Recorder	2-29-60 / Feb. 29, 1960
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Jan. 27, 1919 Meridian, Idaho	Ida Clarke	Clarence T. Johnson

Supporting Records	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Delayed Record	Ada County Recorder	2-29-60 / Feb. 29, 1960
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Jan. 27, 1919 Meridian, Idaho	Ida Clarke	Clarence T. Johnson

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above affidavit.

Signature of Registrar

Evidence reviewed by

Date Filed

Feb. 29, 1960

313-227-011-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-212

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Gurley Dorothea Calahan		2. Date Of Birth (month) Sept. (day) 27 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Boundary; b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Vern Calahan		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Nora Elsie Lindsey		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Gurley D. Gilbogly	11. Present Address of Registrant: 147 Elmore, Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 7, 1960	12. Signature of Notary: Elmer K. Neal	13. Notary Commission expires: My commission expires January 10, 1962, Nampa, Idaho

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho Vital Statistics #293912	Date Issued: --	Date Orig. Entry: child born May 15,1940
	Date of Birth: age 20	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family Record	Date Issued: --	Date Orig. Entry: more than 5 years old
	Date of Birth: Sept 27, 1919	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Nora Elsie Lindsey	Name of Father: Vern Calahan
SUPPORTING RECORD 3.	Type of Document: Policy #4397869 Insurance Policy application	By whom issued and signed: Modern Woodmen of America Rock Island, Illinois	Date Issued: July 1, 1951	Date Orig. Entry: July 1, 1951
	Date of Birth: Sept. 27, 1919	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: March 9,1960

FORM BH 56067

MAR 10 1980

312-105-027-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jerome Bob Casto			2. Date of Birth (month) (day) (year): Jan. - 5 - 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Jerome	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Leon Corbett Casto			7. State or Country of Father's Birth: Grasscreek Utah
MOTHER	8. Full Maiden Name of Mother: Lidia Elevenia Pully			9. State or Country of Mother's Birth: Wayne Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jerome Bob Casto	11. Present Address of Registrant: Rt 2 Box 208 Shelton Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 5 March 1960		12. Signature of Notary: [signature]	13. Notary Commission expires: 4/1 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record		By whom issued and signed: Clinic Hospital Association Shelton, Washington	Date Issued: 2-9-60	Date Orig. Entry: March 28, 1951
	Date of Birth: Jan. 5, 1919	Birth Place: Jerome, Idaho	Full Name of Mother: Lillian Pully	Name of Father: Leon Casto	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 57		By whom issued and signed: Alice Theodosia Hylton	Date Issued: 3-7-60	Date Orig. Entry:
	Date of Birth: Jan. 5, 1919	Birth Place: Jerome Co. Jerome, Idaho	Full Name of Mother: Lydia Elevenia Casto (Pulley)	Name of Father: Leon Corbett Casto	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Record		By whom issued and signed: U. S. Army	Date Issued: discharged 10-2-45	Date Orig. Entry: inducted Jan. 23, 1941
	Date of Birth: Jan. 5, 1919	Birth Place: Jerome, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION	own child's birth certificate, Washington #30290; 3-25-57: age 32 as of July 17, 1951; born-Jerome, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]		Evidence reviewed by: Nancy Richards		Date Filed: March 10, 1960

FORM BH 56067

MAR 29 1962

Mrs. Alice Hyltz

845-230-027-532

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-270
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Louise Yunker			2. Date of Birth (month) July (day) 30 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County Idaho; b. City or Town of Birth: Jerome	
FATHER	6. Full Name of Father: Frederick Erwin Yunker			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Hilda Pauline Elsa Eckert			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred L. Griffith		11. Present Address of Registrant: Mounted Route Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: FEB-29 1960.	12. Signature of Notary: Robert Hulcher		13. Notary Commission expires: 10-12- 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Baptismal Certificate	By whom issued and signed: Dean Paul Roberts (church not shown), Placerville, Idaho	Date Issued:	Date Orig. Entry: June 5, 1922	
	Date of Birth: July 30, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2. Class_____	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #145769	Date Issued:	Date Orig. Entry: child born Nov. 26, 1947	
	Date of Birth: age 28	Birth Place: Jerome, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class_____	Type of Document: Affidavit by mother, age 62	By whom issued and signed: Hilda Pauline Yunker	Date Issued: 3-16-60	Date Orig. Entry:	
	Date of Birth: July 30, 1919	Birth Place: Jerome, Idaho	Full Name of Mother: Hilda Pauline Yunker	Name of Father: Frederick Erwin Yunker	

QUALIFYING INFORMATION

Certificate, Cradle Roll Dept., M. E. Sunday School, Jerome, Idaho; Jan. 11, 1920: born-July 30, 1919.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards nr	March 28, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 2 9 1960

	2. Registrant's Full Name (See at Birth)		3. Date of Birth (Month) (Day) (Year)
4. Color or Race	5. Sex	6. Place of Birth	
7. State or Foreign Country of Birth		8. Full Name of Father	
9. Maiden Name of Mother		10. State or Country of Mother's Birth	
11. I declare upon oath that the foregoing statements are true to the best of my knowledge and belief.		12. Signature of Registrant	
13. Witness(es) who swore to above at (a)		14. Notary's Address if Registrant	
		15. Notary Commission Expires	

CERTIFICATE OF SERVICE	Document	APPLICANT	
Date of Birth	Birth Place	By whom Issued and Signed	Date Issued
Class	Type of Document	Full Name of Father	Date Orig. Entry

CERTIFICATE OF SERVICE	Type of Document	By whom Issued and Signed	Date Issued
Date of Birth	Birth Place	Full Name of Father	Date Orig. Entry
Class			

CERTIFICATE

This is to certify that the above-named registrant has been found in the Division of Vital Statistics for this State, that the record of birth has been registered, which substantiates the facts set forth in the information appearing

(Seal)

Signature of Registrar

Returned registered by

849-22-003-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-483

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde Wilmouth Hurd.			2. Date Of Birth (month) Aug. (day) 22 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Pocatello Idaho. Bannock	b. City or Town of Birth: Pocatello, Idaho.	
FATHER	6. Full Name of Father: John J. Hurd.			7. State or Country of Father's Birth: Snowville, Utah	
MOTHER	8. Full Maiden Name of Mother: Ida Chandler Hurd.			9. State or Country of Mother's Birth: Logan, Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde Wilmouth Hurd		11. Present Address of Registrant: Inkom, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1960	12. Signature of Notary: O S Becker		13. Notary Commission expires: Nov. 6 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and confirmation #57	By whom issued and signed: L.D.S.Church, Arco Ward John C. Toombs, Ward Clerk	Date Issued: --	Date Orig. Entry: Baptized May 5, 1928	
	Date of Birth: Aug. 22, 1919	Birth Place: Pocatello, Idaho Bannock co.	Full Name of Mother: Ida Chandler	Name of Father: John J. Hurd	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge, U.S.Army	By whom issued and signed: Army of the United States Jack B. Burton, Major IGD	Date Issued: Oct 15, 1945	Date Orig. Entry: Induction April 8, 1941	
	Date of Birth: Aug. 22, 1919	Birth Place: Pocatello, Idaho	Full Name of Mother: --	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: on file in Idaho # 54-1457	Date Issued: ---	Date Orig. Entry: child born Feb. 9, 1954	
	Date of Birth: age 34	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 3, 1960

FORM BH 56067

3-7-60 one copy paid #19389

JUN 6 1988

STATE OF IDAHO

DUPLICATE CERTIFICATE OF BIRTH

295-111-001-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Dean King			2. Date Of Birth (month) (day) (year): January 11, 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada County	b. City or Town of Birth: Boise, Idaho	
FATHER	6. Full Name of Father: Nathan Gear King			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Maude Pearl Forney			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harold Dean King	11. Present Address of Registrant: R.F.D. #2, Box 312 Pendleton, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1960		12. Signature of Notary: Everett Merl Kemp	13. Notary Commission expires: April 4 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge record	By whom issued and signed: U. S. Army		Date Issued: discharged 12-23-45	Date Orig. Entry: inducted Apr. 27, 1944
	Date of Birth: Jan. 11, 1919	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Idaho driver's license	By whom issued and signed: State of Idaho #189472		Date Issued: 9-25-36	Date Orig. Entry: Sept. 25, 1936
	Date of Birth: Jan. 11, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Maude Pearl Forney King		Date Issued: June 6, 1960	Date Orig. Entry: ---
	Date of Birth: Jan. 11, 1919	Birth Place: Boise, Idaho	Full Name of Mother: Maude Pearl Forney	Name of Father: Nathan Gear King	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 10, 1960

FORM BH 56067

1 copy paid

JUN 13

514-111-037-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-555

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Raymond Anthony Nau			2. Date of Birth (month) (day) (year): January 11, 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Marsing
FATHER	6. Full Name of Father: Anthony Henry Nau			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Estell Klimes			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond A. Nau		11. Present Address of Registrant: Meridian - R 1
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1960	12. Signature of Notary: Madeline E. Scarlett		13. Notary Commission expires: May 29 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified certificate of baptism	By whom issued and signed: St. Paul Church, Nampa, Idaho Rev. John Paulin, Pastor	Date Issued: Nov. 7, 1952	Date Orig. Entry: baptized Feb. 23, 1919	
	Date of Birth: Jan. 11, 1919	Birth Place: -----	Full Name of Mother: May Watson (Klimes)	Name of Father: Anthony Nau	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: on file in Idaho-370148	Date Issued: ---	Date Orig. Entry: child born March 13, 1943	
	Date of Birth: age 24	Birth Place: Marsing, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit regarding Census Marshal's report	By whom issued and signed: S. S. Foote, Canyon C. Reder	Date Issued: Aug. 4, 1952	Date Orig. Entry: school census Oct., 1931	
	Date of Birth: age 12	Birth Place: -----	Full Name of Mother: --- -	Name of Father: A. H. Nau	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	June 23, 1960

FORM BH 56067

JUN 2,3 1960

719-213-026-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-630

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriet Alice Gardner
2. Date Of Birth (month) (day) (year): February 13 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Grant

FATHER

6. Full Name of Father: Francis Adny Gardner
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rosa Priscilla Randall
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriet Alice Gardner
11. Present Address of Registrant: 1211 Albany, Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on: July 7 1960
12. Signature of Notary: Mary E. Stetson
13. Notary Commission expires: Feb 6 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
copy of own child's birth certificate	Idaho #430193	----	child born Dec. 1, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 27	Grant, Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of blessing	L.D.S. Church, Grant Ward, Samuel Chadburn, Sr. clerk	-----	blessed April 6, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 13, 1919	Grant, Idaho Jefferson County	Rosa P. Randall	Francis A. Gardner

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by neighbor at time of birth	P. W. Dabell	July 13, 1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 13, 1919	Grant, Idaho	Rosa Priscilla Randall	Francis Adny Gardner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	July 15, 1960

FORM BH 56067

7-5-60 one copy paid #03205

JUL 18 1960

235-130-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-762

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ODES DALE STEELE, JR.			2. Date Of Birth: (month) Dec. (day) 30 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho.	
FATHER	6. Full Name of Father: ODES DALE STEELE, SR.			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: CLARA ANDERSON			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Odes Dale Steele Jr.	11. Present Address of Registrant: 1804 N. Division Carson City, Nevada.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 18 1960		12. Signature of Notary: Jeanne M. Smith	13. Notary Commission expires: October 5 1960.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: honorable discharge paper		By whom issued and signed: U. S. Army, F. R. Wunderlich Colonel, Dental Corps	Date Issued: Aug. 4, 1943	Date Orig. Entry: inducted Oct. 9, 1942
	Date of Birth: age 22	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: copy of own childs birth certificate		By whom issued and signed: State of Utah #560	Date Issued: July 14, 1951	Date Orig. Entry: child born Feb. 3, 1945
	Date of Birth: age 25	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother		By whom issued and signed: Clara Anderson Steele	Date Issued: Aug. 27, 1960	Date Orig. Entry: ------
	Date of Birth: Dec. 30, 1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Clara Anderson	Name of Father: Odes Dale Steele, Sr.	

QUALIFYING INFORMATION

Photocopy of application for insurance policy #17 888 842 by New York Life Insurance Company, issued May 12, 1941. The date of application is May 6, 1941. Gives date of birth as Dec. 30, 1919 at Pocatello, Idaho, mother Clara Steele.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pp Penny Patterson	Sept. 1, 1960

FORM BH 56067

SEP 2 1960
NOV 10 1960

Steele

67-29-229-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1006
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Naomi June Vogel
2. Date Of Birth: (month) June (day) 19 (year) 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County N. Potlatch Sanitorium Latah; b. City or Town of Birth: Potlatch

FATHER

6. Full Name of Father: Edward (NMN) Vogel
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Cora Ellen Sinnett
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Naomi J. Nicolen
11. Present Address of Registrant: P.O. Box 725 Ephrata, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: October 1st 1960

12. Signature of Notary: Jeanne A. Peterson
13. Notary Commission expires: 5-7 1961

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Bureau of the Census	Sept. 30 1960	census of Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 5/12	Idaho	Cora Vogel	Edward Vogel

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
statement regarding school census records	Everett Public Schools, Wash. Neva Larson, Personnel office	Nov. 21, 1951	school census 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 19, 1919	----	----	Edward Vogel

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Social Security Record	Treasury Department	----	June 24, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 19 1919	Potlatch, Idaho	Cara Ellen Sinnett	Edward Vogel

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Nov. 15, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

713-226-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna May Palmer			2. Date of Birth (month) February (day) 26 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby	
FATHER	6. Full Name of Father: Johnnie Edmond Palmer			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emily Green			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna M. Avery	11. Present Address of Registrant: St. Anthony Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 1960		12. Signature of Notary: L. J. Hathaway	13. Notary Commission expires: April 10 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #235072	Date Issued: ----	Date Orig. Entry: child born Aug. 18, 1935
	Date of Birth: age 16	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Milo Ward Lorenzo B. Harmon, Clerk	Date Issued: ----	Date Orig. Entry: blessed June 1, 1919
	Date of Birth: Feb. 26, 1919	Birth Place: Jefferson County Rigby, Idaho	Full Name of Mother: Emily Greene	Name of Father: Johnnie Palmer	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Milo Ward L. B. Harmon, clerk	Date Issued: ----	Date Orig. Entry: baptized Sept. 15, 1929
	Date of Birth: Feb. 26, 1919	Birth Place: Jefferson County Rigby, Idaho	Full Name of Mother: Emily Green	Name of Father: Johnnie E. Palmer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 2, 1960

FORM BH 56067 7-21-60

DEC 2 1960

DECLARED CERTIFICATE OF BIRTH

1. Name of child (Person under birth is being registered)		2. Date of birth (month) (day) (year)		
				January 25, 1959
3. Color or Race	4. Sex	5. Place of birth		6. Twin, triplet or other?
White	Female	Tiffin	Jefferson	No
7. Full name of father		8. Full maiden name of mother		
John Mary Palmer		Johnnie Kennard Palmer		
9. Age at last birthday	10. Birthplace (State or foreign country)		11. Usual residence	
24	Ohio		Tiffin, Jefferson County, Ohio	
12. Color or race	13. Occupation (Kind of work done during most of working life, even if retired)		14. Industry or business	
White	Housewife		None	
15. Birthplace (State or foreign country)	16. Usual residence			
Ohio	Tiffin, Jefferson County, Ohio			

I hereby certify that I attended the birth of the child named above, who was born alive at the time stated above.

17. Signature and address: Mrs. Mary Palmer, Tiffin, Ohio

18. Date signed: January 26, 1959

19. Name and address of informant: Mrs. Mary Palmer, Tiffin, Ohio

20. Date received by local registrar: JAN 26 1959

21. Registration No.: 1-59

22. Filed: JAN 26 1959

23. Signature of local registrar: Edward E. Palmer

24. Name of local registrar: Edward E. Palmer

25. Address of local registrar: Tiffin, Ohio

26. Date certificate issued: JAN 26 1959

27. Amended certificate: Date filed: Dec. 2, 1960

28. Reason for amendment (Attach documentary evidence): Certificate was found in the Division of Vital Statistics for this registration and that documentary evidence has been received, which satisfies the facts as set forth in the amendment.

29. Signature of local registrar: Edward E. Palmer

30. Name of local registrar: Edward E. Palmer

31. Address of local registrar: Tiffin, Ohio

32. Date certificate issued: Dec. 2, 1960

33. Remarks:

1-21-59

719-210-032-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-1083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Myrtle Parvin			2. Date Of Birth (month) July (day) 10 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Shoshone~~ Idaho Lincoln	b. City or Town of Birth: Shoshone	
FATHER	6. Full Name of Father: Orvia Leslie Parvin			7. State or Country of Father's Birth: America	
MOTHER	8. Full Maiden Name of Mother: Alice Lillian Brant			9. State or Country of Mother's Birth: America	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Parvin Walker		11. Present Address of Registrant: Box 487 Homedale, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 1960	12. Signature of Notary: Roy L Vance		13. Notary Commission expires: March 14, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: record Statement regarding marriage	By whom issued and signed: Alice I. Snook, Clerk of Dist. Court Payette Co.		Date Issued: Sept. 20, 1960	Date Orig. Entry: August 31, 1937
	Date of Birth: Age 18	Birth Place: -----	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security	By whom issued and signed: Treasury Department		Date Issued: ------	Date Orig. Entry: August 27, 1951
	Date of Birth: July 10, 1919	Birth Place: Lincoln, Shoshone County, Idaho	Full Name of Mother: Alice L. Brant	Name of Father: Orvia Leslee Parvin	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #393143		Date Issued: July 10, 1944	Date Orig. Entry: July 10, 1944
	Date of Birth: Age 25	Birth Place: Shoshone, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy		Date Filed: December 14, 1960	

FORM BH 56067 3-11-60

DEC 15 1960

Record

Statement regarding marriage

Age 18

Application for Social Security

July 10, 1912 Lincoln, Shoshone County, Idaho

Own childs birth certificate

Age 25 Shoshone, Idaho

Alice I. Brock, Clerk of Dist. Court Shoshone Co.

Sept. 20, 1937

Treasury Department

Alice L. Brant

Orvis Leslie Servin

On file in Idaho #32316?

July 10, 1944

July 10, 1944

W. W. Benson

Elaine Coy

December 14, 1960

4[illegible]-205-025-36K

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-163

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Mae Darrow
2. Date Of Birth: (month) June (day) 5 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Naples, Idaho; b. City or Town of Birth: Naples

FATHER

6. Full Name of Father: Walter Burton Darrow
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Ida Maude Coulson
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie Mae Tallman
11. Present Address of Registrant: Route 2 Box 409 Everett, Washington

NOTARY (Seal)

Subscribed and sworn to before me on 1-31 1961

12. Signature of Notary: L. E. Trent Notary Public
13. Notary Commission expires: Nov 26 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding hospital records	Providence Hospital, Everett, Wash. Leona Hansen, Med. records	Jan. 24, 1961	June 13, 1948
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 5, 1919 / Idaho	Ida Coulson	Walter Darrow	
SUPPORTING RECORD 2.	marriage license application	Snohomish, County, Washington Henry Snyder, Dep. Co. Auditor	Jan. 25, 1961	Oct. 3, 1936
	age 17 / -----	- -----	W. Darrow	
SUPPORTING RECORD 3.	affidavit by mother	Mrs. Ida Darrow	Feb. 15, 1961	---
	June 5, 1919 / Naples, Idaho	Ida Coulson	Walter Burton Darrow	

QUALIFYING INFORMATION

~~Statement regarding school records at Monroe Public Schools Dist. #402 signed~~ by ~~Willis~~ B. George, Principal, on Jan. 26, 1961. Bessie entered first grade ~~8/31/1925~~ at age 6.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing PW 1-16-61	Feb. 20, 1961

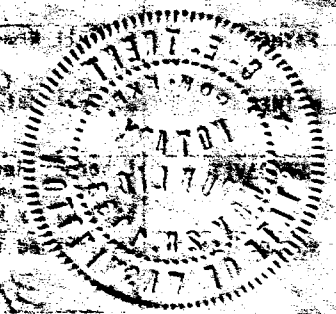
FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

FEB 21 [illegible]



793-21401d0-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elnora Juanita Pitman	2. Date Of Birth (month) (day) (year): August 14 1919
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Colt Man
FATHER	6. Full Name of Father: Sidney Pitman	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Nellie Fern Gough	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elnora J. Buck; 11. Present Address of Registrant: 155 Collins Rd., Kelso
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1961	12. Signature of Notary: Grace Phillips; 13. Notary Commission expires: 9- 12 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Kelso-Longview Ward, O. Leo Bates, clerk	Date Issued: Apr. 20, 1961	Date Orig. Entry: baptized Sept. 1, 1929
	Date of Birth: Aug. 14, 1919	Birth Place: Bonneville County Coltman, Idaho	Full Name of Mother: Nellie F. Gough	Name of Father: Sidney Pitman
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 19, 1949
	Date of Birth: Aug. 14, 1919	Birth Place: Coltman, Idaho	Full Name of Mother: Nellie Fern Gough	Name of Father: Sidney Pitman
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: Sidney Pitman	Date Issued: Apr. 5, 1961	Date Orig. Entry: -----
	Date of Birth: Aug. 14, 1919	Birth Place: Bonneville Co, Ida.	Full Name of Mother: -----	Name of Father: Sidney Pitman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: May 4, 1961

FORM BH 56067

2-2-61- 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 4 1961

25-42-8-10 35-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 405

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RICHARD GEORGE KNAPP			2. Date Of Birth (month) OCTOBER (day) 28 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: CHARLES ERNEST KNAPP			7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: BEULAH MARTHA INGHRAM			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard George Knapp		11. Present Address of Registrant: 756 Everett El Cerrito, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1961	12. Signature of Notary: Janice Caron		13. Notary Commission expires: June 1 1964

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Aug. 28. 1937
	Date of Birth: Oct.28,1919 / Birth Place: Lewiston,Idaho	Full Name of Mother: Beulah Martha Ingram	Name of Father: Charles Earnest Knapp	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record	By whom issued and signed: Contra Costa County Calif, #38,S. C. Wells, county clerk	Date Issued: Aug.16,1960	Date Orig. Entry: Jan.28,1941
	Date of Birth: age 21 / Birth Place: Idaho	Full Name of Mother: Beulah Ingram	Name of Father: Charles Knapp	
SUPPORTING RECORD 3.	Type of Document: certified copy of own childs birth certificate	By whom issued and signed: Contra Costa,County Calif. W. T. Paasch,County recorder	Date Issued: Aug.16,1960	Date Orig. Entry: child born Aug. 12,1941
	Date of Birth: age 21 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: May 8, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 8 1961

APR 22 1975

859-210-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Yeiter			2. Date Of Birth (month) (day) (year): September 10, 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville Co.	b. City or Town of Birth: Iona	
FATHER	6. Full Name of Father: Ernest Yeiter			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lorania Alice B urtenshaw			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Riley		11. Present Address of Registrant: 434 East Halliday, Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 17 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: 7-21 19 64	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church, Iona Ward, A. Wm. Lund, Historian		Date Issued: Sept. 15, 1958	Date Orig. Entry: recorded Jan. 4, 1920
	Date of Birth: Sept. 10, 1919	Birth Place: Bonneville County Iona, Idaho	Full Name of Mother: Lorriane Burtenshaw	Name of Father: Ernest Yeiter	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: 26 years older Olive H. Burtenshaw		Date Issued: Apr. 14, 1961	Date Orig. Entry: -----
	Date of Birth: Sept. 10, 1919	Birth Place: Bonneville County Iona Ward, Idaho	Full Name of Mother: Lorainia Alice Burtenshaw	Name of Father: Ernest Yeiter	
SUPPORTING RECORD 3.	Type of Document: own childs hospital birth certificate	By whom issued and signed: Idaho Falls L.D.S. Hospital J. H. Trayner, Supt.		Date Issued: -----	Date Orig. Entry: child born June 11, 1941
	Date of Birth: Sept. 10, 1919	Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: May 18, 1961

FORM BH 56067

MAY 18 1967

713-212-035-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 513

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Mabel Palmer
2. Date Of Birth (month) (day) (year): 7 / 12 / 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Leland Idaho.

FATHER

6. Full Name of Father: Charles Frank Palmer
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Maude Iona Clark
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene M. Quinn
11. Present Address of Registrant: 5556 Mt. Lake Rd. Longview, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1961
12. Signature of Notary: W. L. Gresnell
13. Notary Commission expires: Aug 28 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Cowlitz General Hospital Isabell Weeks, R.R.L.	Date issued: June 5,1961	Date Orig. Entry: Apr.23,1951
	Date of Birth: July 12, 1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: statement regarding employment records	By whom issued and signed: Internat'l Paper Co.Long-Bell Div.Wash., P.V.Carlsen,Supt.	Date issued: June 5,1961	Date Orig. Entry: employed Aug.31,1942
	Date of Birth: July 12, 1919	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Maude Iona Dyer	Date issued: June 12,1961	Date Orig. Entry: ----
	Date of Birth: July 12, 1919	Birth Place: Nez Perce County Leland, Idaho	Full Name of Mother: Maude Iona Clark	Name of Father: Charles Frank Palmer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bamon	Penny L. Wing PW	June 15, 1961

5-24-61 1 copy paid

JUN 15 1961

958221-040-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: STELLA MAE REYNOLDS			2. Date Of Birth (month) (day) (year): April 21 1919	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: Walter William Reynolds			7. State or Country of Father's Birth: Georgia	
MOTHER	8. Full Maiden Name of Mother: Myrtle Ellen Sharp			9. State or Country of Mother's Birth: North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella Mae Gjornson		11. Present Address of Registrant: 4852 Caroline Way San Jose, California	
NOTARY (Seal)	Subscribed and sworn to before me on: June 30, 1961	12. Signature of Notary: David W. Wilson Jr.		13. Notary Commission expires: April 11, 1965 (seal)	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: May 8, 1937
	Date of Birth: Apr.21,1919 / Birth Place: Shoshone County Kellogg, Idaho	Full Name of Mother: Myrtle Ellen Sharp	Name of Father: Walter William Reynolds	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Myrtle E. Reynolds	Date Issued: Feb.16,1955	Date Orig. Entry: ------
	Date of Birth: Apr.21,1919 / Birth Place: Shoshone County Kellogg, Idaho	Full Name of Mother: Myrtle Ellen Sharp	Name of Father: Walter William Reynolds	
SUPPORTING RECORD 3.	Type of Document: #5221 895 020 Schedule of insurance policy	By whom issued and signed: National Life and Accident Co.	Date Issued: -----	Date Orig. Entry: May 26,1952
	Date of Birth: age next birth. 34 / Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	July 6, 1961

FORM BH 56067

FEB 24 2005

JUL 6

DAVID W. WILCOXSON JR., Notary Public.
State of California - Principal Office, Santa Clara County
My Commission Expires April 11, 1965.
P.O. Box 38 Santa Clara, Calif.

689-228-014-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 633

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn May Whitney
2. Date Of Birth: (month) May (day) 28 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Nampa, Idaho

FATHER

6. Full Name of Father: Nathanael Gilbert Whitney
7. State or Country of Father's Birth: Vermont

MOTHER

8. Full Maiden Name of Mother: Minnie Josephine Fleak
9. State or Country of Mother's Birth: Boise, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn May Kidd
11. Present Address of Registrant: 1602 Longmont St., Boise

NOTARY (Seal)

Subscribed and sworn to before me on July 12 1961

12. Signature of Notary: [signature]
13. Notary Commission expires: Idaho 2-5 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #50-1011	----	child born Jan. 25, 1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 30 / Nampa, Idaho	----	----	
SUPPORTING RECORD 2.	affidavit by sister	Alice R. Turner born 1901	May 9, 1961	----
	May 28, 1919 / Canyon County Nampa, Idaho	Minnie Josephine Fleak	Nathanael Gilbert Whitney	
SUPPORTING RECORD 3.	statement regarding insurance policy	Metropolitan Life Insurance Co. F.R. Boysen, Asst. V-Pres.	July 28, 1961	Sept. 1, 1952
	May 28, 1919 / Nampa, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	August 1, 1961

FORM BH 56067 4-20-61

AUG 2 1961

JUN 15 1970

693-12/0006-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-655

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Marvin Williams			2. Date of Birth (month) December (day) 21 (year) 1919	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Jesse Raymond Williams			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Lula M. Davis			9. State or Country of Mother's Birth: Blackfoot, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald M. Williams		11. Present Address of Registrant: RT 4 Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1961	12. Signature of Notary: Hazel L. Gurlbert		13. Notary Commission expires: Sept. 28 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Jesse R. Williams		Date Issued: May 5, 1961	Date Orig. Entry: -----
	Date of Birth: December 21, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lula M. Davis	Name of Father: Jesse Raymond Williams	
SUPPORTING RECORD 2.	Type of Document: Application for Membership and Insurance	By whom issued and signed: United Commercial Travelers Insurance, Columbus, Ohio		Date Issued: Jan 5, 1949	Date Orig. Entry: October 14, 1948
	Date of Birth: Dec. 21, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Separation Qualification Record	By whom issued and signed: Army of the United States John M.Burnside,Maj. AC		Date Issued: Jan 8, 1946	Date Orig. Entry: Separation Jan 8, 1946
	Date of Birth: Dec. 21, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ec Joyce B. Foltz	Date Filed: August 11, 1961

FORM BH 56067

AUG 11 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME AT BIRTH	
2. DATE OF BIRTH	Forenoon December 21 1919
3. PLACE OF BIRTH	Bingham
4. MAIL ADDRESS	Idaho Falls
5. NAME OF FATHER	Jesse Raymond Williams
6. MAIDEN NAME OF MOTHER	Lucy M. Davis
7. NAME OF COUNTY OF MOTHER'S BIRTH	Kansas
8. NAME OF COUNTY OF FATHER'S BIRTH	Blackfoot, Idaho
9. NAMES OF PERSONS WITNESSING BIRTH	
10. PERSONAL SIGNATURES REQUIRED	
11. PERSONAL SIGNATURES OF REGISTRAR	

Affidavit by Father

Subscribed and sworn to before me this 21st day of December 1961

Jesse F. Williams

Jesse Raymond Williams

Date Issued: Jan 5, 1961 -----

Name of Father: Jesse Raymond Williams

Place of Birth: Idaho Falls, Idaho

Name of Mother: Lucy M. Davis

Date Issued: Jan 5, 1962

Name of Father: ---

Name of Birth: Bingham, Idaho

Name of Mother: ---

Date Issued: Jan 5, 1962

Name of Father: ---

Name of Birth: ---

163-111-028-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 778

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Andrew Jolliff
2. Date of Birth (month) (day) (year): January 11 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Ford Idaho

FATHER

6. Full Name of Father: Andrew Jolliff
7. State or Country of Father's Birth: Missouri U.S.A.

MOTHER

8. Full Maiden Name of Mother: Ida Francis Hickman
9. State or Country of Mother's Birth: Missouri U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James A Jolliff
11. Present Address of Registrant: 2212 Thirteen Ave

NOTARY (Seal)

Subscribed and sworn to before me on 24th August 1961

12. Signature of Notary: Dennett R. Riggs

13. Notary Commission expires: NOTARY PUBLIC for the State of Montana Residing at Missoula, Montana My Commission Expires May 10, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by brother	Everett E. Jolliff age 12 at birth	Aug.21,1961	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.11,1919 / Kootenai Ford, Idaho	Ida F. Jolliff	Andrew Jolliff	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #289127	Date Issued: ----	Date Orig. Entry: child born July 17,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 20 / Idaho	----	----	
SUPPORTING RECORD 3.	Type of Document: Joint Marriage Affidavit	By whom issued and signed: Benewah County, Idaho. Alice Weigand, Clerk of Court.	Date Issued: Sept.6,1961	Date Orig. Entry: June 3,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 19 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Barnum	pw Penny L. Wing	Sept.20,1961

FORM BH 56067

1 copy paid #12210 3-20-61

SEP 20 1961

866-103-025-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 820

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: La Vere P Hooper
2. Date of Birth (month) (day) (year): September 3, 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Bingham Idaho
b. City or Town of Birth: Cleveland

FATHER

6. Full Name of Father: Harlow Hoopes
7. State or Country of Father's Birth: Idaho Bannock

MOTHER

8. Full Maiden Name of Mother: Lettie Butler Hoopes
9. State or Country of Mother's Birth: Idaho Bannock

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: La Vere P. Hoopes
11. Present Address of Registrant: 1 Bethany Ct. Jaylor

NOTARY (Seal)

Subscribed and sworn to before me on: July 31 1961
12. Signature of Notary: Floyd M. Hamblen
13. Notary Commission expires: My Commission Expires May 29, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership	LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	July 10, 1961	July 6, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 3, 1919	Cleveland, Idaho	Lettie B. Austin	Harlow Hoopes

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Paper	U.S. Army, Robert Marnfeld, Maj.	-----	Dec. 22, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 3, 1919	Cleveland, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Lela Hymas age 57	Sept. 6, 1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 3, 1919	Cleveland, Idaho	Lettie Butler	Harlow Hoopes

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Oct. 3, 1961

K

Cr. Ltr. on file in Cert. files. (4) 9-1-10.

FORM BH 58067

1 Copy paid receipt #2263.

Search made in Franklin Co.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 3 1961

CHILD'S NAME	3. Date of birth: September 3, 1956
FATHER	7. Date of Father's birth
MOTHER	9. Mother's maiden name 11. Date of Mother's birth
AFFIDAVIT I	I hereby declare under oath that the above statements are true to the best of my knowledge and belief.
NOTARY (seal)	Subscribed and sworn to before me My Commission Expires
RECORD 1.	Type of Document Date Issued July 30, 1961
RECORD 2.	Type of Document Date Issued Date Entered
CERTIFICATION	I hereby certify that a prior birth certificate has been found in the division of vital statistics for this registered person and that documentary evidence has been reviewed, which supports the facts as set forth in the foregoing affidavit.
	Evidence reviewed by Date filed

418-129-029-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 859

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Sebastian Dahm			2. Date Of Birth (month) (day) (year): September 29 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genessee
FATHER	6. Full Name of Father: Joseph John Dahm			7. State or Country of Father's Birth: Michigan U.S.A.
MOTHER	8. Full Maiden Name of Mother: Frances Anna Herboth			9. State or Country of Mother's Birth: Washington U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James S Dahm		11. Present Address of Registrant: Rockyford Alberta
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 10th 1961	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires Dec. 31, 1963 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: St. Boniface Parish, R.C., Uniontown, Washington		Date Issued: Feb.2,1959	Date Orig. Entry: Oct.16,1919
	Date of Birth: Sept.29, 1919	Birth Place: ----	Full Name of Mother: Frances Herboth	Name of Father: Joseph Dahm	
SUPPORTING RECORD 2.	Type of Document: statement regarding military records	By whom issued and signed: Dept. of Veterans Affairs, F.B.Rading,War Serv.Rec.Div.		Date Issued: Sept.18, 1961	Date Orig. Entry: June 26,1941
	Date of Birth: Sept.29, 1919	Birth Place: Genesee,Idaho	Full Name of Mother: Francis Anna Herboth	Name of Father: Joseph John Dahm	
SUPPORTING RECORD 3.	Type of Document: Insurance policy application	By whom issued and signed: Manufacturers Life Insurance		Date Issued: ----	Date Orig. Entry: July 2,1946
	Date of Birth: Sept.29, 1919	Birth Place: Genesee, Idaho	Full Name of Mother: Francis Dahm	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Oct. 17, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

OCT 17

175-215-014-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 879

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jenny Lucille Agenbroad			2. Date Of Birth (month) July (day) 15 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nampa, Canyon County	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Richard Agenbroad			7. State or Country of Father's Birth: Huron, South Dakota
MOTHER	8. Full Maiden Name of Mother: Jennie Bradshaw			9. State or Country of Mother's Birth: Knoxville, Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Henry L. McIntyre		11. Present Address of Registrant: Route 4, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1961	12. Signature of Notary: Jesse M. Remington		13. Notary Commission expires: July 10 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #50-4168	Date Issued: -----	Date Orig. Entry: child born Apr. 18, 1950
	Date of Birth: age 30 / Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Canyon County, Idaho, S.S. Foote, auditor	Date Issued: Oct. 19, 1961	Date Orig. Entry: Sept. 2, 1925
	Date of Birth: July 15, 1919 / Birth Place: ----	Full Name of Mother: ----	Name of Father: R. Agenbroad	
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: Richard Agenbroad, Jennie Agenbroad	Date Issued: Oct. 17, 1961	Date Orig. Entry: ----
	Date of Birth: July 15, 1919 / Birth Place: Canyon, Nampa, Idaho	Full Name of Mother: Jennie Agenbroad	Name of Father: Richard Agenbroad	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Oct. 25, 1961

FORM BH 56067

9-11-61

OCT 25 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

345-125-010 964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 896

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gerald Bob Cunnington
2. Date Of Birth: (month) June (day) 25, (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona, Idaho

FATHER

6. Full Name of Father: Robert Wadsworth Cunnington
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Alice May Rounds
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: X Gerald Bob Cunnington
11. Present Address of Registrant: RT 4 Box 288 Everett, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: October 25 1961
12. Signature of Notary: [signature]
13. Notary Commission expires: July 28 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: (photostat) Honorable Discharge
By whom issued and signed: U. S. Navy
Date Issued: discharged 12-16-46
Date Orig. Entry: enlisted 12-19-40
Date of Birth: June 25, 1919
Birth Place: Iona, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: insurance policy application
By whom issued and signed: Metropolitan Life Insurance Co.
Date Issued: May 21, 1940
Date Orig. Entry: May 21, 1940
Date of Birth: June 25, 1919
Birth Place: Iona, Idaho
Full Name of Mother: -----
Name of Father: -----

SUPPORTING RECORD 3.

Type of Document: affidavit by uncle
By whom issued and signed: A. E. Rounds age 59
Date Issued: Nov. 13, 1957
Date Orig. Entry: -----
Date of Birth: June 25, 1919
Birth Place: Iona, Idaho
Full Name of Mother: Alice May Rounds
Name of Father: Robert Wadsworth Cunnington

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Bonner
Evidence reviewed by: nr Penny L. Wing
Date Filed: Oct. 30, 1961

FORM BH 56067

1 copy paid

OCT 30 1961

462-208-022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 923

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilda Moss			2. Date Of Birth (month) April (day) 8 (year) 1919	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Teton City Fremont	b. City or Town of Birth: Teton City, Idaho	
FATHER	6. Full Name of Father: Sterling Ezra Moss			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Bessie Ann Clark			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wilda Moss Ritchie	11. Present Address of Registrant: Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 28 1961		12. Signature of Notary: G. Wendel Ritchie	13. Notary Commission expires: July 10 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, J. W. Richman, clerk	Date Issued: June 5, 1927	Date Orig. Entry: baptized May 4, 1927
	Date of Birth: Apr. 8, 1919	Birth Place: Teton, Idaho Fremont	Full Name of Mother: Bessie A. Clark	Name of Father: Sterling E. Moss	
SUPPORTING RECORD 2.	Type of Document: affidavit by parents		By whom issued and signed: Sterling Ezra Moss Bessie Ann Clark	Date Issued: Oct. 12, 1961	Date Orig. Entry: ~~Apr.~~
	Date of Birth: Apr. 8, 1919	Birth Place: Teton City, Ida. Fremont	Full Name of Mother: Bessie A. Clark	Name of Father: Sterling Ezra Moss	
SUPPORTING RECORD 3.	Type of Document: insurance Policy application		By whom issued and signed: Sterling Insurance Co.	Date Issued: ----	Date Orig. Entry: Oct. 11, 1956
	Date of Birth: Apr. 8, 1919	Birth Place: Teton City, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 3, 1961

FORM BH 56067

10-4-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1965

2. Date of birth	3. Sex
4. City or Town of Birth	5. Place of birth
6. Full name of father	7. State or Country of Father's Birth
8. Full Maiden name of Mother	9. State or Country of Mother's Birth
10. Present Address of Registrant	11. Signature of Registrant
12. Signature of Notary	13. Notary Commission expires

I, [illegible], do hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which is set forth in the following statement.

Signature of Registrar	Evidence received by	Date filed
		Nov. 3, 1965

[illegible]

816-21 S.016-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-026

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elaine Haws			2. Date Of Birth (month) (day) (year): August 15, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Verl Arthur Haws			7. State or Country of Father's Birth: Provo, Utah
MOTHER	8. Full Maiden Name of Mother: Lillian Pearl Clark			9. State or Country of Mother's Birth: Mammoth, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elaine Haws		11. Present Address of Registrant: 2852 S 8560 W. Magna, Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 8 1962	12. Signature of Notary: E. Haws		13. Notary Commission expires: Oct 24 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth L.D.S. CHURCH	By whom issued and signed: L.D.S. Church, Salt Lake City Utah	Date Issued: Sept. 29, 1961	Date Orig. Entry: Oct. 5, 1919
	Date of Birth: Aug. 15, 1919	Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Lillian Clark	Name of Father: Verle Haws
SUPPORTING RECORD 2.	Type of Document: No. 85413 Application for Marriage License	By whom issued and signed: Jacob Wieley, Deputy Clerk, Salt Lake County, Utah	Date Issued: Sept. 29, 1961	Date Orig. Entry: June 27, 1940
	Date of Birth: Aug. 15, 1919	Birth Place: Burley, Idaho	Full Name of Mother: Lillian Pearl Clark	Name of Father: Verl A. Haws
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for Social Security Account No.	By whom issued and signed: U. S. Treasury Department	Date Issued: -------	Date Orig. Entry: Nov. 30, 1937
	Date of Birth: Aug. 15, 1919	Birth Place: Burley, Idaho	Full Name of Mother: Lillian Pearl Clark	Name of Father: Verl Arthur Haws

QUALIFYING INFORMATION

Affidavit by parents dated December 23, 1961. Gives date of birth as August 15, 1919 at Burley, Cassia County, Idaho. Parents: Verl Arthur Haws & Lillian P. Haws

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Jan. 11, 1962

FORM BH 56067

JAN 12 1962

296-213-006-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRA JOSEPHINE BROWN		2. Date Of Birth (month) 10 (day) 13 (year) 1919	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM Idaho	b. City or Town of Birth: IONA
FATHER	6. Full Name of Father: LORENZO D. BROWN		7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: JOSEPHINE YOUNG		9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myra Josephine Brown Tarquinio	11. Present Address of Registrant: 133 Bayview Ave Inwood 96 L.I. N.Y.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 11th 1962	12. Signature of Notary: Rita M. Clair	13. Notary Commission expires: RITA M. CLAIR Notary Public, State of New York No. 30-0642900 19 Qualified in Nassau County Term Expires March 30, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: J Josephine Young Brown	Date Issued: Oct.17, 1960	Date Orig. Entry: ----
	Date of Birth: Oct. 13, 1919	Birth Place: Iona, Bingham Co. Idaho	Full Name of Mother: Josephine Young	Name of Father: Lorenzo D. Brown	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing No. 736		By whom issued and signed: Henry J. Bodily, Bishop L.D.S. Church, Bingham	Date Issued: ---	Date Orig. Entry: Blessed Dec. 7, 1919
	Date of Birth: Oct.13, 1919	Birth Place: Iona, Bingham County, Idaho	Full Name of Mother: Josephine Young	Name of Father: Lorenzo D. Brown	
SUPPORTING RECORD 3.	Type of Document: Application for Social Sec. Acc. No. Photo Copy		By whom issued and signed: U. St Treasury	Date Issued: ---	Date Orig. Entry: Oct. 16, 1937
	Date of Birth: Oct. 13, 1919	Birth Place: Iona, Idaho	Full Name of Mother: Josephine Young	Name of Father: Dea Brown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson, S	Shirley Miller	Jan. 22, 1962

FORM BH 56067

(Original - Filed)

JAN 23 1992

551-216-033-334

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Otera Evans			2. Date of Birth (month) (day) (year): 16, July, 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Edward Partington Evans			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Otera Cluff			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay [illegible]		11. Present Address of Registrant: Rt. 1, Box 27, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-29 1962	12. Signature of Notary: Lyle W. Whiting		13. Notary Commission expires: 6-28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

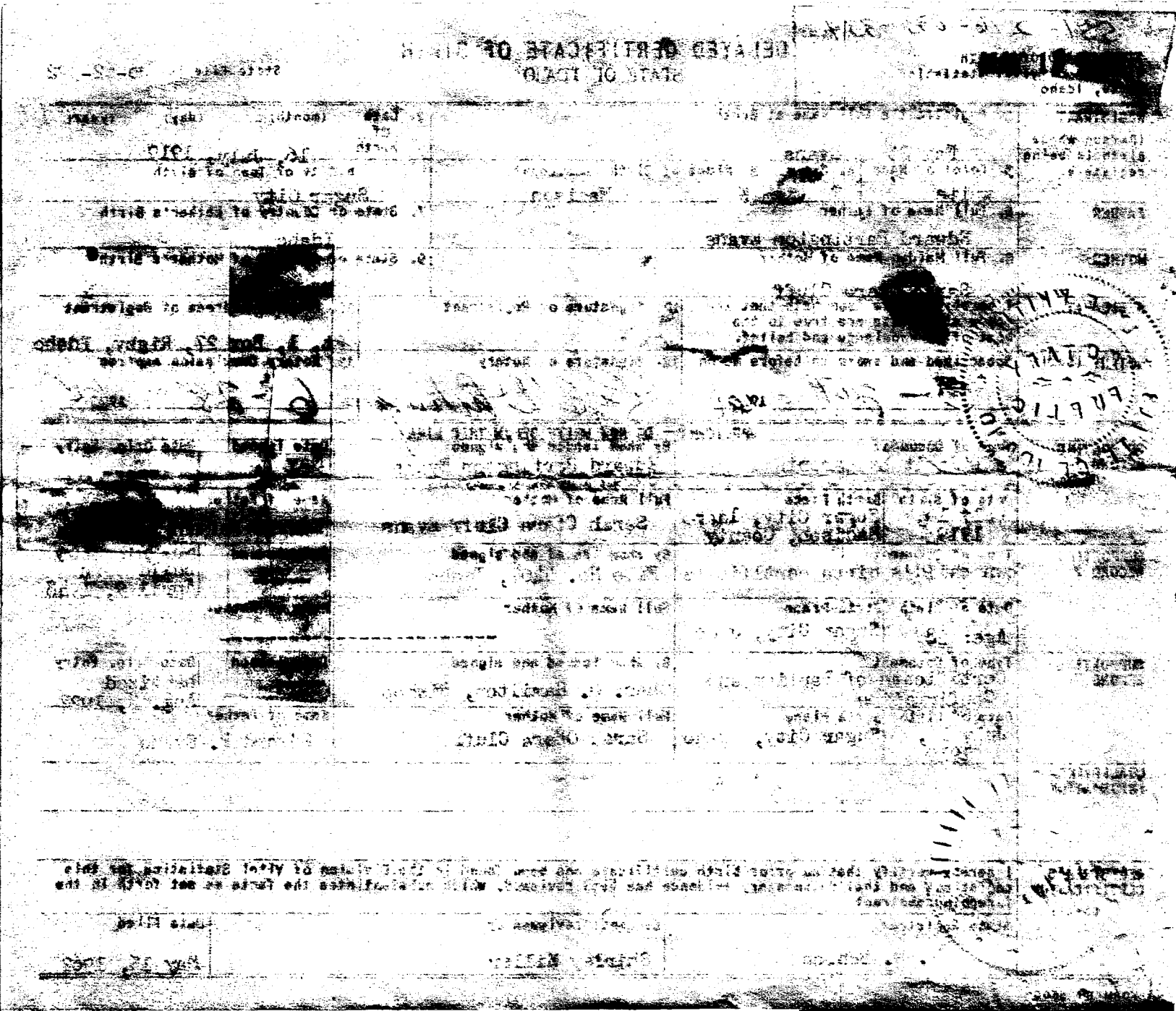
SUPPORTING RECORD 1.	Type of Document: affidavit by parents		By whom issued and signed: Edward Partington Evans, Sarah Otera C. Evans	Date Issued: May 7, 1962	Date Orig. Entry: ———
	Date of Birth: July 16, 1919	Birth Place: Sugar City, Idaho Madison, County	Full Name of Mother: Sarah Otera Cluff Evans	Name of Father: Edward Partington Evans	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 4407, Idaho	Date Issued: ———	Date Orig. Entry: child born April 9, 1948
	Date of Birth: Age: 28	Birth Place: Sugar City, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Chas. O. Hamilton, Bishop	Date Issued: ———	Date Orig. Entry: baptized Aug. 5, 1927
	Date of Birth: July 16, 1919	Birth Place: Sugar City, Idaho	Full Name of Mother: Sarah Otera Cluff	Name of Father: Edward P. Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 15, 1962

FORM BH 56067



155-22-006-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-436

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Jensen.			2. Date Of Birth (month) (day) (year): April 27 1919	
	3. Color or Race: white	4. Sex: Fm	5. Place of Birth: Shelley a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Marion V Jensen.			7. State or Country of Father's Birth: Idaho. Bingham Co.	
MOTHER	8. Full Maiden Name of Mother: Ruth Stoddard.			9. State or Country of Mother's Birth: Idaho Bingham Co	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Jensen		11. Present Address of Registrant: 316 Paul ave - Salinas Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1962	12. Signature of Notary: Virginia D. Gustafson		13. Notary Commission expires: March 20 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding employment record	By whom issued and signed: Harry D. Wise, Factory Manager Kuhlman Electric Company	Date Issued: Feb. 9, 1962	Date Orig. Entry: Jan. 31, 1956
	Date of Birth: April 27, 1919	Birth Place: -------	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Mar. 12, 1962	Date Orig. Entry: Jan 1, 1920
	Date of Birth: Age: 10mos.	Birth Place: Idaho	Full Name of Mother: Ruth Jensen	Name of Father: Vern Jensen
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 409931, Idaho	Date Issued: ---0---	Date Orig. Entry: child born Aug. 6, 1945
	Date of Birth: Age: 26,	Birth Place: Shelley, Idaho	Full Name of Mother: -------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Bangon	Shirley Miller sm	May 31, 1962

FORM BH 56067

1-26-62 1 copy paid

MAY 31 1962

356-209-010-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-540

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Marie Lewis			2. Date of Birth: (month) April (day) 8 (year) 1919	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Idaho a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Robert Lee Lewis			7. State or Country of Father's Birth: Buchannon West Virginia	
MOTHER	8. Full Maiden Name of Mother: Helen Mae Birkett			9. State or Country of Mother's Birth: Manasas Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen L. Copeland	11. Present Address of Registrant: Washington 20, D.C. 2023 -31st Place S E	
NOTARY (Seal)	Subscribed and sworn to before me on: July 5, 1962		12. Signature of Notary: John J. Bayless	13. Notary Commission expires: Feb. 15, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by parents		By whom issued and signed: Robert Lee Lewis, Helen M. Lewis	Date Issued: July 5, 1962	Date Orig. Entry: ------
	Date of Birth: April 8, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Helen M. Lewis	Name of Father: Robert Lee Lewis	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Robert Lee Lewis, Vicar	Date Issued: -----	Date Orig. Entry: baptized Dec. 26, 1919
	Date of Birth: April 8, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Helen M. Lewis	Name of Father: Robert Lee Lewis	
SUPPORTING RECORD 3.	Type of Document: copy of application for employment		By whom issued and signed: John J. Bayless, Business Manager	Date Issued: July 7, 1962	Date Orig. Entry: Oct. 1, 1950
	Date of Birth: April 8, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	July 16, 1962

FORM BH 56067

1 copy paid 6-29-62

JUL 16 1962

DELAYED CERTIFICATE OF BIRTH

Name	Helen Marie Lewis		
Sex	Female	Date of Birth	April
Place of Birth	Idaho	Bonneville	Idaho Falls
Father	Robert Lee Lewis		
Mother	Helen Mae Pickett		Buchannon West Virginia
			Manassas Virginia

Subscribed and sworn to before me on

Notary Public

2029 - 31st Place S.E.
Washington 20, D.C.

JUL 16 1962

1 copy issued 6-29-62

235-20-003-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-753

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: LOUIS CONWAY STEPHENSON
2. Date of Birth: (month) OCTOBER (day) 20 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County BANNOCK; b. City or Town of Birth GRACE

FATHER

6. Full Name of Father: CHARLES FRANCIS STEPHENSON
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: NELLIE RUUD
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louis C. Stephenson
11. Present Address of Registrant: 344 FERN DR. CLEARFIELD, UTAH

NOTARY (Seal)

Subscribed and sworn to before me on: 9 Oct 1962
12. Signature of Notary: Warren G. Allred
13. Notary Commission expires: 1 Oct 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photo copy of Personal Data Sheet from application of emp.	U. S. Civil Service Commissi	on ---	Aug. 14, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.20,1919	Grace, Idaho	Mrs. Nellie Stephenson	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of Honorable Discharge from U.S. Army	Anna Keefe, Clerk of District Court, Pocatello, Idaho	May 16, 1946	inducted April 27, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.20,1919	Grace, Idaho	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of Birth L. D. S. Church	A. Wm. Lund, Ass. Historian of the Church	Oct. 28, 1956	Feb 27, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.20,1919	Bannock County Grace, Idaho	Nellie Ruud	Charles Francis Stephenson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	October 12, 1962

FORM BH 56067 (Revised 4/1962) 9-21-62

OCT 12 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name of Person	2. Sex	3. Place of Birth	4. Date of Birth
5. Full Name of Father		6. City or Town of Birth	
7. Full Maiden Name of Mother		8. State or Country of Father's Birth	
		9. State or Country of Mother's Birth	

10. I certify that the statements made above are true to the best of my knowledge and belief.

11. Signature of Applicant

12. Present Address of Applicant

13. Notary Commission Expires

14. Signature of Affiant

15.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth	Place	Full Name of Mother	Name of Father
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth	Place	Full Name of Mother	Name of Father
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth	Place	Full Name of Mother	Name of Father

16. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the above statement.

Date Filed	Evidence Received by	Registrar
October 12, 1962		

9-21-62

238-229-016-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-754

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Schaub
2. Date Of Birth (month) (day) (year): January 29, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia
   b. City or Town of Birth: Yale

FATHER

6. Full Name of Father: Henry Schaub
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Katherine Schaub
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Schaub Russell
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: October 8th 1962

12. Signature of Notary: [illegible]
13. Notary Commission expires: December 15th 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school census record	Jesse E Shedd, County Superintendent	June 14, 1962	July 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.29,1919	Yale, Idaho	---	Henry Schaub

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Confirmation	Wm. Werner, Pastor	---	confirmed March 25, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.29,1919	--	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license	Robt. A. Barlow, County Judge	---	March 4, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Yale, Idaho	Kathryn Schaub	Henry Schaub

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barlow	sm Shirley Miller	October 12, 1962

FORM BH 56067

OCT 15 1962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

BUREAU OF CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrar's No. (Local Registrar's Use)

2. Date of Birth (Month) (Day) (Year)

3. Child's Name (If not known, so state)

4. Sex

5. Place of Birth (County)

6. Duplicate (Yes or No)

7. Date Filed by Registrar

8. Usual Residence of Parents (State) (County) (City or Town)

9. Color or Race

10. Age of Father (At last birthday)

11. Birthplace of Father (State or Country)

12. Occupation of Father (Kind of work done, even if not employed)

13. Industry or Business in which employed

14. Birthplace of Mother (State or Country)

15. Maiden Name of Mother

16. Age of Mother (At last birthday)

17. Number of Children born to this mother, including present birth

18. Number of these children now living

19. Number of these children now dead

20. Number of other pregnancies of this mother

21. Was mother married to father at time of birth of this child? (Yes or No)

22. Was mother married to father at time of conception of this child? (Yes or No)

23. Was mother married to father at time of birth of any child? (Yes or No)

24. Was mother married to father at time of conception of any child? (Yes or No)

25. Was mother married to father at time of birth of any child? (Yes or No)

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99. Was mother married to father at time of birth of any child? (Yes or No)

100. Was mother married to father at time of conception of any child? (Yes or No)

319-209-001-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-858

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geraldine Laidlaw			2. Date Of Birth (month) 4 (day) 9 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho	
FATHER	6. Full Name of Father: James Laidlaw			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Genevieve Alice Treadgold			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geraldine Laidlaw Pettit		11. Present Address of Registrant: Box 18, Emmett, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 3 1962	12. Signature of Notary: R W Leiby		13. Notary Commission expires: February 3 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.		Date Issued: Nov. 13, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: 8 months	Birth Place: Idaho	Full Name of Mother: Genevieve A. Laidlaw	Name of Father: James Laidlaw	
SUPPORTING RECORD 2.	Type of Document: affidavit by brother, born May 29, 1908	By whom issued and signed: James Alexander Laidlaw		Date Issued: Oct. 3, 1962	Date Orig. Entry: --
	Date of Birth: April 9, 1919	Birth Place: Boise, Idaho	Full Name of Mother: Genevieve A. Treadgold	Name of Father: James Laidlaw	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #379148, Idaho		Date Issued: July 8, 1960	Date Orig. Entry: child born Aug. 27, 1943
	Date of Birth: Age: 24	Birth Place: Boise, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Shirley Miller	Date Filed: November 26, 1962

FORM BH 56067

7-11-60 one copy paid #01753

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 20 1962

DECEASED

555-208-021-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CAROL NEELEY			2. Date Of Birth (month) JAN (day) 8 (year) 1919	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: RIVERDALE FRANKLIN	b. City or Town of Birth: PRESTON IDAHO	
FATHER	6. Full Name of Father: ORVILLE NEELEY			7. State or Country of Father's Birth: FRANKLIN CO. IDAHO	
MOTHER	8. Full Maiden Name of Mother: ALIDA PETERSEN			9. State or Country of Mother's Birth: FRANKLIN CO. IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carol Bennett		11. Present Address of Registrant: 130 E. C. ROBLEY Idaho Falls Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 10 1963	12. Signature of Notary: Dora L. Blackburn		13. Notary Commission expires: August 14 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 374821, Idaho		Date Issued: ----	Date Orig. Entry: child born June 10, 1943
	Date of Birth: Age: 24	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: U.S.A. War Ration Book One. Certificate of Registrar; Franklin Co., Idaho; Local Board 1-61	By whom issued and signed: David W. Smith, Registrar		Date Issued: ---	Date Orig. Entry: May 5, 1942
	Date of Birth: Age: 23	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: D. S. Evans, Bishop		Date Issued: Feb. 9, 1919	Date Orig. Entry: blessed Feb. 9, 1919
	Date of Birth: Jan. 8, 1919	Birth Place: (Riverdale) Preston, Idaho	Full Name of Mother: Alida Peterson	Name of Father: Orville Neeley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: January 14, 1963

FORM BH 56067 (B) 5-28-62 1 Copy Req. #10465. Search made in Franklin Co.

DECEASED

386-203-016-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-127

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Brown Thorpe
2. Date of Birth (month) (day) (year): JAN. 3 1919
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Cassia
   b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Walter Cheever Brown
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maud Knight
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie B. Thorpe
11. Present Address of Registrant: 695 N. 8 E Provo, Utah

NOTARY (Seal) 1/4/66

Subscribed and sworn to before me on: February 4 1963

12. Signature of Notary: Howard H. Gordon
13. Notary Commission expires: January 4 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership	D, B. Thorne, Ward Clerk	June 1, 1927	blessed May 4, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1919	Burley, Idaho	Maud Knight	Walter C. Brown

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding hospital record; Utah Valley Hospital	Orthella S. Felter, M.R.L. of L.D.S. Church	Feb.13,1963	Aug. 27, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1919	---	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by parents	Maud Knight Brown Walter Cheever Brown	Feb. 7, 1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1919	Cassia County Burley, Idaho	Maud Knight Brown	Walter Cheever Brown

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	February 19, 1963

FORM BH 56067

FEB 20 1968

813-20-4003-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-175

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zella Melton Hall		2. Date Of Birth (month) 10 (day) 4 (year) 19	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Leo H. Hall		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Esther Emma Wolverton		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zella Melton ~~Dee~~ Hall	11. Present Address of Registrant: McCammon, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 4th 1963	12. Signature of Notary: Mildred E. Lindenschmitt	13. Notary Commission expires: Oct 25 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: R. J. Hale, Bishop	Date Issued: ----	Date Orig. Entry: blessed Dec. 7, 1919
	Date of Birth: Oct. 4, 1919	Birth Place: McCammon, Idaho	Full Name of Mother: Esther Wolverton	Name of Father: Leo Hall
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State File No. 390539, Idaho	Date Issued: ---	Date Orig. Entry: child born May 2, 1944
	Date of Birth: Age: 24	Birth Place: McCammon, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J. W. Howell, Bishop	Date Issued: ---	Date Orig. Entry: baptized Sept. 1, 1928
	Date of Birth: Oct. 4, 1919	Birth Place: Bannock, County McCammon, Idaho	Full Name of Mother: Esther Wolverton	Name of Father: Deo H. Hall
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	March 7, 1963

FORM BH 56067

MAR 7 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

363-206-0 06-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-300

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBENA LOCKE			2. Date of Birth (month) (day) (year): April 6, 1919
	3. Color or Race: Caucasian	4. Sex: Fe,	5. Place of Birth a. County: Moreland, Bingham, Idaho	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: EDWARD LOCKE			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: AGNES GABLE			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albena Anderson		11. Present Address of Registrant: 3008 So. Oregon St. Seattle.
NOTARY (Seal)	Subscribed and sworn to before me on: March 25, 1963	12. Signature of Notary and for the State Washington. Residing in Seattle: B.D. Wedin		13. Notary Commission expires: Wash. Nov. 30, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records; Records Librarian, Vancouver Memorial Hospital	By whom issued and signed: Jessie Robinson, Medical		Date Issued: Feb.22,1963	Date Orig. Entry: Aug. 9, 1950
	Date of Birth: Age: 31	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Statistics	By whom issued and signed: Bruce Worthington, Clark Co. Auditor		Date Issued: Mar.19,1963	Date Orig. Entry: July 15, 1946
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: Agnes Gable	Name of Father: Ed Locke	
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of page from Family Bible in German	By whom issued and signed: B.D. Wedin, Notary Public		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: April 6, 1919	Birth Place: Moreland, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: sm Shirley Miller		Date Filed: April 19, 1963	

FORM BH 56067 11-2-62. one copy pd. rec. #18506 - search made in Bingham Co.

[redacted]

MAY 1 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTERED NUMBER

1. NAME OF CHILD (First, middle, last) — Use all given names

[redacted]

2. SEX: Female

3. DATE OF BIRTH: April 6, 1929

4. PLACE OF BIRTH: (a) County: Bonneville (b) City or town: Idaho Falls (c) Name of hospital or institution: —

5. MOTHER'S MAIDEN NAME: [redacted]

6. MOTHER'S RESIDENCE: (a) Inside city limits? — (b) Street address: [redacted] (c) City or town: Idaho Falls (d) County: Bonneville (e) State: Idaho

7. MOTHER'S BIRTHPLACE: Wyoming

8. MOTHER'S AGE: [redacted]

9. FATHER'S NAME: [redacted]

10. FATHER'S RESIDENCE: (a) Inside city limits? — (b) Street address: [redacted] (c) City or town: Idaho Falls (d) County: Bonneville (e) State: Idaho

11. FATHER'S BIRTHPLACE: Wyoming

12. FATHER'S AGE: [redacted]

13. INFORMANT: (a) Name: [redacted] (b) Relationship: Mother (c) Mailing address: [redacted]

14. PREPARER: (a) Name: [redacted] (b) Relationship: Mother (c) Mailing address: [redacted]

15. DATE RECEIVED BY LOCAL REGISTRAR: April 29, 1963

16. I hereby certify that the above named child was born alive at the place and time and to the parents named above.

Signature of informant: [redacted]

17. I hereby certify that I attended the birth of the child who was born alive at the time stated above.

Signature of attendant: [redacted]

18. I hereby certify that I have supervised the birth of the child who was born alive at the time stated above.

Signature of attendant: [redacted]

19. If birth occurred without medical attendance, what reasonable efforts were made to obtain the above information?

20. Signature of Local Registrar: [redacted]

21. Date Accepted by Local Registrar: April 29, 1963

22. Remarks:

23. Amendments:

24. Date Filed by State Registrar: May 1, 1963

I hereby certify that the above is a true and correct copy of the certificate of birth filed in this office.

[redacted]

STATE REGISTRAR

Date Issued: May 1, 1963

35-203-033-841

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-371

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Aline Quantrell Leatham
2. Date Of Birth: (month) Oct. (day) 3 (year) 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County ~~Rexburg~~ Herbert, Madison; b. City or Town of Birth: Herbert

FATHER

6. Full Name of Father: Robert Allen Leatham
7. State or Country of Father's Birth: Wellesville Utah U.S.A

MOTHER

8. Full Maiden Name of Mother: Aline Laur Quantrell
9. State or Country of Mother's Birth: Huston, Idaho, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Aline L. Olson
11. Present Address of Registrant: 10781 Flaston St. Culver City, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: DECEMBER 31 1956
12. Signature of Notary: George Harold Hamblin
13. Notary Commission expires: My Commission Expires Nov. 24, 1957 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of Patriarch Blessing	By whom issued and signed: Wm. Leatham, Patriarch	Date Issued: September 13, 1925	Date Orig. Entry
	Date of Birth: Oct.3,1919 / Birth Place: Herbert, Idaho	Full Name of Mother: Aline L. Quantrell	Name of Father: Robert Allen Leatham	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: California State File #14619	Date Issued: May 7,1963	Date Orig. Entry: child born July 17, 1941
	Date of Birth: Age: 21 / Birth Place: Herbert, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Lydia Lindland, R.R.L. Medical Records Librarian	Date Issued: Mar.22,1963	Date Orig. Entry: Nov. 19, 1950
	Date of Birth: Oct.3, 1919 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	May 16, 1963

FORM BH 56067

MAY 16 1963

389-227-026-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-554

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vaudis Chidester
2. Date of Birth (month) (day) (year): Nov. 27 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Mt. View
b. City or Town of Birth: Mt. View, Idaho

FATHER

6. Full Name of Father: Myron Alfonzo Chidester
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lucinda Maud Loveland
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vaudis McCurdy
11. Present Address of Registrant: 15926-92 A Ave. Edmonton, Alta.

NOTARY (Seal)

Subscribed and sworn to before me on July 26 1963

12. Signature of Notary: James A. Lowe
13. Notary Commission expires: Perpetual 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Patriarchal Blessing	Frank B. Woodbury, Patriarch	August 17, 1949	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.27,1919	Mount View, Idaho	Lucinda M. Loveland	Myron A. Chidester

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	S.E.N. Bringhurst	Oct. 10, 1944	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 27,1919	Mount View Record	-----	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of application for life insurance	Kansas City Life Insurance Company	-----	Aug. 26, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.27,1919	Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	August 7, 1963

FORM BH 56067 11-18-59

AUG 15 1963

AUG 05 1980

11-18-52

864-208-006-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-653

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Amelia Young			2. Date Of Birth (month) July (day) 8, (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Angus Young			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Esther Elizabeth Dutton			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda Call		11. Present Address of Registrant: 974 Eloa Idaho Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: 16 September 1963	12. Signature of Notary: Stanley H. Maywood		13. Notary Commission expires: 2-1 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Stanley A. Lawrence, Clerk		Date Issued: ----	Date Orig. Entry: baptized Dec. 31, 1927
	Date of Birth: July 8, 1919	Birth Place: Bingham County Shelley, Idaho	Full Name of Mother: Elizabeth Dutton	Name of Father: Angus Young	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Esther Elizabeth Winder		Date Issued: August 8, 1963	Date Orig. Entry
	Date of Birth: July 8, 1919	Birth Place: Bingham, County Shelley, Idaho	Full Name of Mother: Esther Elizabeth Dutton Young	Name of Father: Angus Young	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: Benjamin Daniel Black, Patriarch		Date Issued: January	Date Orig. Entry: 19, 1936
	Date of Birth: July 8, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: Esther Elizabeth Dutton Young	Name of Father: Angus Young	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: September 19, 1963

FORM BH 56067

SEP 19 1963

DECEASED

813-212-014-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-751

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joyce Virginia Hall
2. Date of Birth: (month) April (day) 12 (year) 1919
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Raymond G. Hall
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Elva B. Harmon
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Harry Goelz Jr. (Mrs. Joyce Hall Goelz)
11. Present Address of Registrant: 2155 Jelden, Salem, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: September 8 1962
12. Signature of Notary: Lee Elmore
13. Notary Commission expires: May 14 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Raymond G. Hall	Date Issued: Sept. 8, 1962	Date Orig. Entry: ---
	Date of Birth: April 12, 1919 / Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: Elva B. Harmon Hall	Name of Father: Raymond G. Hall	
SUPPORTING RECORD 2.	Type of Document: certified copy of voting registration	By whom issued and signed: Carles F. DeLap, Clerk	Date Issued: June 3, 1955	Date Orig. Entry: April 13, 1950
	Date of Birth: April 12, 1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: Elva B. Harmon	Name of Father: Raymond G. Hall	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record; Portland Public Schools	By whom issued and signed: Mrs. Helen Coffey, Sec. Dept. of Child Services	Date Issued: Oct. 16, 1963	Date Orig. Entry: 1926-1927
	Date of Birth: April 12, 1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: Elva B. Hall	Name of Father: Raymond G. Hall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	October 24, 1963

FORM BH 56067

2- copies paid 5-29-62

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719-208-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF ~~BIRTH~~
STATE OF IDAHO

State File No. De-63-852

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Parks		2. Date Of Birth (month) Oct (day) 8th (year) 1919	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County Bonneville Idaho	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Houston Hubert Parks		7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Mary Edna Connell		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen Parks	11. Present Address of Registrant: 11410 Jackson St Castroville Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 17th 1963	12. Signature of Notary: C. R. Phillips	13. Notary Commission expires: 12/8/1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File No. 303885	Date Issued: ----	Date Orig. Entry: child born Nov. 28, 1940
	Date of Birth: Age: 21 / Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Edna Connell Parks	Date Issued: June 11, 1963	Date Orig. Entry
	Date of Birth: Oct.8,1919 / Birth Place: Bonneville County Iona, Idaho	Full Name of Mother: Mary Edna Connell Parks	Name of Father: Houston Hubert Parks	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: Oct.8,1919 / Birth Place: Iona, Idaho	Full Name of Mother: Mary Edna Parks	Name of Father: Houston H. Parks	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	December 9, 1963

FORM BH 56067

DEC 10 1963

691-227022-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Franz			2. Date Of Birth (month) Oct. (day) 27 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Drummond / Fremont	b. City or Town of Birth: Drummond, Idaho	
FATHER	6. Full Name of Father: Max A. Franz			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Charlotte Louis			9. State or Country of Mother's Birth: Indiana, USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian Franz		11. Present Address of Registrant: Idaho Falls, Idaho 465 3rd. St.	
NOTARY (Seal)	Subscribed and sworn to before me on January 2 1964	12. Signature of Notary: John Tenbeaven		13. Notary Commission expires: NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 9-1-65 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Great Northwest Life Insurance Company		Date Issued: April 21, 1945	Date Orig. Entry
	Date of Birth: Oct.27,1919	Birth Place: Fremont County, Drummond, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Charlotte Louis Franz		Date Issued: January 2, 1964	Date Orig. Entry
	Date of Birth: Oct.27,1919	Birth Place: Drummond, Idaho	Full Name of Mother: Charlotte Louis	Name of Father: Max A. Franz	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for social security account No.	By whom issued and signed: U.S. Treasury Department		Date Issued: October 27, 1948	Date Orig. Entry
	Date of Birth: Oct.27,1919	Birth Place: Fremont County Drummond, Idaho	Full Name of Mother: Charlotte Louis	Name of Father: Max A. Franz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: January 7, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 14 1964

818729-003-892

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-009

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Nathan Hayes
2. Date Of Birth: (month) June (day) 29 (year) 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County [redacted] Bannock; b. City or Town of Birth: Inkom

FATHER

6. Full Name of Father: John Arthur Hayes
7. State or Country of Father's Birth: Georgia

MOTHER

8. Full Maiden Name of Mother: [redacted] Myrtle Hibbert
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas N. Hayes
11. Present Address of Registrant: 517 Bruce Ave

NOTARY (Seal)

Subscribed and sworn to before me on Oct 17 1963

12. Signature of Notary: Ira E. Wilson
13. Notary Commission expires: IRA E. WILSON 19 — My Commission Expires Aug. 19, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of honorable discharge from U.S. Army	M. E. Hoft, 1st Lt. AG	Dec. 7, 1945	Inducted Mar. 30, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1919	Inkhom, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Certificate of Registry of Marriage	R. G. Waring, Co. Recorder	Oct. 16, 1963	Nov. 8, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Idaho	Myrtle Hibbert	John Arthur Hayes

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt: born 1901	Ivy Hibbert Buchanan	December 1, 1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1919	Inkom, Idaho	Myrtle Hibbert Hayes	John Arthur Hayes

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	January 8, 1964

FORM BH 56067

9-7-61

JAN 0 1960

DEC 1 1972

JUN 15 1976

313-216-015-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-132

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivianne Lallatin			2. Date of Birth (month) May (day) 16 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Springs Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Christopher Alfred Lallatin			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Agnes Mark McLean Lallatin			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivianne Buckley		11. Present Address of Registrant: 1812 Lake St. Pullman, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on 27th February 1964	12. Signature of Notary: C. A. Dehle		13. Notary Commission expires: Feb 10 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 413636	Date Issued: Amended Feb. 18, 1964	Date Orig. Entry: child born June 8, 1945
	Date of Birth: Age: 26	Birth Place: Soda Springs, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister; born: 1905	By whom issued and signed: Janet McConkie	Date Issued: February 13, 1964	Date Orig. Entry
	Date of Birth: May 16, 1919	Birth Place: Soda Springs, Idaho	Full Name of Mother: Agnes McLean	Name of Father: Christopher A. Lallatin
SUPPORTING RECORD 3.	Type of Document: Photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: Kenneth Balls, Clerk	Date Issued: Aug. 7, 1927	Date Orig. Entry: baptized Aug. 6, 1927
	Date of Birth: May 16, 1919	Birth Place: Caribou County Soda Springs, Idaho	Full Name of Mother: Agnes McLean	Name of Father: C. A. Lallatin
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	February 26, 1964

FORM BH 56067 (B) 2-7-64. nm searched 2-7-64 in Caribou County.

FEB 26 1984

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DECEASED

231-226-007-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-172

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Luella Stanfield.
2. Date of Birth (month) (day) (year): Aug. 26 1919
3. Color or Race:
4. Sex: Female
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Gannett, Idaho.

FATHER

6. Full Name of Father: William Henry Stanfield
7. State or Country of Father's Birth: Idaho.

MOTHER

8. Full Maiden Name of Mother: Luella Bates
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma L. Mitchell
11. Present Address of Registrant: 27 Jan - Box 1034 - McCall, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: FEBRUARY 25, 1964
12. Signature of Notary: Bobby L. Jenkins
13. Notary Commission expires: 1-21-1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school record	Homer D. Williams, Superintendent; Class A School Dist. 61	Feb. 17, 1964	Sept. 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1919	----	----	William H. Stanfield

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	William H. Stanfield, Bishop	----	blessed Oct. 5, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1919	Gannett, Idaho	Luella Bates	Wm. H. Stanfield

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	Nevada State File #53-000729	Sept. 13, 1955	child born Feb. 8, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 33	Gannett, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	sm Shirley Miller	March 9, 1964

FORM BH 56067

Mitchell

MAR 0 1954

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

298-102-035-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-281

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jess Robert Bryant
2. Date Of Birth: (month) April (day) 2 (year) 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Nezperce
   b. City or Town of Birth: NEZPerce

FATHER

6. Full Name of Father: Clifford Bryant
7. State or Country of Father's Birth: we don't know

MOTHER

8. Full Maiden Name of Mother: Naomi (Powell) Bryant
9. State or Country of Mother's Birth: we don't know

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert J. Bryant
11. Present Address of Registrant: Rt 2, Box 1100 - Coos Bay, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: March 12 1964

12. Signature of Notary: Marie Houston
13. Notary Commission expires: July 31 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	Cecil A. Bone, County Judge	September 16, 1944	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement from Children's Home in Oregon	Orville Garrison, Chairman Adoption Division	Mar. 10, 1964	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 2, 1919	Nezperce, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle; born 1908	James D. Powell	April 2, 1964	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 2, 1919	Nezperce, Idaho	Naomi Powell	Clifford Bryant

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	April 15, 1964

FORM BH 56067

8-27-62

APR 17 1964

U2P 391-210-042-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Elizabeth Crawford			2. Date of Birth (month) June (day) 10 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Edward H. Crawford			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Nellie May Tedford Crawford			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Josephine Vanzante		11. Present Address of Registrant: Route 2 Twin Falls Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother 68yrs	By whom issued and signed: Nellie Crawford Evans	Date Issued: 1964 Feb. 6	Date Orig. Entry: ------
	Date of Birth: June 10 1919	Birth Place: Twin Falls, Ids.	Full Name of Mother: Nellie Tedford Crawford	Name of Father: Edward H. Crawford
SUPPORTING RECORD 2.	Type of Document: Childs own birth certificate	By whom issued and signed: on file with state of Idaho # 427465	Date Issued: ------	Date Orig. Entry: child born Oct.30,1946
	Date of Birth: Age27	Birth Place: Twin Falls, Ida.	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: American Nat'l Ins. Co. Ins. Policy	By whom issued and signed: W. L. Moody, Jr. President	Date Issued: Oct. 26, 1942	Date Orig. Entry: Oct. 12 1942
	Date of Birth: June 10 1919	Birth Place: Twin Falls, Ida.	Full Name of Mother: ----------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 12, 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 64-422

1. Name	Josephine Elizabeth Crawford	2. Date of birth: Month, Day, Year: June 10, 1919
3. Sex	Female	4. Place of birth (County): Twin Falls
5. Color or race	White	6. City or town of birth: Twin Falls
7. Name of father	Edward H. Crawford	8. State or country of father's birth: Illinois
9. Maiden name of mother	Nellie May Tedford Crawford	10. State or country of mother's birth: Illinois
11. Informant		12. Present address of informant
13. Signature of informant		14. Notary Commission expires
15. Signature of Notary		16.

17. Affidavit by mother Edyth Nellie Crawford Evans

18. Date signed: Feb. 6, 1950

19. Child's own birth certificate on file with State of Idaho # 427455

20. Date issued: Oct. 30, 1946

21. Name and address of attending physician or midwife: W. L. Moody, Jr. President

22. Date signed: Oct. 12, 1942

23. Name and address of informant: Twin Falls, Ida.

24. Date signed: June 10, 1919

25. Name and address of person making this report: American Nat'l Ins. Co. Ins. Policy

26. Date received: Oct. 26, 1942

27. Registrar's number:

28. Date registered:

29. Signature of local registrar: W. W. Denson

30. Date signed: June 12, 1950

31. Remarks: Florence Curtright

32. Date received in State Office:

33. Amended certificate: Applicant has been duly sworn and the statements made by her in connection with the foregoing application are true and correct to the best of her knowledge and belief.

34. Date filed in State Office:

D-26-62

632-203-022-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-467

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERNIECE BLANCHE OLSEN
2. Date of Birth: (month) July (day) 3 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County FREMONT; b. City or Town of Birth SALEM

FATHER

6. Full Name of Father: JAMES ERVIN OLSEN
7. State or Country of Father's Birth: IDAHO U.S.A.

MOTHER

8. Full Maiden Name of Mother: GLADYS ALMINIA ALLEN
9. State or Country of Mother's Birth: IDAHO U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Berniece Blanche Olsen Yorba
11. Present Address of Registrant: 1058 Bingham Ave Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 15 1967

12. Signature of Notary: O. H. Dennis
13. Notary Commission expires: Sept. 1 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church certificate of membership	LDS Church, Ella D. Jack, custodian of records.	March 5, 1962	Sept. 7, 1919
	Date of Birth: July 3,1919 / Birth Place: Salem, Idaho	Full Name of Mother: Gladys Allen	Name of Father: James Irvin Olsen	
SUPPORTING RECORD 2.	Affidavit by mother	Gladys Alminia Olsen-Larsen	May 12,1964	---
	Date of Birth: July 3,1919 / Birth Place: Salem, Idaho Fremont County	Full Name of Mother: Gladys Alminia Allen, Olsen, Larsen	Name of Father: James Ervin Olsen	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #273013	---	child born October 27, 1938
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 29, 1964

FORM BH 56067 5-10-61

DECEASED

391-212-023-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-550

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruthe Jane Cramer
2. Date of Birth: (month) 2 (day) 12 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Idaho; b. City or Town of Birth Ola

FATHER

6. Full Name of Father: Leroy Georg Cramer
7. State or Country of Father's Birth: Boise Co. Idaho

MOTHER

8. Full Maiden Name of Mother: Leah Pearl Seavey
9. State or Country of Mother's Birth: Gonway Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruthe Clark
11. Present Address of Registrant: Box 236 Philomath Oregon

NOTARY (Seal)

Subscribed and sworn to before me on August 4 1964

12. Signature of Notary: [illegible] Notary Public for Oregon
13. Notary Commission expires: 8/24/1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin	By whom issued and signed: Janie Gross Kimball	Date Issued: July 23, 1964	Date Orig. Entry: ----	
	Date of Birth: Feb. 12, 1919	Birth Place: Ola, Idaho	Full Name of Mother: Leah Pearl Seavey	Name of Father: Leroy George Cramer	
SUPPORTING RECORD 2.	Type of Document: Certified copy of return of marriage	By whom issued and signed: Lane County, Oregon, Ina Randolph, county clerk	Date Issued: Aug. 3, 1964	Date Orig. Entry: July 17, 1937	
	Date of Birth: Age 18	Birth Place: Ola, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #11722	By whom issued and signed: Multnomah County, Oregon Vital Statistics	Date Issued: May 8, 1963	Date Orig. Entry: child born Nov. 15, 1946	
	Date of Birth: Age 27	Birth Place: Ola, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 7, 1964

FORM BH 56067

7-10-64

AUG 10 1964

695-22-1026-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-551

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delsie Faun [redacted] Winder		2. Date Of Birth (month) (day) (year): Oct. 28 - 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Garfield Idaho Jefferson	b. City or Town of Birth: Garfield, Idaho
FATHER	6. Full Name of Father: Franklin Daniel Winder		7. State or Country of Father's Birth: [redacted] Utah County	
MOTHER	8. Full Maiden Name of Mother: Esther Ella Croft.		9. State or Country of Mother's Birth: Basalt, Idaho Bingham Co	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delsie Faun Hammon	11. Present Address of Registrant: Rt #3 Box 284	
NOTARY (Seal)	Subscribed and sworn to before me on: August 4th 1965	12. Signature of Notary: Madon Meeks	13. Notary Commission expires: Dec 18 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Franklin Daniel Winder and Ella Esther Croft	Date Issued: Aug. 4, 1964	Date Orig. Entry: ---
	Date of Birth: Oct. 28, 1919	Birth Place: Garfield, Idaho	Full Name of Mother: Ella Esther Croft	Name of Father: Franklin Daniel Winder
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #286866	Date Issued: ---	Date Orig. Entry: child born Oct. 28, 1939
	Date of Birth: Age 20	Birth Place: Garfield, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy #475260 M1	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: Mar. 1, 1942	Date Orig. Entry: ---
	Date of Birth: age next birthday 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 7, 1964

FORM BH 56067 1 copy paid rec. #1857 7-30-64 (H)

Hammond

AUG 7 1964

134-115-030-127

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-577

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen James Alder			2. Date of Birth: June 15 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May	
FATHER	6. Full Name of Father: Alonzo George Alder			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Caroline Abplanalp			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen James Alder		11. Present Address of Registrant: 2234 North Spruce Santa Ana, California	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 19 64	12. Signature of Notary: Frederick Hughes Smoke		13. Notary Commission expires: October 1 19 67	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 62	By whom issued and signed: Lottie E. Prosser		Date Issued: July 28, 1964	Date Orig. Entry: ---
	Date of Birth: June 15, 1919	Birth Place: May, Idaho	Full Name of Mother: Caroline Alder	Name of Father: Alonzo George Alder	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge papers	By whom issued and signed: United States Navy		Date Issued: Aug. 10, 1947	Date Orig. Entry: Aug. 24, 1944
	Date of Birth: June 15, 1919	Birth Place: May, Lemhi, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage License and Cert.	By whom issued and signed: On file Idaho #49-21844		Date Issued: ---	Date Orig. Entry: Dec. 14, 1949
	Date of Birth: Age 30	Birth Place: May, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 18, 1964

FORM BH 56067

4-19-61 1 copy paid #14895

AUG 18 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF FLORIDA

385-202-026-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-616

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Esther Livermore			2. Date Of Birth (month) (day) (year): November 22nd 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Menan, Idaho Jefferson	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Stephen A. Livermore			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Streeter			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Esther Livermore Peterson		11. Present Address of Registrant: route 2, Omaha 42, Nebr.
NOTARY (Seal)	Subscribed and sworn to before me on: August 14th 1964	12. Signature of Notary: H E [illegible]		13. Notary Commission expires: Feb 7th 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Lewisville Ward, Herbert J. Morris, Ward Clerk	Date Issued: July 7,1928	Date Orig. Entry: baptized June 30,1928	
	Date of Birth: Nov. 22, 1919	Birth Place: Menan, Jefferson County, Idaho	Full Name of Mother: Alice G. Streeter	Name of Father: Stephen J. Livermore	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Alice G. Switzer	Date Issued: Aug. 10, 1964	Date Orig. Entry: ---	
	Date of Birth: Nov. 22, 1919	Birth Place: Menan, Idaho	Full Name of Mother: Alice G. Livermore Switzer	Name of Father: Stephen A. Livermore	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Menan Ward, Rigby Stake, E.J. Lewis, Clerk	Date Issued: ---	Date Orig. Entry: blessed Oct. 3, 1920	
	Date of Birth: Nov. 22, 1919	Birth Place: Menan, Idaho	Full Name of Mother: Alice G. Streeter	Name of Father: Stephen J. Livermore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 10, 1964

FORM BH 56067

switzer

SEP 11 1984

719-208-036-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-639

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Louise Parson
2. Date Of Birth (month) (day) (year): September 8, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Oneida
b. City or Town of Birth: Cedar Hill

FATHER

6. Full Name of Father: Frank Parson
7. State or Country of Father's Birth: Boston, Massachusetts

MOTHER

8. Full Maiden Name of Mother: Bessie Cecil Jamison
9. State or Country of Mother's Birth: Genesee, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Louise Chapman
11. Present Address of Registrant: Route #3 Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 18 1964
12. Signature of Notary: Jay A Stout
13. Notary Commission expires: 5-27 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Bessie Morse	August 18, 1964	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 8, 1919 / Cedar Hill, Oneida County, Idaho	Bessie Cecil Jamison Parson	Frank Parson	
SUPPORTING RECORD 2.	Insurance Policy #34317	Idaho Mutual Benefit Association, Boise, Idaho	May 22, 1956	May 18, 1956
	Sept. 8, 1919 / Cedar Hill, Idaho	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #266365	---	child born Apr. 22, 1938
	Age 18 / Cedar Hill, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 22, 1964

FORM BH 56067

SEP 23 1964

253-203-040-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-725

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL HENRIETTA BELLINGER			2. Date Of Birth (month) January (day) 3 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Shoshone	b. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: Guy Bellinger			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Pearl Ettia Williams			9. State or Country of Mother's Birth: Joplin, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Henrietta Wickham		11. Present Address of Registrant: 3825 So. 2520 West Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 1964	12. Signature of Notary: J. Catherine Westmark		13. Notary Commission expires: February 26 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Pearl Ettia Collis		Date Issued: May 23,1962	Date Orig. Entry: -----
	Date of Birth: Jan.3,1919	Birth Place: Kellogg, Shoshone County, Idaho	Full Name of Mother: Pearl Ettia Williams	Name of Father: Guy Bellinger	
SUPPORTING RECORD 2.	Type of Document: Transcript of school record	By whom issued and signed: Roberta Showalter, Registrar Nampa Senior High School		Date Issued: -----	Date Orig. Entry: Sept. 1933
	Date of Birth: Jan.3,1919	Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Mercy Hospital, Nampa, Idaho Bernice L. Blakeslee, Med.Sec.		Date Issued: July 25, 1962	Date Orig. Entry: Nov. 24, 1950
	Date of Birth: Age 31	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 23, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD (First, Middle, Last)		2. SEX	3. DATE OF BIRTH (Month, Day, Year)
FRANCES HENRIETTA BELLINGER		Female	January 3, 1919
4. PLACE OF BIRTH (City, County)		5. NAME OF FATHER	
Idaho Idaho	Bonaforne	Guy Bellinger	
6. BIRTHPLACE OF FATHER (State or Country)		7. MAIDEN NAME OF MOTHER	
Pennsylvania		Pearl Berta Williams	
8. BIRTHPLACE OF MOTHER (State or Country)		9. RESIDENCE OF PARENTS (City, State)	
Joplin, Missouri		Kellogg	
10. NAME AND ADDRESS OF INFORMANT		11. SIGNATURE OF INFORMANT	
Pearl Berta Bellinger Kellogg Idaho		Pearl Berta Bellinger	
12. DATE RECEIVED BY LOCAL REGISTRAR		13. SIGNATURE OF LOCAL REGISTRAR	
Feb. 25, 1919		Frances Larson	

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this registration, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered: Feb. 25, 1919

Evidence reviewed by: Frances Larson

DECEASED

213-118-037-039

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-817

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyman Carroll Salisbury		2. Date of Birth (month) (day) (year): February 18 1919
	3. Color or Race: white	4. Sex: M.	5. Place of Birth a. County: Owyhee
			b. City or Town of Birth: Homedale
FATHER	6. Full Name of Father: Arthur Grant Salisbury		7. State or Country of Father's Birth: South Dakota- Spink Co.
MOTHER	8. Full Maiden Name of Mother: Mable Claire Stites		9. State or Country of Mother's Birth: Colorado- Mesa Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyman Carroll Salisbury	11. Present Address of Registrant: Box 145, Kalama, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 2 1964.	12. Signature of Notary: Frank Jaeger	13. Notary Commission expires: 3/17/1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: Otero County, Colorado	Date Issued: ----	Date Orig. Entry: child born Aug. 9, 1950
	Date of Birth: Age 31	Birth Place: Homedale, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of registration of voters		By whom issued and signed: State of New Mexico, San Juan County, Farmington precinct	Date Issued: -----	Date Orig. Entry: Feb. 10, 1956
	Date of Birth: Feb. 18, 1919	Birth Place: Owyhee County, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Bible record notarized		By whom issued and signed: family records Frank Jaeger, Notary Public	Date Issued: Nov. 9, 1964	Date Orig. Entry: obviously old
	Date of Birth: Feb. 18, 1919	Birth Place: -----	Full Name of Mother: Mabel C. Stites	Name of Father: Arthur G. Salisbury	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 15, 1964

FORM BH 56067

DEC 15 1964

Salisbury

759-208-042-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-824

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Isabell Pershall			2. Date Of Birth (month) April (day) 8 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town: Grossy Hill	Post Office: Roderson — Twin Falls County
FATHER	6. Full Name of Father: Claire Bladgett Pershall			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Esther Mae Weir			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy I. Pershall Huddleston		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: August 31, 1964	12. Signature of Notary: Martin G. Hillard		13. Notary Commission expires: July 3, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #53-028118	By whom issued and signed: State of Missouri		Date Issued: ---	Date Orig. Entry: child born May 11, 1953
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Claire Pershall and Esther Weir Pershall		Date Issued: Nov. 8, 1963	Date Orig. Entry: ---
	Date of Birth: April 8, 1919	Birth Place: Grossy Hill, Twin Falls Co., Idaho	Full Name of Mother: Esther Mae Weir		Name of Father: Claire Pershall
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: King County, Washington County Auditor		Date Issued: Sept. 31, 1964	Date Orig. Entry: Aug. 24, 1942
	Date of Birth: Age 23	Birth Place: Roderson, Idaho	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Dec. 17, 1964

FORM BH 56067

DEC 17 1964

168-120-006-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OWEN JUSTIN JOHNSON			2. Date of Birth (month) APRIL (day) 20 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Shelley a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: ALVIN LEVI JOHNSON			7. State or Country of Father's Birth: Goshen, Bingham, Idaho
MOTHER	8. Full Maiden Name of Mother: RESI CHIPMAN			9. State or Country of Mother's Birth: Centerville, Davis, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 19 64	12. Signature of Notary: [signature]		13. Notary Commission expires: February 26 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife Age 63		By whom issued and signed: Emliy Chipman	Date Issued: Dec. 30, 1964	Date Orig. Entry: -----
	Date of Birth: April 20, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: Resi Chipman Johnson	Name of Father: Alvin Levi Johnson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: -----	Date Orig. Entry: April 27, 1945
	Date of Birth: April 20, 1919	Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #430048	Date Issued: -----	Date Orig. Entry: child born Dec. 8, 1946
	Date of Birth: Age 27	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 7, 1965

FORM BH 56067

JAN 13 1965

449-203-022-814

(Be sure the information is complete and accurate)

State File No. De 65-010

JAN 12 1965

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parnum

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parnum

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Martha b. (Middle): Lucile c. (Last): Murdock

4. SEX: Female

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: (Month) Oct (Day) 3 (Year) 1919

FATHER OF CHILD

7. FULL NAME a. (First): Brigham b. (Middle): c. (Last): Murdock

8. COLOR OR RACE: white

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Weber City, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Martha b. (Middle): Luann c. (Last): Hammon

13. COLOR OR RACE: white

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): South Hooper, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Martha Luann Murdock (Mother)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: B. L. Sargis

18c. ADDRESS: Ashton Idaho

18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☐ OTHER (Specify)

18d. DATE SIGNED: Nov 10 1965

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS

22b. WEIGHT AT BIRTH LBS. OZS.

23. Was a standard serological test for syphilis performed? YES ☐ NO ☐

Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: DELAYED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

215-107-003-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-059

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carlmain Banks.		2. Date Of Birth (month) (day) (year): October 7 1919
	3. Color or Race: White.	4. Sex: Male.	5. Place of Birth a. County: Downey Idaho. b. City or Town of Birth: Downey Idaho.
FATHER	6. Full Name of Father: Wiley Banks.		7. State or Country of Father's Birth: Sharpe Co. Arkansas.
MOTHER	8. Full Maiden Name of Mother: Parthena Wheat.		9. State or Country of Mother's Birth: Clay Co. Arkansas.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carlmain Banks	11. Present Address of Registrant: 327 Orchard Ave. Salt Lake City Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1965	12. Signature of Notary: Rae B. Sheffield	13. Notary Commission expires: January 20 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church 28th Ward, Salt Lake Stake, Lester J. Lees, Clerk	Date Issued: ----	Date Orig. Entry: baptized Dec. 6, 1930	
	Date of Birth: Oct.7,1919	Birth Place: Downey, Idaho	Full Name of Mother: Parthena Wheat	Name of Father: Wiley Banks	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 62	By whom issued and signed: Charles M. Wheat	Date Issued: Jan.18,1965	Date Orig. Entry: -----	
	Date of Birth: Oct.7,1919	Birth Place: Downey, Idaho	Full Name of Mother: Parthena Wheat Banks	Name of Father: Wiley Banks	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: Army of the United States	Date Issued: Oct.24,1945 discharged	Date Orig. Entry: inducted Oct.14,1941	
	Date of Birth: Oct.7,1919	Birth Place: Downey, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 21, 1965

FORM BH 56067

1 cp. pd rec. #7992

1-8

Barbee

JAN 21 1986

219-216-007-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De65-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIAN BEATRICE BARKER			2. Date of Birth (month) (day) (year): Nov. 16 1919
	3. Color or Race: WHITE	4. Sex: F.	5. Place of Birth a. County: BELLEVUE-IDA-BLAINE	b. City or Town of Birth: BELLEVUE IDAHO
FATHER	6. Full Name of Father: BENJAM HIRAM BARKER			7. State or Country of Father's Birth: PAYSON UTAH
MOTHER	8. Full Maiden Name of Mother: MINNIE ROSETTA MALMQUIST			9. State or Country of Mother's Birth: SIGURD UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lillian B. Wright	11. Present Address of Registrant: Bellevue, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1963		12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Jan. 26, 1965 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Kansas City Ins. Policy	By whom issued and signed: C. N. Sears, Secretary	Date Issued: Aug. 20 1942	Date Orig. Entry: July 9 1940
	Date of Birth: Nov. 16 1919	Birth Place: Bellevue, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church Amos B. Jacklin, Clerk	Date Issued:	Date Orig. Entry: Dec. 7, 1919 Blessed
	Date of Birth: Nov. 16, 1919	Birth Place: Bellevue, Idaho	Full Name of Mother: Minnie Malmquist	Name of Father: Benjamin H. Barker
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 385095	Date Issued: ------	Date Orig. Entry: child born Jan. 16, 1944
	Date of Birth: Age 24	Birth Place: Bellevue, Idaho	Full Name of Mother: ---------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 22, 1965

FORM BH 56067

Wright

MAR 23 1965

863-22 1005-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-314

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Elaine Holm
2. Date of Birth: (month) 10 (day) 22 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County House located in Benewah County Idaho
   b. City or Town of Birth: mailing address - Tekoa, Washington

FATHER

6. Full Name of Father: Joseph Holm
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Verdie Eunice Lindley
9. State or Country of Mother's Birth: Wash.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Elaine Holm Self
11. Present Address of Registrant: Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on March 8 19 65

12. Signature of Notary: Bernice Louselle
13. Notary Commission expires: January 31 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #5354	Royal Neighbors of America	Feb.12,1936	Jan. 17, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1919	Benewah County, Idaho	Verdie E. Holm	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Verdie E. Holm	May 5,1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1919	Benewah County	Verdie Eunice Holm	Joseph Holm

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school records Post Falls High School	Post Falls School Dist #273 L. J. Lanter, Principal	Apr.23,1965	graduated May 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1919	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	May 20, 1965

FORM BH 56067

Holm

MAY 20 1985

255-208-030-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-318

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GOLDIE ALICE BENNETT
2. Date Of Birth: (month) July (day) 8 (year) 1919
3. Color or Race: White
4. Sex: Fe
5. Place of Birth: a. County: LEMHI Co. b. City or Town of Birth: LEMHI, IDAHO

FATHER

6. Full Name of Father: GORTON NELSON BENNETT
7. State or Country of Father's Birth: JEFFERSON Co. Idaho

MOTHER

8. Full Maiden Name of Mother: DONNA BERGER
9. State or Country of Mother's Birth: MILVILLE, CACHE Co, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Bennett Hutchins
11. Present Address of Registrant: 1210 HIGHLAND Dr. YUBA City Calif.

NOTARY (Seal) Subscribed and sworn to before me on April 19 1965

12. Signature of Notary: A. B. RELLEY
NOTARY PUBLIC-CALIFORNIA
COUNTY OF YUBA

13. Notary Commission expires: August 10 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Donna Bennett	Apr.2,1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 8,1919	Lemhi, Lemhi County, Idaho	Donna Bennett	Gorton Nelson Bennett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	Sutter County, California Geraldine Hall, County recorder	Mar.9,1965	child born Jan. 27, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22	Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license and certificate	Yuba County, California Mildred Tapley, Recorder	Mar.12,1965	Aug.13,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 20	Idaho	Donna Berger	Gordon Nelson Bennett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 24, 1965

FORM BH 56067

115-205-014-617

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-327

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN IRENE JANES		2. Date of Birth (month) August (day) 5, (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caldwell, Idaho
			b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: HERBERT WALTER JANES		7. State or Country of Father's Birth: Bowdle, South Dakota
MOTHER	8. Full Maiden Name of Mother: LOUISE HELEN FALK		9. State or Country of Mother's Birth: Milwaukee, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Irene Janes	11. Present Address of Registrant: 4209 N. E. Laurelhurst Place, Portland, Oregon 97213
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1965	12. Signature of Notary: Mrs. Betty J. Foden	13. Notary Commission expires: Apr. 13 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Veterans Administration Hospital, Vancouver, Wash.	Date Issued: Apr.13,1965	Date Orig. Entry: Apr.5,1948
	Date of Birth: Aug.5,1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: Mrs. Herbert Walter Janes	Name of Father: Mr. Herbert Walter Janes	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Business Men's Assurance Co. of America	Date Issued: ------	Date Orig. Entry: Aug.10,1945
	Date of Birth: Aug.5,1919 / Birth Place: Idaho	Full Name of Mother: Louise Helen Janes	Name of Father: Herbert Walter Janes	
SUPPORTING RECORD 3.	Type of Document: photocopy of transcript of school records	By whom issued and signed: University of Oregon Medical School, Portland Oregon	Date Issued: -----	Date Orig. Entry: Jan.2, 1951
	Date of Birth: Aug.5,1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barson	Glenda Larson	May 25, 1965

FORM BH 56067

4-5-65

MAY 25 1965

DELAYED

dup of 1919-70777

799-202-010 - 763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jose Lee Priest		2. Date Of Birth (month) (day) (year): May 2nd., 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ida Fall Ida Bonneville; b. City or Town of Birth: Idaho Falls Idaho
FATHER	6. Full Name of Father: William Oscar Priest		7. State or Country of Father's Birth: Uintah, Utah
MOTHER	8. Full Maiden Name of Mother: Emma Jane Polson		9. State or Country of Mother's Birth: Heber City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jose Lee Hopkins	11. Present Address of Registrant: 715 Birch Street
NOTARY (Seal)	Subscribed and sworn to before me on: April 3rd., 1965	12. Signature of Notary: Wm La Fisher	13. Notary Commission expires: Sept. 23rd., 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #334105	Date Issued: -----	Date Orig. Entry: child born Jan.3,1942	
	Date of Birth: Age 22	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #249398	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Feb.22,1944	Date Orig. Entry: Feb.2,1944	
	Date of Birth: May 2, 1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Pocatello 3rd Ward, Book 3 line 95	Date Issued: Dec.9,1928	Date Orig. Entry: baptized Dec. 9, 1928	
	Date of Birth: May 2,1919	Birth Place: Idaho Falls,Idaho Bonneville County	Full Name of Mother: Emma Jane Polson	Name of Father: Wm. Oscar Priest	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 7, 1965

FORM BH 56067

(H) 3-18-65. one copy pd. rec. #11539.

Hopkins

JUN 7 1965

432-205-043-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Lucina McBride		2. Date of Birth (month) August (day) 5, (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley Co.	b. City or Town of Birth: Norwood
FATHER	6. Full Name of Father: Joseph Cornelius McBride		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Grace Hunter Johnson		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret L. Fortin	11. Present Address of Registrant: Route 1, Nampa, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Alice M. Hawley	Date Issued: June 23, 1965	Date Orig. Entry: -------
	Date of Birth: Aug. 5 1919	Birth Place: Norwood	Full Name of Mother: Grace Hunter Johnson	Name of Father: Joseph Cornelius McBride
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Obviously old
	Date of Birth: Aug. 5, 1919	Birth Place: Idaho	Full Name of Mother: Grace Hunter Johnson	Name of Father: Joseph Cornelius McBride
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 262534	Date Issued: ----	Date Orig. Entry: child born Dec. 7, 1937
	Date of Birth: Age 18	Birth Place: Norwood, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: June 23, 1965

FORM BH 56067

JUN 23 1965

OCT 13 197

Fortin

Name of Deceased Dorcas McBride		August 5, 1919
Sex Female	Valley Co.	Norwood
Joseph Cornelius McBride		Missouri
Grace Hunter Johnson		Missouri
		June 25, 1965
Furnished by Aunt	Alice M. Hanley	----------
Title Record	Grace Hunter Johnson	Joseph Cornelius McBride
Family Bible		Previously old
Idaho	Grace Hunter Johnson	Joseph Cornelius McBride
From child's birth certificate	on file with state of Idaho # 262354	child born Dec. 7, 1939
Age 18 Norwood, Idaho	----------	----------
W. W. Benson	Florence Outright	June 25, 1965

396206-022-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Troutner		2. Date of Birth (month) October (day) 6, (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Cloyd Troutner		7. State or Country of Father's Birth: Unknown
MOTHER	8. Full Maiden Name of Mother: Amy Karlson		9. State or Country of Mother's Birth: Fremont County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida M Miller	11. Present Address of Registrant: R-2 St Anthony Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 7, 1965	12. Signature of Notary: Phyllis Hoppendietzel	13. Notary Commission expires: December 10, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Guardian; Age: 70	By whom issued and signed: Ida M. Miller	Date Issued: July 23, 1965	Date Orig. Entry: -----
	Date of Birth: Oct. 6, 1919; Birth Place: Parker, Idaho	Full Name of Mother: Amy Karlson	Name of Father: Cloyd Troutner	
SUPPORTING RECORD 2.	Type of Document: School Census Record	By whom issued and signed: LaMonte Bauer	Date Issued: May 6, 1965	Date Orig. Entry: Census taken 1926-27
	Date of Birth: Oct. 6 1919; Birth Place: Parker, Idaho	Full Name of Mother: Amy Karlson	Name of Father: Cloyd Troutner	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Oct. 6, 1919; Birth Place: Parker, Idaho	Full Name of Mother: Amy Karlson	Name of Father: Cloyd Troutner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: July 14, 1965

FORM BH 56067

JUL 14 1965

235-21-031-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-468

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Alexander Stevens
2. Date of Birth (month) (day) (year): 6 - 21 - 1919
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Idaho - Lewis
   b. City or Town of Birth: Winchester

FATHER

6. Full Name of Father: Robert James Stevens
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Florence Irene Brezee
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James A Stevens
11. Present Address of Registrant: 2114 N Pearl Centralia, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: 7-1 1963
12. Signature of Notary: Robert C Finley
13. Notary Commission expires: Jan. 25 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Florence Irene Stevens and Robert James Stevens	Date Issued: May 10,1965	Date Orig. Entry: -------
	Date of Birth: June 21,1919 / Birth Place: Winchester,Idaho	Full Name of Mother: Florence Irene Brezee	Name of Father: Robert James Stevens	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage return	By whom issued and signed: Earl H. Van Dorne, Pastor	Date Issued: -----	Date Orig. Entry: Feb.3,1946 married
	Date of Birth: Age 26 / Birth Place: Winchester,Idaho	Full Name of Mother: Florence Brezee	Name of Father: Robert Stevens	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge paper	By whom issued and signed: Army of the United States Frederick Bentley, Major	Date Issued: Oct.16,1945	Date Orig. Entry: inducted Nov.5,1941
	Date of Birth: June 21,1919 / Birth Place: Winchester,Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Glenda Larson	July 21, 1965

FORM BH 56067

DECEASED

245-213-010-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-472

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rebecca Buena			2. Date Of Birth (month) December (day) 13 (year) 1919	
	3. Color or Race: white-Mex.	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Lincoln	
FATHER	6. Full Name of Father: David Buena			7. State or Country of Father's Birth: Durango, Mexico	
MOTHER	8. Full Maiden Name of Mother: Martina Hernandez			9. State or Country of Mother's Birth: Mexico	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rebecca Buena Goodaca	11. Present Address of Registrant: Box 95 - Moxee City, Wash. 98936	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1965		12. Signature of Notary: Alice M. Taupin	13. Notary Commission expires: July 14 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: David Buena	Date Issued: July 13,1965	Date Orig. Entry: -----
	Date of Birth: Dec.13,1919	Birth Place: Lincoln City, Idaho	Full Name of Mother: Martina Hernandez	Name of Father: David Buena	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Holy Rosary Church, Idaho Falls Idaho, Roman Catholic Church	Date Issued: Sept.15,1958	Date Orig. Entry: baptized Feb.21,1920
	Date of Birth: Dec.13,1919	Birth Place: Lincoln, Idaho	Full Name of Mother: Martina Buena	Name of Father: David Buena	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Marriage		By whom issued and signed: Holy Rosary Church, Moxee City, Washington	Date Issued: July 13,1965	Date Orig. Entry: Sept.27,1958
	Date of Birth: Dec.13,1919	Birth Place: Lincoln, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: gml Glenda Larson	Date Filed: July 22,1965	

FORM BH 56067

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319-227.028-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorraine Frances Cardwell		2. Date Of Birth: (month) February (day) 27 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ford, Kootenai County, Idaho	b. City or Town of Birth:
FATHER	6. Full Name of Father: William J. Cardwell		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Clara A. Wunderlich		9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorraine Frances Cardwell (Mrs.)	11. Present Address of Registrant: Box 72 Fernwood, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1965	12. Signature of Notary: Beverly Sorenson	13. Notary Commission expires: Residing at St. Maries, My commission expires July 27, 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #293748	Date Issued: -----	Date Orig. Entry: child born May 12, 1940
	Date of Birth: Age 21	Birth Place: Ford, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-38-8564	By whom issued and signed: Treasury Department, Social Security Administration	Date Issued: -----	Date Orig. Entry: July 11, 1953
	Date of Birth: Feb.27,1919	Birth Place: Ford, Idaho	Full Name of Mother: Clara Agusta Wunderlich	Name of Father: William Jennings Cardwell
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Clara A. Cardwell	Date Issued: July 21,1965	Date Orig. Entry: -----
	Date of Birth: Feb.27,1919	Birth Place: Ford, Kootenai County, Idaho	Full Name of Mother: Clara A. Cardwell	Name of Father: Wm. J. Cardwell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 5, 1965

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-538

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleo Larene Humpherys			2. Date Of Birth: (month) July (day) 8 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Sterling	
FATHER	6. Full Name of Father: Charles Edward Humpherys			7. State or Country of Father's Birth: Paris, Idaho U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Celestia Chipman Herbert			9. State or Country of Mother's Birth: American Fork, Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Cleo Larene Darley	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1965		12. Signature of Notary: Dale Hunt	13. Notary Commission expires: February 14 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Charles Edward Humpherys	Date Issued: June 16,1965	Date Orig. Entry: -----
	Date of Birth: July 8,1919	Birth Place: Sterling, Idaho Bingham County	Full Name of Mother: Celestia Chipman Herbert	Name of Father: Charles Edward Humpherys	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #406485	Date Issued: -----	Date Orig. Entry: child born May 3, 1945
	Date of Birth: Age 25	Birth Place: Sterling, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Certificate o f Record of Membership		By whom issued and signed: LDS Church, Ella D. Jack, Custodian of Membership rec.	Date Issued: Mar.23,1942	Date Orig. Entry: blessed Aug.3,1919
	Date of Birth: July 8,1919	Birth Place: Sterling, Bingham County, Idaho	Full Name of Mother: Celestia Chipman Herbert	Name of Father: Charles E. Humpherys	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 11, 1965

FORM BH 56067

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 65-558
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Elizabeth Hanson
2. Date of Birth (month) (day) (year): Oct 25 1919
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Burley Ida Cassia
b. City or Town of Birth: Burley Idaho

FATHER

6. Full Name of Father: Carl E. Hanson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Vilma A Marrott
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen E Gibson
11. Present Address of Registrant: 717 Logan Rd Adamsand Mower wva.

NOTARY (Seal)

Subscribed and sworn to before me on 25th day of June 1965

12. Signature of Notary:
13. Notary Commission expires: May 20 1968.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Duplicate Certificate of Blessing	LDS Church, 7th Ward, No. Seattle Stake, Kimber Barlow	Mar.27,1957	blessed Dec.7,1919
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.25,1919 / Burley, Idaho	Vilma Marrott	Carl E. Hanson	
SUPPORTING RECORD 2.	Duplicate Certificate of Baptism and Confirmation	LDS Church, William J. Black Elder, Jay Ferrell, Bishop	Mar.27,1958	baptized May.6, 1928
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.25,1919 / Burley, Idaho	Vilma Marrott	Carl E. Hanson	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #261054	-----	child born Aug.8,1937
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 17 / Burley, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 16, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-653

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Wiseman		2. Date of Birth (month) Dec (day) 13 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham b. City or Town of Birth: Basalt Ida.
FATHER	6. Full Name of Father: Jesse Wiseman		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Annie Irlam		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Hodson	11. Present Address of Registrant: 1133 W. Columbia Moses Lake Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 7 1965	12. Signature of Notary: Mozelle M Hodson	13. Notary Commission expires: July 15 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Record of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: July 15, 1965	Date Orig. Entry: blessed Feb. 1, 1920
	Date of Birth: Dec.13,1919 / Birth Place: Basalt, Bingham County, Idaho	Full Name of Mother: Annie Irlam	Name of Father: Jesse Wiseman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Jesse Wiseman Age 57	Date Issued: Aug.20,1965	Date Orig. Entry: -----
	Date of Birth: Dec.13,1919 / Birth Place: Basalt, Idaho (Bingham County)	Full Name of Mother: Annie Irlam	Name of Father: Jesse Wiseman	
SUPPORTING RECORD 3.	Type of Document: patriarchal blessing	By whom issued and signed: Joseph H. Dye, Patriarch	Date Issued: Nov.17,1935	Date Orig. Entry: Nov.17,1935
	Date of Birth: Dec.13,1919 / Birth Place: Basalt, Idaho	Full Name of Mother: Anna Wiseman	Name of Father: Jessie Wiseman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 23, 1965

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zella O'Neta Wadsworth			2. Date of Birth (month) December (day) 3 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Eli Arnold Wadsworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sara Ann Humpherys			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zella O'Neta W. Roberts		11. Present Address of Registrant: 464 E 35, Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: September 20 1965	12. Signature of Notary: David A Burgoyne		13. Notary Commission expires: April 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Eli Arnold Wadsworth		Date Issued: July 30, 1965	Date Orig. Entry: -----
	Date of Birth: Dec. 3, 1919	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Sara Ann Humpherys	Name of Father: Eli Arnold Wadsworth	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Desla S. Bennion, mission president		Date Issued: July 26, 1943	Date Orig. Entry: baptized March 4, 1928
	Date of Birth: Dec. 3, 1919	Birth Place: Idaho Falls, Idaho Bonneville, County	Full Name of Mother: Sara Ann Humpherys	Name of Father: Eli Arnold Wadsworth	
SUPPORTING RECORD 3.	Type of Document: photocopy of own childs birth certificate	By whom issued and signed: child born in Oakland, Calif.		Date Issued: -----	Date Orig. Entry: child born Feb. 13, 1950
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 30, 1965

FORM BH 56067

SEP 30 1965

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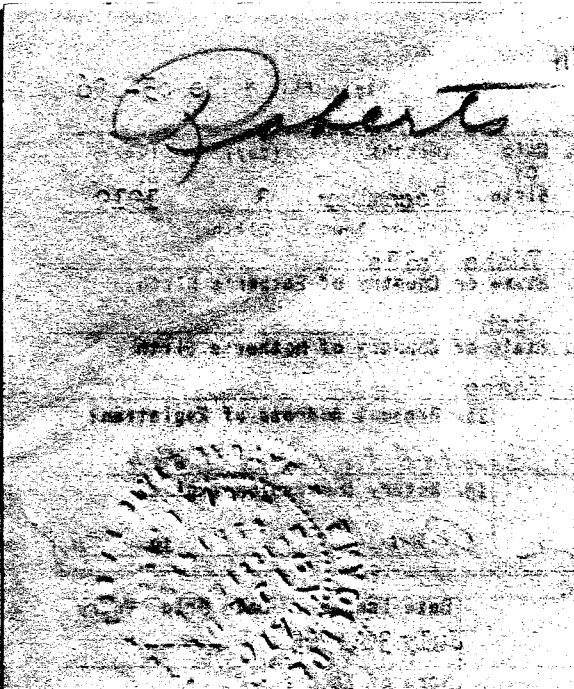

419-118-014-498

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-779

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Arthur Marcum		2. Date of Birth (month) (day) (year): August 18 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nampa Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Charles Ward Marcum		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Dry		9. State or Country of Mother's Birth: Oklahoma (Indian Territory
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Arthur Marcum	11. Present Address of Registrant: 1450 Highland Way Corvallis Oregon
NOTARY (Seal)	Subscribed and sworn to before me at Corvallis Benton County Oregon on 10/10/ 1965	12. Signature of Notary: Ralph E. Moreau	13. Notary Commission expires: 6-24- 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Oregon, Vital Statistics	Date Issued: Aug.6,1965	Date Orig. Entry: child born Nov.24,1959	
	Date of Birth: Age 40	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt	By whom issued and signed: Edna Ozella Marcum (born (1-7-1891	Date Issued: Oct.10,1965	Date Orig. Entry: -----	
	Date of Birth: Aug.18,1919	Birth Place: Nampa, Canyon County, Idaho	Full Name of Mother: Mary Elizabeth Dry	Name of Father: Charles Ward Marcum	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1 472 989	By whom issued and signed: Kansas City Life Ins. Co.	Date Issued: Dec.10,1957	Date Orig. Entry: Dec.10,1957	
	Date of Birth: Aug.18,1919	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	October 27, 1965

FORM BH 56067

OCT 27 1965

816-222-015-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-795

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Vatia Hawker	2. Date of Birth (month) (day) (year): Sept 22 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Soda Springs Crb.
			b. City or Town of Birth: Soda Springs Idaho
FATHER	6. Full Name of Father: Robert Samuel Hawker	7. State or Country of Father's Birth: Cottonwood Utah	
MOTHER	8. Full Maiden Name of Mother: Lydia Adelia Bybee	9. State or Country of Mother's Birth: Ogden Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Vatia Hawker	11. Present Address of Registrant: 315 Howe
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: 2-26-67 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #194502	By whom issued and signed: The Maccabees, Detroit, Michigan	Date Issued: June 1,1953	Date Orig. Entry: May 13,1953
	Date of Birth: Sep.22,1919 / Birth Place: Soda Springs, Idaho	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certified record of membership	By whom issued and signed: LDS Church, George W. Henderson, Ward clerk, Boise 12th	Date Issued: -----	Date Orig. Entry: blessed Nov.2,1919
	Date of Birth: Sep.22,1919 / Birth Place: Soda Springs, Ida. Caribou County	Full Name of Mother: Lydia Bybee	Name of Father: Robert Samuel Hawker	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #439428	Date Issued: -----	Date Orig. Entry: child born June 16,1947
	Date of Birth: Age 27 / Birth Place: Soda Springs, Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	November 3,1965

FORM BH 56067

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354-114-004-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milton Fredrick Teuscher			2. Date of Birth (month) (day) (year): May 14 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Geneva
FATHER	6. Full Name of Father: John Fredrick Teuscher			7. State or Country of Father's Birth: Zittau, Saxony, Germany
MOTHER	8. Full Maiden Name of Mother: Cora Elizabeth Cordon			9. State or Country of Mother's Birth: Rigby, Jefferson Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milton F Teuscher		11. Present Address of Registrant: Geneva, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 10-18 1965	12. Signature of Notary: [signature]		13. Notary Commission expires: My Commission Expires May 3rd, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #422305		Date Issued: ------	Date Orig. Entry: child born July 20, 1946
	Date of Birth: Age 27	Birth Place: Geneva, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Cordon Teuscher		Date Issued: Oct. 18, 1965	Date Orig. Entry: ------
	Date of Birth: May 14, 1919	Birth Place: Geneva, Idaho Bear Lake County	Full Name of Mother: Cora Elizabeth Cordon	Name of Father: John Fredrick Teuscher	
SUPPORTING RECORD 3.	Type of Document: photostat of military discharge paper	By whom issued and signed: H.E. Richter, WOJG, USA.		Date Issued: Separated Aug. 27, 1945	Date Orig. Entry: enlisted Dec. 9, 1941
	Date of Birth: May 14, 1919	Birth Place: Geneva, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 8, 1965

FORM BH 56067

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NOV 8 1965

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-882

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Byron Hessing			2. Date of Birth (month) Sept (day) 19 (year) 1919	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Boise a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Clarence Eli Hessing			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Clara Alleen Bybee			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Byron Hessing		11. Present Address of Registrant: 1000 Greenwood Circle	
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 29 1965	12. Signature of Notary: Grace McCay		13. Notary Commission expires: NOTARY PUBLIC RESIDING AT BOISE, IDAHO My Commission Expires Sept. 14, 1968 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of United States Major Leonard P. Hutchinson	Date Issued: Oct. 11 1945	Date Orig. Entry: Oct. 11 1945	
	Date of Birth: Sept. 19 1919	Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 72	By whom issued and signed: Alleen Bybee Hessing	Date Issued: Nov. 29 1965	Date Orig. Entry: -------	
	Date of Birth: Sept. 19 1919	Birth Place: Boise, Idaho	Full Name of Mother: Clara Alleen Bybee	Name of Father: Clarence Eli Hessing	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 57-3833	Date Issued: ------	Date Orig. Entry: child born April 20, 1957	
	Date of Birth: Age 37	Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Dec. 1, 1965

FORM BH 56067

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466-117.032-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-885

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Earl Dooley			2. Date Of Birth (month) 6 (day) 17 (year) 19
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho LINCOLN	b. City or Town of Birth: Dietrich
FATHER	6. Full Name of Father: Edwin George Dooley			7. State or Country of Father's Birth: Tennessee Lawrenceburg
MOTHER	8. Full Maiden Name of Mother: Alice Matilda Matson			9. State or Country of Mother's Birth: Washington Mt. Vernon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Earl Dooley.		11. Present Address of Registrant: 8604-184th S.W. Edmonds
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1965	12. Signature of Notary: Virginia M. DeMeuth		13. Notary Commission expires: WN. 4-17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Alice M. Dooley	Date Issued: Nov.19,1965	Date Orig. Entry: ------
	Date of Birth: June 17,1919 / Birth Place: Dietrich, Idaho	Full Name of Mother: Alice M. Dooley(Matson)	Name of Father: Edwin G. Dooley	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Providence Hospital,Seattle Washington	Date Issued: Nov.29,1965	Date Orig. Entry: Feb.17,1950
	Date of Birth: June 17,1919 / Birth Place: Idaho	Full Name of Mother: Alice Dooley	Name of Father: Edwin Dooley	
SUPPORTING RECORD 3.	Type of Document: transcript of employment records	By whom issued and signed: General Services Administration,Federal Records Center	Date Issued: Nov.18,1965	Date Orig. Entry: May 22,1942
	Date of Birth: June 17,1919 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson		Date Filed: Dec. 2, 1965

FORM BH 56067

11-15-65

DEC 2 1966

545-211-014-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-899

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY-ELLEN SMITH			2. Date Of Birth (month) MARCH (day) 11 (year) 1919
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: NAMPA CANYON	b. City or Town of Birth: NAMPA, IDAHO
FATHER	6. Full Name of Father: HENRY FRAZIER SMITH			7. State or Country of Father's Birth: OKLAHOMA
MOTHER	8. Full Maiden Name of Mother: IDA LUCILLE TONGATE			9. State or Country of Mother's Birth: PALMYRA, ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen Houck		11. Present Address of Registrant: 5525 ME GLISAN
NOTARY (Seal)	Subscribed and sworn to before me on: 26th November 1965	12. Signature of Notary: Anita Macdonald		13. Notary Commission expires: March 1, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ida Lucille Jones Age 65	Date Issued: Nov.25,1965	Date Orig. Entry: -----
	Date of Birth: Mar.11,1919 / Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Ida Lucille Tongate	Name of Father: Henry Frazier Smith	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #541-14-9804	By whom issued and signed: Social Security Administration	Date Issued: -----	Date Orig. Entry: Aug.9,1938
	Date of Birth: Mar.11,1919 / Birth Place: Nampa, Idaho	Full Name of Mother: Ida Lucille Tongate	Name of Father: Henry Fulton Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Washington High School, C. Putnam, Secretary	Date Issued: -----	Date Orig. Entry: Fall, 1933
	Date of Birth: Mar.11,1919 / Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 8, 1965

FORM BH 56067

DEC 9 1968

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's full name at birth		2. Date of birth (month, day, year)
3. Place of birth (city)	4. Place of birth (county)	5. Sex
6. Full name of father		7. Place of birth (state or country)
8. Maiden name of mother		9. Place of birth (state or country)
10. Name and address of person or institution where record was born (if not home)	11. Signature of informant	12. Present address of informant
13. Name and address of physician or midwife who was present at birth	14. Signature of attendant	15. Date signed (month, day, year)
16. Date of affidavit (month, day, year)	17. Name of notary	18. Notary commission expires

Supporting Documentation	Type of document	Name of issuing agency	Date issued
Certification	I hereby certify that the above information is true and correct to the best of my knowledge and belief.		
	Signature of Registrant		Date Signed
	Name of Witness		Date Signed
Registrar's Certification	I hereby certify that the above particulars have been duly recorded in the Division of Vital Statistics for this registrant and that documentary evidence has been received which authorizes the facts as set forth in the foregoing abstract.		
	State Registrar	Certificate received by	Date Filed

613-108-029-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Wesley Walton III			2. Date of Birth (month) June (day) 8 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Moscow a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Charles Wesley Walton Jr.			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Lucille Slater			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Charles Wesley Walton III	11. Present Address of Registrant: 614 N. Hayes Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 19 65		12. Signature of Notary: Grace E. Nelson	13. Notary Commission expires: 8/1/67 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance policy #V 1111-91-95		By whom issued and signed: National Service Life Ins.	Date Issued: July 1,1951	Date Orig. Entry: July 1, 1951
	Date of Birth: Age 32	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Army Discharge paper, Photo-copy		By whom issued and signed: Army of the United States Paul K.Dean, Major, AC	Date Issued: Nov.11,1945	Date Orig. Entry: inducted Jan.8,1942
	Date of Birth: June 8,1919	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by doctor's wife who attended baby.		By whom issued and signed: Mrs. Bessie L. Carithers (Mrs. W.H.) Age 81	Date Issued: Dec.31,1965	Date Orig. Entry: ------
	Date of Birth: June 8,1919	Birth Place: Carithers Hospital Moscow, Idaho	Full Name of Mother: Lucille Slater Walton	Name of Father: Charles Wesley Walton, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 11, 1966

FORM BH 56067

1 photo no # 4113

12-27-65

JAN 11 1966

893-229-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Cleone Hickman			2. Date of Birth (month) Sept. (day) 29 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho - a. County: Bonneville	b. City or Town of Birth: Ucon	
FATHER	6. Full Name of Father: Claude C. Hickman			7. State or Country of Father's Birth: Missouri (Wright County)	
MOTHER	8. Full Maiden Name of Mother: Mabel S. Parsons			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita C. Anderson		11. Present Address of Registrant: RT.1-Box16-Applegate, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1965	12. Signature of Notary: Melanie Bailey		13. Notary Commission expires: Oct. 16, 1967 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Washington, Vital Statistics Section, Olympia,		Date Issued: Sept.15,1965	Date Orig. Entry: child born Nov.17,1947
	Date of Birth: Age 28	Birth Place: Ucon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage records	By whom issued and signed: Kootenai County, Idaho, Judith Kugler, Deputy		Date Issued: Sep.14,1965	Date Orig. Entry: Jan.16,1951
	Date of Birth: Age 31	Birth Place: Ucon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Mabel Hickman and Claude Hickman		Date Issued: Sep.15,1965	Date Orig. Entry: -----
	Date of Birth: Sept.29,1919	Birth Place: Ucon, Idaho	Full Name of Mother: Mabel Hickman	Name of Father: Claude Hickman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Jan. 11, 1966

FORM BH 56067

2 Cpys pd/rec # 17238 & #13284

8-21-65

JAN 1 1 1966

385-203-026-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLEN CHERRY			2. Date Of Birth (month) (day) (year): February 3 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Menan, Idaho
FATHER	6. Full Name of Father: George Aaron Cherry			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Lawson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Cherry Clements		11. Present Address of Registrant: Lewisville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1-18 1966	12. Signature of Notary: K. Doyle Smith		13. Notary Commission expires: 5-1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 76	By whom issued and signed: Ada Lawson Cherry	Date Issued: Jan.18,1966	Date Orig. Entry: ------
	Date of Birth: Feb.3,1919 / Birth Place: Menan, Idaho Jefferson County	Full Name of Mother: Ada Lawson Cherry	Name of Father: George Aaron Cherry	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Cache County, Utah Iver Larsen, clerk	Date Issued: Jan.18,1966	Date Orig. Entry: May 5,1943
	Date of Birth: Feb.3,1919 / Birth Place: Menan, Idaho	Full Name of Mother: Ada Lawson	Name of Father: Geo. Aaron Cherry	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Menan Ward, Geo. L. Hart, Bishop	Date Issued: -----	Date Orig. Entry: baptized Oct.6,1928
	Date of Birth: Feb.3,1919 / Birth Place: Menan, Idaho Jefferson County	Full Name of Mother: Ada Lawson	Name of Father: George Cherry	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 20, 1966

FORM BH 56067

1-14-66

Comment

JAN 20 1966

DECEASED

363-228-031-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-130

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Lois Lockwood			2. Date Of Birth (month) (day) (year): September 28 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: Lincoln Lockwood			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Amy Agusta Roberts			9. State or Country of Mother's Birth: Harrisburg, Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Lois Lockwood (Mrs. Arthur)		11. Present Address of Registrant: Kamiah, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 4, 1966	12. Signature of Notary: Edd D Hanson		13. Notary Commission expires: April 5, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: Sep.3,1959	Date Orig. Entry: Feb.28,1951	
	Date of Birth: Age 31 Sept.28th	Birth Place: Kamiah, Idaho	Full Name of Mother: Amy A. Lockwood	Name of Father: Lincoln Lockwood	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age76	By whom issued and signed: Mrs. Alma Futter	Date Issued: Sep.20,1965	Date Orig. Entry: -----	
	Date of Birth: Sep.28,1919	Birth Place: Kamiah, Idaho	Full Name of Mother: Amy Agusta Roberts Lockwood	Name of Father: Lincoln Lockwood	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-3457	Date Issued: ------	Date Orig. Entry: child born Mar.15,1949	
	Date of Birth: Age 29	Birth Place: Kamiah, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Feb. 11, 1966

FORM BH 56067

12-23-65

FEB 1 1 1966

159 171-10-014-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Adams			2. Date of Birth (month) December (day) 1 (year) 1919	
	3. Color or Race: Wh	4. Sex: M	5. Place of Birth: a. County Canyon	b. City or Town of Birth: Nampa	
FATHER	6. Full Name of Father: Alanson R. Adams			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Nancy Ellen Drain			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Adams		11. Present Address of Registrant: 205 Hewlett Pl. Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho #56-4702		Date Issued: -----	Date Orig. Entry: child born April 11, 1956
	Date of Birth: Age 36	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Thomas E. Mangum, M. D. Mangum Clinic		Date Issued: Oct. 29 1965	Date Orig. Entry: -----
	Date of Birth: Dec. 1 1919	Birth Place: Nampa, Idaho	Full Name of Mother: Nancy E. Drain	Name of Father: Alanson R. Adams	
SUPPORTING RECORD 3.	Type of Document: Application for Marriage	By whom issued and signed: Lemhi County W. W. Simmonds, Co. Recorder		Date Issued: Jan. 28 1966	Date Orig. Entry: March 24, 1947
	Date of Birth: Age 27	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 23, 1966

FORM BH 56067

10-6-67

FEB 23 1966

APR 15 2008

893-110-001-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Edward Hickox			2. Date of Birth (month) December (day) 10 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: James J. Hickox			7. State or Country of Father's Birth: Edlow, Colorado
MOTHER	8. Full Maiden Name of Mother: Rosebell Todd			9. State or Country of Mother's Birth: Missouri, Brookfield
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Edward Hickox		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Feb 4 1966	12. Signature of Notary: Helen L. Jones		13. Notary Commission expires: My Commission Expires April 15, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: Harold B. Stewart, Major Inf. United States Army	Date Issued: separated Nov. 19, 1945	Date Orig. Entry: inducted Nov. 21, 1942	
	Date of Birth: Dec. 10, 1919	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by half brother	By whom issued and signed: Charley H. Foster Age 56	Date Issued: Feb. 4, 1966	Date Orig. Entry: -----	
	Date of Birth: Dec. 10, 1919	Birth Place: Boise, Idaho	Full Name of Mother: Rosebell Todd	Name of Father: James J. Hickox	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Loretta Davis, Co. Supt. of Schools, Cripple Creek, Colo.	Date Issued: Feb. 23, 1966	Date Orig. Entry: Feb. 10, 1928	
	Date of Birth: Dec. 10, 1919	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	March 15, 1966

FORM BH 56067

1 Cp pd rec. #2014

(H) 2-11-66 gm!

Rickx

MAR 15 1966

DELAYED

DUP OF 1919-7549/

819-225-010-517

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iba Rose ~~Andersan~~ Harris			2. Date Of Birth (month) Nov. (day) 25 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Lehi Harris			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rose Nageli			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iba Rose Harris Andison		11. Present Address of Registrant: 4936 Granada Montclair
NOTARY (Seal)	Subscribed and sworn to before me on: March 30th 1966	12. Signature of Notary: E E Crowley		13. Notary Commission expires: April 6 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Wm. Clark Gardner Bishop, Mesa 3rd Ward	Date Issued: ----	Date Orig. Entry: baptized Dec.3,1919	
	Date of Birth: Nov.25,1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Rose Naegle	Name of Father: Lehi Harris	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-22-3970	By whom issued and signed: Social Security Adm.	Date Issued: Dec.26,1941	Date Orig. Entry: Dec.26,1941	
	Date of Birth: Nov.25,1919	Birth Place: Idaho Falls,Ida. Bonneville County	Full Name of Mother: Rose Nageli	Name of Father: Lehi Harris	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 76	By whom issued and signed: Lucy S. Guyaz	Date Issued: Feb.12,1966	Date Orig. Entry: -----	
	Date of Birth: Nov.25,1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Rose Nageli	Name of Father: Lehi Harris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 27, 1966

FORM BH 56067

12-1-65

APR 27 1966

413-230-093-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-362

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Rita Mac Donald		2. Date of Birth (month) May (day) 30 (year) 1919
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: (at home) b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Albert Angus MacDonald		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Emma Isabelle Nadeau		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Mildred R. Seall	11. Present Address of Registrant: 1037 No. Niles Ave. South Bend Indiana
NOTARY (Seal)	Subscribed and sworn to before me on: April 2, 1966	12. Signature of Notary: Anthony P. Sergio	13. Notary Commission Expires: ANTHONY P. SERGIO, Notary Public My Commission Expires March 16, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding hospital records	St. Joseph's Hospital, South Bend, Indiana	Mar.16,1966	Feb.12,1953
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 30,1919 / Pocatello, Idaho	-----	-----	
SUPPORTING RECORD 2.	Certified copy of Application for marriage license	county clerk's office, St. Joseph County, Indiana	Jan.19,1966	June 25, 1937
	May 30,1919 / Pocatello, Idaho	Emma Nadeau	Albert Mac Donald	
SUPPORTING RECORD 3.	Certificate of Baptism	St. Joseph's Church, Pocatello, Ida. Roman Catholic Church	Dec.15,1965	baptized June 29,1919
	May 30,1919 / Pocatello, Idaho	Emma I. Nadeau	Albert Angus MacDonald	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 28, 1966

FORM BH 56067

12-7-65

APR 28 1966

369-224-015-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Corbett			2. Date of Birth (month) May (day) 24, (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Clarence C Corbett			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Dulcie Sibbett			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Opal Keeler		11. Present Address of Registrant: 704 W McKinley Boise
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Idaho Falls High School Principal of HighSchool	Date Issued: Aug. 31 1934	Date Orig. Entry: Entered Aug. 31, 1934
	Date of Birth: May 24, 1919 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: C. C. Corbett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 73	By whom issued and signed: Dulcie Corbett	Date Issued: Oct. 6 1965	Date Orig. Entry: -------
	Date of Birth: May 24, 1919 / Birth Place: Caribou County Soda Springs, Ida	Full Name of Mother: Dulcie Sibbett	Name of Father: Clarence C. Corbett	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #438295	Date Issued: -----	Date Orig. Entry: child born May 26, 1947
	Date of Birth: Age: 28 / Birth Place: Soda Springs, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: fc Glenda Larson		Date Filed: April 29, 1966

FORM BH 56067 1-copy pd

APR 29 1966

285-13-008-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-423
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH MELVIN SHERRILL		2. Date Of Birth (month) (day) (year): February 13th 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise; b. City or Town of Birth: Horseshoe Bend
FATHER	6. Full Name of Father: James Walter Sherrill		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Dorothy Bell Sherrill		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Melvin Sherrill	11. Present Address of Registrant: Box 24 [illegible] Arlington Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1966	12. Signature of Notary: James F. Steele	13. Notary Commission expires: 11/3 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge papers	By whom issued and signed: Army of the United States Wm.E. Bergin, Acting Adjutant Gen.	Date Issued: Nov.21,1941	Date Orig. Entry: enlisted April 8,1939
Class*	Date of Birth: Feb.13,1919	Birth Place: Horseshoe Bend, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Dorothy Bell Sherrill	Date Issued: June 17,1954	Date Orig. Entry: -----
Class	Date of Birth: Feb.13,1919	Birth Place: Horseshoe Bend, Idaho	Full Name of Mother: Dorothy Bell Sherrill	Name of Father: James Walter Sherrill
SUPPORTING RECORD 3.	Type of Document: Marriage records	By whom issued and signed: On file Idaho #58-4803	Date Issued: -----	Date Orig. Entry: July 3, 1958
Class	Date of Birth: Feb.13,1919	Birth Place: Horseshe Bend, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 16, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 1 6 1966

693-215-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 66-432**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ann Braxton Williams			2. Date Of Birth: (month) June (day) 15 (year) 1919
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County Idaho; b. City or Town of Birth: Bingham; Blackfoot	
FATHER	6. Full Name of Father: Henry Kirk Williams			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Mary Margaret Burrell			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann B. VanDusen		11. Present Address of Registrant: Rt. #1 Eagle, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-4- 1966	12. Signature of Notary: W W Malyed		13. Notary Commission expires: 10-10- 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: # 360446 on file with State of Idaho	Date Issued: -------	Date Orig. Entry: child born Aug.3, 1942	
	Date of Birth: Age 23	Birth Place: Blackfoot, Ida.	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: GN 11,202, 946 Insurance Policy	By whom issued and signed: Equitable Life Assurance Soc.	Date Issued: Sept. 27 1940	Date Orig. Entry: Sept.27,1940	
	Date of Birth: June 15,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Margaret Burrell	Name of Father: Henry Kirk Williams'	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Shirley Riley, Med. Records. St. Lukes	Date Issued: Apr1 15, 1966	Date Orig. Entry: admitted Aug.26,1959	
	Date of Birth: June 15,1919	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	fc Florence Curtright	May 17,1966

FORM BH 56067

10368

MAY 20 1966
AUG 17 1967

DECEASED

713-118-003-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford F Palfreyman			2. Date of Birth (month) February (day) 18 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock, Idaho	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Ivan Gibson Palfreyman			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Olive Fullmer Palfreyman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W Gordon Palfreyman		11. Present Address of Registrant: 232 Gordon Ave, Layton Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 30 April 1966	12. Signature of Notary: [illegible]		13. Notary Commission expires: _____ 19____

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 317804	Date Issued: -----	Date Orig. Entry: child born July 29, 1941
	Date of Birth: Age 22	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Membership		By whom issued and signed: LDS Church, Pocatello 6 Ward	Date Issued: Apr. 30, 1966	Date Orig. Entry: Jan. 30, 1928
	Date of Birth: Feb. 18, 1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Olive Fullmer	Name of Father: Ivan G. Palfreyman	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage affidavit for license		By whom issued and signed: Bannock County, Idaho	Date Issued: Apr. 1, 1966	Date Orig. Entry: Apr. 17, 1940
	Date of Birth: Age 21	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 19, 1966

FORM BH 56067

2-15-66

MAY 2 4 1966

869-115-014-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-577

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Dee Hornquist			2. Date of Birth (month) January (day) 15 (year) 1919
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Melba
FATHER	6. Full Name of Father: Fred Nelson Hornquist			7. State or Country of Father's Birth: Wisconsin U.S.A
MOTHER	8. Full Maiden Name of Mother: Catherine Hannah Messer			9. State or Country of Mother's Birth: Oregon U.S.A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Dee Hornquist		11. Present Address of Registrant: 112 W G St. S.E Auburn Wash. 98002
NOTARY (Seal)	Subscribed and sworn to before me on: June 20th 1966	12. Signature of Notary: J. L. Ancock		13. Notary Commission expires: November 10th 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Catherine H. Moore		Date Issued: Feb.24,1966	Date Orig. Entry: ----
	Date of Birth: Jan.15,1919	Birth Place: rural Melba	Full Name of Mother: Catherine H. Moore	Name of Father: Fred Nelson Hornquist	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Canyon County auditor's office Ruth Miller, Deputy		Date Issued: Feb.24,1966	Date Orig. Entry: 1st Tuesday of Sept. 1927
	Date of Birth: Age 8	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: military separation paper	By whom issued and signed: U.S. Navy, E.B. Ellsworth, Capt. USN		Date Issued: Aug.17,1955	Date Orig. Entry: Aug.15,1950
	Date of Birth: Jan.15,1919	Birth Place: Melba, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 23, 1966

FORM BH 56067

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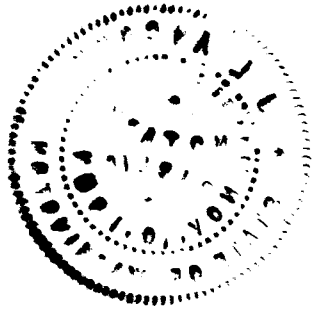

581 236-128-014-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-581

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd A STOVER		2. Date Of Birth (month) MAY (day) 28 (year) 1919
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County CANYON; b. City or Town of Birth: Melba
FATHER	6. Full Name of Father (also known as Stover): JOHN EDWARD GRABOWSKI		7. State or Country of Father's Birth: WYOMING
MOTHER	8. Full Maiden Name of Mother: LORRAINE JOHNSON		9. State or Country of Mother's Birth: MO.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Floyd A. Stover	11. Present Address of Registrant: 240 POPLAR AVE MILLBRAE, CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1966	12. Signature of Notary: [illegible]	13. Notary Commission expires: DECEMBER 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Melba School Dist. # 136J	Date Issued: Jan. 25, 1966	Date Orig. Entry: Attended school 1926
	Date of Birth: May 28, 1919 / Birth Place: Melba, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 67	By whom issued and signed: Lorraine Pied	Date Issued: Jan26, 1966	Date Orig. Entry: ----------
	Date of Birth: May 28, 1919 / Birth Place: Melba, Idaho	Full Name of Mother: Lorraine Johnson	Name of Father: Edward (also known as John Stover John Edward Grabowski	
SUPPORTING RECORD 3.	Type of Document: Certificate of Faithful and Honorable Service	By whom issued and signed: Fleet Reserve United States Navy	Date Issued: Jan. 18, 1960	Date Orig. Entry: Enlisted July 7, 1940
	Date of Birth: May 28, 1919 / Birth Place: Melba, Idaho	Full Name of Mother: ---------	Name of Father: ----------	

QUALIFYING INFORMATION

Affidavit by Aunt, Magdalena Winnie Bayless, states that John Edward Grabowski and John Edward Stover are one and the same person. Signed Jan. 31, 1966.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 28, 1966

FORM BH 56067

In store - Found in correct - No search. No Fee

JUN 29 1966
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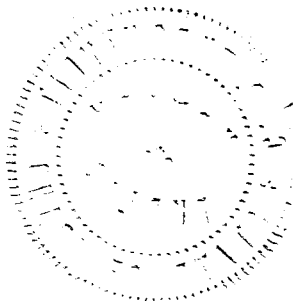

347-103-007-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-606

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chet Wade Tipton			2. Date of Birth (month) (day) (year): December 3, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine County	b. City or Town of Birth: Picabo
FATHER	6. Full Name of Father: James Zack Tipton			7. State or Country of Father's Birth: Marshall, North Carolina
MOTHER	8. Full Maiden Name of Mother: Malissa Jane Silver			9. State or Country of Mother's Birth: Bakersville, North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chet Wade Tipton		11. Present Address of Registrant: Box 123 Hansen, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 1965	12. Signature of Notary: Kenneth Dodd		13. Notary Commission expires: January 20 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Malissa Jane Tipton		Date Issued: May 24,1965	Date Orig. Entry: -----
	Date of Birth: Dec.3,1919	Birth Place: Picabo, Idaho Blaine County	Full Name of Mother: Malissa Jane Silver Tipton	Name of Father: James Zack Tipton	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #407107		Date Issued: -----	Date Orig. Entry: child born May 6,1945
	Date of Birth: Age 25	Birth Place: Blaine County, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Elko County, Nevada #4458		Date Issued: Sept.9,1965	Date Orig. Entry: Mar.1,1944
	Date of Birth: Age 24	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barron	gml Glenda Larson	July 7, 1966

FORM BH 56067

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JUL 7 1966

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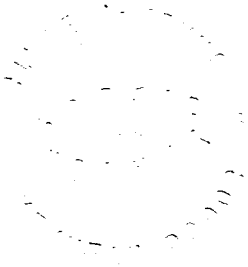

855-218-002-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-630

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Helen Buelah Henderson			2. Date Of Birth (month) (day) (year): March 18,1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a.County: Adams	b.City or Town of Birth: Meadows
FATHER	6. Full Name of Father: Lue Melvin Henderson			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Mirta May McFarland			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen B Devaney		11. Present Address of Registrant: 421 Wayne Ave, Pocatello, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 7 1966	12. Signature of Notary: Mildred H. Scott		13. Notary Commission expires: Dec 20 1969

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #275320	Date Issued: -----	Date Orig. Entry: child born October 19,1938	
	Date of Birth: Age 19	Birth Place: New Meadows, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of high school records	By whom issued and signed: McCall, Idaho High School record	Date Issued: -----	Date Orig. Entry: Sept. 1932	
	Date of Birth: Mar.18,1919	Birth Place: -----	Full Name of Mother: Mrs. Lou Henderson	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jun.17,1966	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age 9 mos.	Birth Place: Idaho	Full Name of Mother: Mirta Henderson	Name of Father: Lue M. Henderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 11, 1966

FORM BH 56067

JUL 1 1 1966

343-114-014-494

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-692

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Lilburn Wade Tucker			2. Date of Birth (month) (day) (year): Sept. 14 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Wilder
FATHER	6. Full Name of Father: Guy W. Tucker			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Ruth Elizabeth Dimmitt			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lilburn Wade Tucker		11. Present Address of Registrant: 1029 E. 3rd., Meridian
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 1966	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: marriage license & certificate	By whom issued and signed: On file Idaho #54-3883		Date Issued: -----	Date Orig. Entry: July 3,1954
	Date of Birth: Age 34	Birth Place: Wilder, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Ruth Elizabeth Dimmitt Tucker and Guy W. Tucker		Date Issued: July 29,1966	Date Orig. Entry: -----
	Date of Birth: Sep.14,1919	Birth Place: Wilder, Idaho	Full Name of Mother: Ruth Elizabeth Dimmitt Tucker		Name of Father: Guy W. Tucker
SUPPORTING RECORD 3.	Type of Document: membership certificate and policy #B 10-2071	By whom issued and signed: Idaho Teachers' Mutual Benefit Association, Boise, Idaho		Date Issued: Oct.15,1960	Date Orig. Entry: Oct.15,1960
	Date of Birth: Sep.14,1919	Birth Place: -----	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 29, 1966

K. FORM BH 56067 Searched - 1 c.c. pd. 7-19-66

Zucker

JUL 29 1966

613-223-036-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De66-708

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Facer			2. Date of Birth: (month) May (day) 23 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Holbrook, a. County: Oneida	b. City or Town of Birth: Holbrook
FATHER	6. Full Name of Father: William Henry Facer			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Amanda Holbrook			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Facer Proctor		11. Present Address of Registrant: Rolla, Missouri P. O. Box 607
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 6 1966	12. Signature of Notary: W W Montgomery		13. Notary Commission expires: July 13 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostat copy of own child's Births Certificate	By whom issued and signed: State of Utah Vital Statistics	Date Issued: Dec 27 1949	Date Orig. Entry: child born Sept 19, 1949	
	Date of Birth: Age 30	Birth Place: Holbrook, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance Policy #287942	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Sept 18 1946	Date Orig. Entry: Sept 18, 1946	
	Date of Birth: May 23, 1919	Birth Place: Holbrook, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother-age 71	By whom issued and signed: Martha Amanda Facer	Date Issued: Aug 8,1966	Date Orig. Entry: ----	
	Date of Birth: May 23, 1919	Birth Place: Holbrook, Idaho Oneida County	Full Name of Mother: Martha Amanda Holbrook	Name of Father: William Henry Facer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Aug. 9, 1966

FORM BH 56067

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JUN 0 1 2012

819-202 019-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-732

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Freda Blanche ~~Fisher~~ Harlan
2. Date of Birth (month) Feb. (day) 2 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Custer
b. City or Town of Birth: Challis

FATHER

6. Full Name of Father: Joshua Vincent Harlan
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Venus Blanche Honey
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Freda Blanche Harlan
11. Present Address of Registrant: Salmon Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Dec. 26 1956

12. Signature of Notary: Fisher
13. Notary Commission expires: Notary Public Boise Idaho My Commission (illegible) Feb. 11 [illegible] 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Social Security Account Number	Treasury Dept.		March 27, 1951
	Date of Birth: Feb. 2, 1919	Birth Place: Challis, Idaho	Full Name of Mother: Blanche Honey	Name of Father: Joshua Vincent Harlan
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Joshua Vincent Harlan	Date Issued: 12-26-56	Date Orig. Entry:
	Date of Birth: Feb. 2, 1919	Birth Place: Challis, Idaho	Full Name of Mother: Venus Blanche Honey Harlan	Name of Father: Joshua Vincent Harlan
SUPPORTING RECORD 3.	Type of Document: Statement regarding newspaper item	By whom issued and signed: The Challis Messenger, Idaho Richard Swindell, Publisher	Date Issued: July 25, 1966	Date Orig. Entry: Feb. 5, 1919
	Date of Birth: Sunday Feb. 2, 1919	Birth Place: -----	Full Name of Mother: Mrs. Vint Harlan	Name of Father: Mr. Vint Harlan
QUALIFYING INFORMATION				

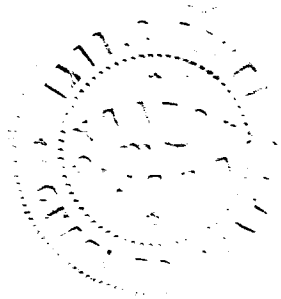
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: nr Glenda Larson
Date Filed: August 18, 1966

FORM BH 56067 refund made

AUG 29 1966



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

445-207-039-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. DE 66-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRIEDA MUELLER			2. Date of Birth (month) May (day) 7 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Idaho POWER	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: GOTTFRIED MUELLER			7. State or Country of Father's Birth: RUSSIA
MOTHER	8. Full Maiden Name of Mother: LYDIA STICKEL			9. State or Country of Mother's Birth: RUSSIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frieda Mueller Copenhaver		11. Present Address of Registrant: 1136 SE 50th Portland Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1966	12. Signature of Notary: Mary E. Abrams		13. Notary Commission expires: Jan. 18 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized page from Family Bible	By whom issued and signed: Family Bible	Date Issued: July 25 1965	Date Orig. Entry: Obviously old
	Date of Birth: May 7, 1919 / Birth Place: American Falls	Full Name of Mother: Lydia Stickel	Name of Father: Gottfried Mueller	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #12 762 557	By whom issued and signed: New York Life	Date Issued: Dec.18,1935	Date Orig. Entry: Dec.18, 1935
	Date of Birth: May 7,1919 / Birth Place: American Falls	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 72	By whom issued and signed: Lydia Mueller	Date Issued: July 25,1965	Date Orig. Entry: --------
	Date of Birth: May 7,1919 / Birth Place: American Falls, Ida.	Full Name of Mother: Lydia Stickel	Name of Father: Gottfried Mueller	
QUALIFYING INFORMATION				

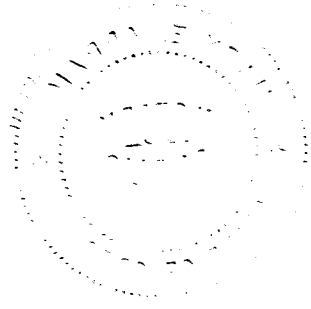
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Aug. 25, 1966

FORM BH 56067

AUG 29 1966



268-215-024-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-804

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rhoda Florence Boyd			2. Date of Birth (month) Jan. (day) 15 (year) 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding	
FATHER	6. Full Name of Father: Clarence Harry Boyd			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Clara Morrow			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rhoda Florence Boyd		11. Present Address of Registrant: Rte 2, Gooding, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1966	12. Signature of Notary: Cecil W. Hadley		13. Notary Commission expires: 10-9- 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for membership	By whom issued and signed: Job's Daughters		Date Issued: ----	Date Orig. Entry: Feb.17,1937
	Date of Birth: Jan.15,1919	Birth Place: Gooding, Idaho	Full Name of Mother: Clara Boyd	Name of Father: Clarence Boyd	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from Baby Book	By whom issued and signed: Family Records		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jan.15,1919	Birth Place: Gooding, Idaho	Full Name of Mother: Mrs. Clara Boyd	Name of Father: Mr. Clarence Boyd	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Gooding, County, Idaho		Date Issued: May 11,1966	Date Orig. Entry: Nov.2,1946
	Date of Birth: Age 27	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson		Date Filed: Sept. 8, 1966	

K

FORM BH 56067 (4) Birth Record 10626

5-2-66

SEP 8 1966

DECEASED

915-218-010-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-925

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charlene Addie Ransom		2. Date of Birth (month) June (day) 18 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Charles Abbott Ransom		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Edna Lavina Anderson		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charlene Carney	11. Present Address of Registrant: P.O. Box 441, Desert Center, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 11 1966	12. Signature of Notary: Fern L. Hinkle	13. Notary Commission expires: FERN L. HINKLE My Commission Expires Dec. 12, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Edna L. Ransom	Date Issued: Sep.27,1966	Date Orig. Entry: -----
	Date of Birth: June 18,1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Edna Lavina Anderson	Name of Father: Charles Abbot Ransom	
SUPPORTING RECORD 2.	Type of Document: transcript of school record		By whom issued and signed: San Jose State College	Date Issued: Nov.29,1963	Date Orig. Entry: Sept.21,1936
	Date of Birth: June 18,1919	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Charles A. Ransom	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license#10542		By whom issued and signed: Yuma County, Arizona	Date Issued: Sept.1,1966	Date Orig. Entry: Aug.31,1953
	Date of Birth: Age 34	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Oct. 31, 1966

FORM BH 56067

OCT 31 1966

291-21-2104-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-935

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Esther Braniff			2. Date Of Birth (month) April (day) 12 (year) 1919	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County: Idaho / Washington	b. City or Town of Birth: Midvale	
FATHER	6. Full Name of Father: John Francis Braniff			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mary Holdiman			9. State or Country of Mother's Birth: Oregon (820 N.E. 25th Ave. Portland Oregon)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Hubbard		11. Present Address of Registrant: Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on 5th Day of October 1966	12. Signature of Notary: Edward B Shanck		13. Notary Commission expires: Jan 1, 1967	

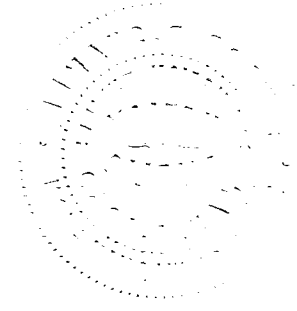
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Hood River County School Dist. #1, Oregon	Date Issued: Oct.14,1966	Date Orig. Entry: Nov. 1926	
	Date of Birth: Age 7	Birth Place: -----	Full Name of Mother: -----	Name of Father: J. F. Braniff	
SUPPORTING RECORD 2.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Benton County, Washington County Clerk's Office	Date Issued: Nov.29,1960	Date Orig. Entry: June 17,1941	
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: Elizabeth M. Braniff	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth M. Braniff	Date Issued: Oct.8,1966	Date Orig. Entry: -----	
	Date of Birth: Apr.12,1919	Birth Place: Midvale, Idaho Washington County	Full Name of Mother: Elizabeth Mary Holdiman	Name of Father: John Francis Braniff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 1, 1966

FORM BH 56067

NOV 2 1966



(54-113-006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Dick Anderson			2. Date Of Birth (month) April (day) 13 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Jamestown (Mail Shelley)
FATHER	6. Full Name of Father: Antone Franklin Anderson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ethel Dick			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franklin D Anderson		11. Present Address of Registrant: 808 Saturn Ave. Idaho Falls.
NOTARY (Seal)	Subscribed and sworn to before me on: December 2 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file-Idaho # 445458	Date Issued: -------	Date Orig. Entry: child born Nov.9,1947
	Date of Birth: Age 28	Birth Place: Jameston, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #214252		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: July 7,1941	Date Orig. Entry: June 26,1941
	Date of Birth: Apr.13,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Ethel D. Anderson	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 75		By whom issued and signed: Randall L. Anderson	Date Issued: Dec.14,1966	Date Orig. Entry: ----
	Date of Birth: Apr.13,1919	Birth Place: Bingham County Jamestown, Idaho	Full Name of Mother: Ethel Dick Anderson	Name of Father: Antone Franklin Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtentiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Denson	fc gml Glenda Larson	Dec. 19, 1966

FORM BH 56067

ICR pd Rec # 4030 (Rush) 12-9-66 91

DEC 19 1966

219-201-026-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-020

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thaylus Barker
2. Date of Birth (month) Sept. (day) 1 (year) 1919
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Lorenzo Idaho

FATHER

6. Full Name of Father: Earnest Barker
7. State or Country of Father's Birth: Draper, Utah

MOTHER

8. Full Maiden Name of Mother: Sarah A. Blodgett
9. State or Country of Mother's Birth: Annis, Idaho

AFFIDAVIT - I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thaylus Keller
11. Present Address of Registrant: 319 E 40th Boise, Ida

NOTARY - (Seal)

Subscribed and sworn to before me on Jan. 6th 1967

12. Signature of Notary: Lewis Brennan
13. Notary Commission expires: Notary Public Residing at Boise, Idaho My Commission Expires Sept. 25, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Cousin Age 65	Ina Skelton	Jan.6,1967	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.1,1919 / Lorenzo, Idaho	Sarah A. Blodgett	Earnest Barker	
SUPPORTING RECORD 2.	Insurance Policy # 88708	Security Life and Accident	Sept.18,1957	Sept.18,1957
	Sept.1,1919 / Lorenzo, Idaho	--------	--------	
SUPPORTING RECORD 3.	Certificate of Baptism	Albert Thomas, Bishop L. D. S. Church	May 4,1930	Baptized May 3,1930
	Sept.1,1919 / Lorenzo, Idaho	Sarah A. Blodgett	Earnest Barker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

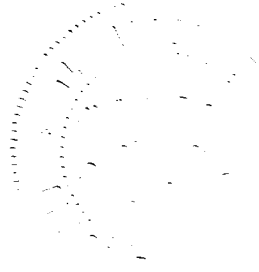
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan.11,1967

FORM BH 56067

1467

JAN 17 1967



796-25-022-499

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Bonne Gifford		2. Date Of Birth (month) Feb. (day) 25, (year) 1919
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Marysville, Idaho
FATHER	6. Full Name of Father: Arthur Lamont Gifford		7. State or Country of Father's Birth: Malheur Co. Oregon
MOTHER	8. Full Maiden Name of Mother: Cora Zelpha Driggs		9. State or Country of Mother's Birth: Driggs, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Bonne Gifford Furutani	11. Present Address of Registrant: 215 Douglas St. apt. #4 Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 11th 1967	12. Signature of Notary: Ellen D. Stewart	13. Notary Commission expires: June 7th 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: Oct.18,1938	Date Orig. Entry: Oct.11,1938
	Date of Birth: Feb.25,1919 / Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: ------	Name of Father: A. LaMont Gifford	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate 52 25 2170	By whom issued and signed: State of Utah, Dept. of Health	Date Issued: Nov.23,1966	Date Orig. Entry: child born Oct.7,1952
	Date of Birth: Age 33 / Birth Place: Marysville, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church	Date Issued: Aug.24,1960	Date Orig. Entry: Apr.6,1919
	Date of Birth: Feb.25,1919 / Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Cora Zelpha Driggs	Name of Father: Arthur Lamont Gifford	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson,	Glenda Larson	Jan. 16, 1967

FORM BH 56067

JAN 1 6 1967

318-131-026-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De67-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Marion Taylor		2. Date of Birth (month) 1 (day) 31 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lewisville Jefferson	b. City or Town of Birth: Lewisville Idaho
FATHER	6. Full Name of Father: Marion Lewis Taylor		7. State or Country of Father's Birth: Harrisville, Weber, Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Williams		9. State or Country of Mother's Birth: Lewisville, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Marion Taylor	11. Present Address of Registrant: 1013 Allumbaugh Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: 1-27 1967	12. Signature of Notary: E May	13. Notary Commission expires: Notary Public for Idaho My Commission expires August 15, 1968 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate Filed and signed by Dr.	By whom issued and signed: On file with state Idaho # De51-941	Date Issued: ----------	Date Orig. Entry: child born July 4, 1942	
	Date of Birth: Age 23	Birth Place: Lewisville, Ida.	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church Joseph W. Stallings, Ward Cl.	Date Issued: Feb. 27 1939	Date Orig. Entry: Ordained Jan. 15, 1939	
	Date of Birth: Jan. 31 1919	Birth Place: Lewisville, Ida.	Full Name of Mother: Elizabeth Williams	Name of Father: Marion L. Taylor	
SUPPORTING RECORD 3.	Type of Document: Wife's Policy gives Husband as beneficiary Beneficial Life Ins. Policy	By whom issued and signed: Albert Smith, President	Date Issued: Aug 17, 1945	Date Orig. Entry: Aug. 17, 1945	
	Date of Birth: Age 26	Birth Place: Lewisville, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 26, 1965

FORM BH 56067

JAN 27 1967

334-201-028-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethelyn ALPHA CLUPHF		2. Date Of Birth (month) JAN (day) 1 (year) 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: KOOTNAI	b. City or Town of Birth: Kellogg, Idaho
FATHER	6. Full Name of Father: ALFRED MASON CLUPHF		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Jessie ELIZABETH ~~CLUPHF~~ Morley		9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethelyn A. Phillips	11. Present Address of Registrant: 623 Morningside Drive Puyallup, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: 3/24 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: 11/14 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Alfred Cluphf	Date Issued: Mar.24,1967	Date Orig. Entry: ———	
	Date of Birth: Jan.1,1919	Birth Place: Kellogg, Idaho	Full Name of Mother: Jessie Elizabeth Cluphf (Morley)	Name of Father: Alfred Cluphf	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from Bible	By whom issued and signed: Family Bible records	Date Issued: ———	Date Orig. Entry: obviously old	
	Date of Birth: Jan.1,1919	Birth Place: Kellogg, Idaho	Full Name of Mother: Jessie Elizabeth Morley	Name of Father: Alfred Mason Cluphf	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's	By whom issued and signed: Seattle-King County Vital Statistics Div., Washington	Date Issued: Apr.6,1956	Date Orig. Entry: child born May 11,1949	
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 2, 1967

FORM BH 56067

No search made. Two copies paid Rec. # 8502. (P) 3-14-66

MAY 2 1967

792-112-003-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Don Lowe Gibson			2. Date of Birth (month) June (day) 12 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Grace, Bannock	b. City or Town of Birth: Grace, Idaho.
FATHER	6. Full Name of Father: Harvey Gibson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lucy Downy Lowe			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don Lowe Gibson		11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 19 65	12. Signature of Notary: [signature]		13. Notary Commission expires: February 28, 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, John J. Thomas, Bishop, Branch Pres.	Date Issued: Apr. 14, 1965	Date Orig. Entry: baptized Sept. 3, 1927
	Date of Birth: June 12, 1919 / Birth Place: Grace, Bannock County Idaho	Full Name of Mother: Lucy D. Lowe	Name of Father: Harvey N. Gibson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance records	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Sept. 2, 1944
	Date of Birth: June 12, 1919 / Birth Place: Grace, Idaho	Full Name of Mother: Lucy Gibson	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy D. Gibson	Date Issued: Apr. 28, 1967	Date Orig. Entry: -----
	Date of Birth: June 12, 1919 / Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Lucy D. Gibson	Name of Father: Harvey Gibson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 16, 1967

FORM BH 56067

9-28-66

MAY 1 6 1967

DECEASED

235-231-044-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-387

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Hope Steigerwalt (Washington)
2. Date of Birth (month) (day) (year): May 31, 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Payette Co. R.I. Washington; b. City or Town of Birth: Payette (mailing)

FATHER

6. Full Name of Father: Franklin Dreher Steigerwalt
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Mary Sylvia Cox
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen S. Conrad
11. Present Address of Registrant: Castleford, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1967

12. Signature of Notary: [signature]
13. Notary Commission expires: June 13. 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized copy of Family Bible Record	Family Bible	May 25,1967	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 31,1919	Idaho (Washington Co.)	Mary Sylvia Cox	Franklin Dreher Steigerwalt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother Age 75	Mary S. Steigerwalt	May 24,1967	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 31,1919	Rural Washington Co.	Mary Sylvia Cox	Franklin Steigerwalt

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized copy of School Record	Payette High School	May 24,1967	Entered Sept. 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 31,1919	Idaho	-----	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 26, 1967

FORM BH 56067

MAY 26 1987

215-216-003-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-412

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Sant			2. Date of Birth (month) January (day) 16 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: Alfred Clifford Sant			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ethel Mather			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Sant Bennett		11. Present Address of Registrant: 237 Clark St. Murray, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1967	12. Signature of Notary: Glenda L Larson		13. Notary Commission expires: March 16 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church	Date Issued: May 15,1967	Date Orig. Entry: Apr.6,1919
	Date of Birth: Jan.16,1919 / Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Ethel Mather	Name of Father: Alfred C. Sant	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certifi	By whom issued and signed: State of Utah, Division of Vital Statistics	Date Issued: May 10,1967	Date Orig. Entry: child born April 16,1950
	Date of Birth: Age 31 / Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Alfred C. Sant	Date Issued: May 15,1967	Date Orig. Entry: -----
	Date of Birth: Jan.16,1919 / Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Ethel Mather	Name of Father: Alfred Clifford Sant	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 9, 1967

FORM BH 56067

5-5-67

JUN 9 1967

315-105-007-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-446

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ray LeRoy Laverty
2. Date of Birth (month) May (day) 5 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Gannett

FATHER

6. Full Name of Father: William James Laverty
7. State or Country of Father's Birth: Isle of Wight, England

MOTHER

8. Full Maiden Name of Mother: Alice Sylvia Martin
9. State or Country of Mother's Birth: Idaho Blaine

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ray Laverty
11. Present Address of Registrant: Challis, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 8th 1967
12. Signature of Notary: Beulah N. Rood
13. Notary Commission expires: July 14th 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #407676	-----	child born June 2,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 26 / Gannett, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by sister	Lillie V. Trine (bd. 10-2-08)	Apr.24,1967	-----
	May 5,1919 / Gannett, Idaho Blaine County	Alice Sylvia Martin	William James Laverty	
SUPPORTING RECORD 3.	copy of application for insurance	American Republic Ins. Co.	Sep.23,1957	Sept.23,1957
	May 5,1919 / Gannett	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: Glenda Larson
Date Filed: June 16, 1967

FORM BH 56067

Application # 8632

3-23-67

JUN 1 6 1967

295-228-010-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-481

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Breiter			2. Date of Birth (month) May (day) 28 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Otto Charles Breiter			7. State or Country of Father's Birth: Chicago, Illinois
MOTHER	8. Full Maiden Name of Mother: Beulah Whittington			9. State or Country of Mother's Birth: Imogene, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Breiter Fisk		11. Present Address of Registrant: 1530 Glen Arbor Ida. Falls
NOTARY (Seal)	Subscribed and sworn to before me on: May 23- 1967	12. Signature of Notary: [signature]		13. Notary Commission expires: June 1 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Otto Charles Breiter		Date Issued: May 23,1967	Date Orig. Entry: -----
	Date of Birth: May 28,1919	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Beulah Whittington Breiter	Name of Father: Otto Charles Breiter	
SUPPORTING RECORD 2.	Type of Document: Federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: May 12,1967	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Beulah Breiter	Name of Father: Otto Breiter	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #116902	By whom issued and signed: Commercial Life Ins. Co. Phoenix, Arizona		Date Issued: Apr.13,1950	Date Orig. Entry: Apr.13,1950
	Date of Birth: May 28,1919	Birth Place: -----	Full Name of Mother: -----	Name of Father: O. C. Breiter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 19, 1967

FORM BH 56067

JUN 1 9 1967

757-229-035-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-566

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Delilah Mae Gephart Eberhardt		2. Date of Birth (month) May (day) 29 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: William T. Gephart		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Lyda Delilah Bond		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith D. Eberhardt	11. Present Address of Registrant: Peck, Idaho Rte 1	
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: 8/8 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of hospital certificate for own child	By whom issued and signed: St. Joseph's Hospital, Lewiston Idaho	Date Issued: Apr. 6, 1967	Date Orig. Entry: child born Sept. 8, 1938	
	Date of Birth: May 29, 1919	Birth Place: Leland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: William T. and Lyda Delilah Gephart	Date Issued: Apr. 6, 1967	Date Orig. Entry: -----	
	Date of Birth: May 29, 1919	Birth Place: Leland, Idaho	Full Name of Mother: Lyda Delilah Gephart	Name of Father: William T. Gephart	
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance records	By whom issued and signed: Old Republic Credit Life Ins. Co., Chicago, Illinois	Date Issued: -----	Date Orig. Entry: Jan. 11, 1956	
	Date of Birth: Age 36	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 27, 1967

FORM BH 56067

1 cp. pd. rec. #10131

(E) 5-8-67 gm

JUL 27 1967

219-127-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-581

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Robert Barrington		2. Date of Birth (month) 5 (day) 27 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St. Anthony, Fremont	b. City or Town of Birth: St. Anthony,
FATHER	6. Full Name of Father: Joseph Edward Barrington		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Crain		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Robert Barrington	11. Present Address of Registrant: Box 208, Basalt, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 28, 1967	12. Signature of Notary: J. Harrison Dennis	13. Notary Commission expires: November 1 1968	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #284646	Date Issued: -----	Date Orig. Entry: child born Sept.10,1939	
	Date of Birth: Age 20	Birth Place: St.Anthony,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of social security application #518-26-3155	By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Sept.24,1943	
	Date of Birth: May 27,1919	Birth Place: St.Anthony,Idaho Fremont County	Full Name of Mother: Mary Ellen Crain	Name of Father: Joseph Edward Barrington	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Barrington Boyenger	Date Issued: June 8,1967	Date Orig. Entry: -----	
	Date of Birth: May 27,1919	Birth Place: St.Anthony,Idaho	Full Name of Mother: Mary Ellen Barrington	Name of Father: Joseph Edward Barrington	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

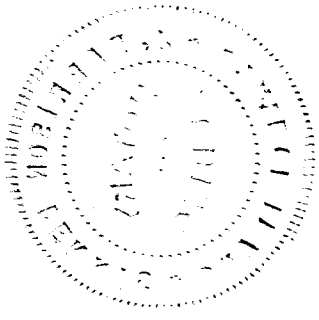
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 28, 1967

FORM BH 56067 1 copy paid rec. 8636 (B) 5-15-67 gml

JUL 28 1967

Barrington

Charles Robert Barrington
May 27, 1919
St. Anthony, Idaho



525117-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-651

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank Andrew Eberhardt
2. Date of Birth (month) (day) (year): Feb 17 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Pocatello Ida-Bannock
b. City or Town of Birth: Pocatello.

FATHER

6. Full Name of Father: Frank Andrew Eberhardt
7. State or Country of Father's Birth: Buffalo N.Y.

MOTHER

8. Full Maiden Name of Mother: Anna Elizabeth Wilson
9. State or Country of Mother's Birth: Mansa. Colo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank A Eberhardt
11. Present Address of Registrant: 920 Terr. Stockton.

NOTARY (Seal)

Subscribed and sworn to before me on: Apr. 6 1967
12. Signature of Notary: Helen E. Washburn
13. Notary Commission expires: June 26 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	King County Recorder's Office State of California	Feb.17,1967	child born May 29,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 31	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Anna Elizabeth Terrill	Jul.18,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.17,1919	Pocatello, Idaho	Anna Elizabeth Wilson Terrill	Frank Andrew Eberhardt

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of affidavit of application for marriage lic. #95836	Ormsby County, Nevada	May 19,1967	Apr.29,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 43	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	August 21,1967

FORM BH 56067 rm

(E) 5-8-67 mm

AUG 21 1967

SEP 20 2000

758-214-039-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-698

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Maria Gehring		2. Date Of Birth (month) (day) (year): August 14 1919	
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls,
FATHER	6. Full Name of Father: Gust Gehring		7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Christina Mayer		9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Gehring	11. Present Address of Registrant: American Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 19 67	12. Signature of Notary: Helen McKelvey	13. Notary Commission expires: August 5 1970	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #294241	Date Issued: -----	Date Orig. Entry: child born June 1, 1940	
	Date of Birth: Age 20	Birth Place: American Falls, Ida.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 60	By whom issued and signed: Elizabeth Merrill	Date Issued: Dec. 15, 1966	Date Orig. Entry: -----	
	Date of Birth: Aug. 14, 1919	Birth Place: Am. Falls, Idaho	Full Name of Mother: Christina Maier Gehring	Name of Father: Gus Gehring	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation	By whom issued and signed: St. John's Lutheran Church, O. W. Reitz, Pastor	Date Issued: -----	Date Orig. Entry: confirmed July 20, 1952	
	Date of Birth: Aug. 14, 1919	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

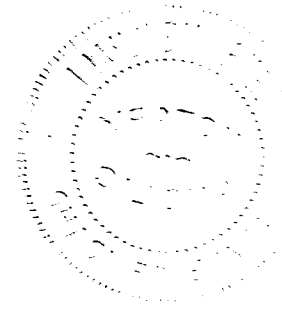
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 6, 1967

FORM BH 56067 (T) 11-17-66 gml

T 6-12-67

Tout
(Edna Marria Gehring)

SEP 6 1967



249-230-003-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-745

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Mildred Smith			2. Date of Birth (month) January (day) 30 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cleveland Bannock	b. City or Town of Birth: Cleveland, Idaho	
FATHER	6. Full Name of Father: John W. Smith			7. State or Country of Father's Birth: Smithfield, Utah	
MOTHER	8. Full Maiden Name of Mother: Mildred Thompson			9. State or Country of Mother's Birth: Smithfield, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pearl S. Doty	11. Present Address of Registrant: Thompson Falls, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on July 26th 1967		12. Signature of Notary: Alvie L. Morrison	13. Notary Commission expires: Aug 24 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #50-2993	Date Issued: -----	Date Orig. Entry: child born Mar.4,1950
	Date of Birth: Age: 31	Birth Place: Cleveland, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of blessing		By whom issued and signed: LDS Church, Cleveland Ward Hyrum R. Nelson, Clerk	Date Issued: -----	Date Orig. Entry: blessed May 4,1919
	Date of Birth: Jan.30,1919	Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Mildred Thompson	Name of Father: John W. Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Cleveland Ward Fred H. Andersen, Bishop	Date Issued: -----	Date Orig. Entry: baptized Apr.30,1927
	Date of Birth: Jan.30,1919	Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Mildred Thompson	Name of Father: John W. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barsom	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 20, 1967

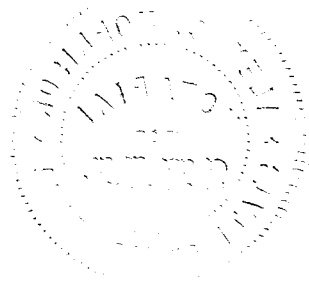
FORM BH 56067

Mail copy to Mrs. [illegible] 15202

7-21-67

SEP 20 1967

17



495-229-025-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-752

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Mary Dietrich
2. Date of Birth (month) (day) (year): September 29 1919
3. Color or Race: White
4. Sex: FEmale
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Ferdinand

FATHER

6. Full Name of Father: Max Alvin Dietrich
7. State or Country of Father's Birth: Saxony, Germany

MOTHER

8. Full Maiden Name of Mother: Josie Howell
9. State or Country of Mother's Birth: Pomeroy, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Mary Reid
11. Present Address of Registrant: Craigmont, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: August 29 1967
12. Signature of Notary: Calvin E Deswander
13. Notary Commission expires: 10-6 19[illegible]

APPLICANT - (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Idaho # 349391	----	child born May 30,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22	Ferdinand, Idaho	-----	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage return #374	Asotin County, Washington	Jul.14,1967	Sept.29,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18	Ferdinand, Idaho	Josie Howell	Max A. Dietrich

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Josie Dietrich	Jul.28,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1919	Ferdinand, Idaho	Josie Howell Dietrich	Max Alvin Dietrich

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

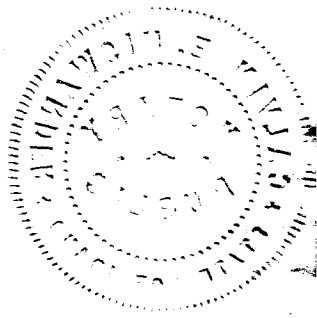
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: fc gml Glenda Larson
Date Filed: Sept. 22, 1967

FORM BH 56067

(R) 8-22-67

SEP 22 1967



253-203-017-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-793

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nettie LaRene Belnap		2. Date Of Birth (month) August (day) 3 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clark; b. City or Town of Birth: Kilgore, Idaho
FATHER	6. Full Name of Father: Amasa Belnap		7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Julia Rose James		9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nettie LaRene Belnap	11. Present Address of Registrant: 804 Driggs Avenue, Salt LAKE City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 1965	12. Signature of Notary: L. J. Walkingshaw	13. Notary Commission expires: April 5, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 62	By whom issued and signed: Julia Lucretia Belnap Keen	Date Issued: Mar.26,1965	Date Orig. Entry: -----
	Date of Birth: Aug.3,1919 / Birth Place: Kilgore, Idaho	Full Name of Mother: Julia Rose James Belnap	Name of Father: Amasa Belnap	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #02836526	By whom issued and signed: American National Ins. Co. Galveston, Texas	Date Issued: Jun.20,1961	Date Orig. Entry: Apr.26,1961
	Date of Birth: Aug.3,1919 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #76380	By whom issued and signed: Salt Lake County, Utah	Date Issued: Sep.13,1967	Date Orig. Entry: June 4,1937
	Date of Birth: Aug.3,1919 / Birth Place: Killgore, Idaho	Full Name of Mother: Julia R. James	Name of Father: Amasa Belnap	
QUALIFYING INFORMATION				

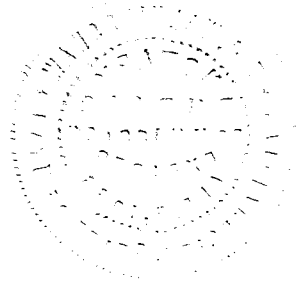
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept.27,1967

FORM BH 56067

Corrected Cert #11949

(H) 9-7-67-90

SEP 27 1967



692-21-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-858

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Beatrice Wisdom			2. Date of Birth (month) (day) (year): August 11 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: Jesse Willard Wisdom			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Eva Harper			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola B. Paul		11. Present Address of Registrant: Kamiah, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 29, 1967 19__	12. Signature of Notary: Ethel D. Howard		13. Notary Commission expires: April 5, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #49-12898		Date Issued: ----	Date Orig. Entry: child born Oct.19,1949
	Date of Birth: Age 30	Birth Place: Kamiah, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Joint school Dist.#304,Kamiah Idaho, Phyllis Bovey,Clerk		Date Issued: Sept.9,1967	Date Orig. Entry: Sept.1930
	Date of Birth: Age 11	Birth Place: -----	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Jesse W. Wisdom		Date Issued: Oct.2,1967	Date Orig. Entry: -----
	Date of Birth: Aug.11,1919	Birth Place: Kamiah, Idaho	Full Name of Mother: Eva Harper Wisdom	Name of Father: Jess W. Wisdom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: October 10, 1967

FORM BH 56067 1 copy pd Rec 18784 9-26-67 mp

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DECEASED

359-204-022-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-864

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Leis			2. Date of Birth (month) (day) (year): March 4 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Wilford / Fremont	b. City or Town of Birth: Wilford, Idaho (mail St. Anthony)
FATHER	6. Full Name of Father: Henry Leis			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mollie Leis			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Leis		11. Present Address of Registrant: Rte #1 St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 19 67	12. Signature of Notary: Le Monte Bauer, Clerk Of The District Court		13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #342140	Date Issued: ----	Date Orig. Entry: child born Mar.15,1942
	Date of Birth: Age 23	Birth Place: St. Anthony	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (more than ten years older)		By whom issued and signed: Rosetta Kubal	Date Issued: May 11,1967	Date Orig. Entry: ------
	Date of Birth: Mar.4,1919	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Mollie Leis	Name of Father: Henry Leis	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records		By whom issued and signed: Fremont County, Idaho	Date Issued: Jul.26,1967	Date Orig. Entry: 1925
	Date of Birth: Mar.4,1910	Birth Place: -----	Full Name of Mother: Mollie Leis	Name of Father: Henry Leis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 10,1967

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912-217-016-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-879

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rula Hannah Rasmussen			2. Date of Birth (month) (day) (year): March 17 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sublett Cassia	b. City or Town of Birth: Sublett Idaho
FATHER	6. Full Name of Father: James Peter Rasmussen			7. State or Country of Father's Birth: Hyrum Milleville Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Esther Ruth Wheatley			9. State or Country of Mother's Birth: Honeyville Calls Fort Box Elder Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rula H.R. Checketts		11. Present Address of Registrant: RI Brigham City Utah 84302
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1967	12. Signature of Notary: Lucile L. Howes		13. Notary Commission expires: 4/11 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Joseph Fielding Smith, Historian	Date Issued: Aug.7,1967	Date Orig. Entry: Apr.3,1927	
	Date of Birth: Mar.17,1919	Birth Place: Sublett, Cassia County, Idaho	Full Name of Mother: Esther Wheatley	Name of Father: James P. Rasmussen	
SUPPORTING RECORD 2.	Type of Document: photocopy of post card announcing birth	By whom issued and signed: James P. Rasmussen	Date Issued: Mar.18,1919	Date Orig. Entry: postmarked March 19,1919	
	Date of Birth: March 17, 1919	Birth Place: postmarked Sublett, Idaho	Full Name of Mother: Esther Rasmussen	Name of Father: James P. Rasmussen	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #317	By whom issued and signed: Box Elder County, Utah	Date Issued: Aug.4,1967	Date Orig. Entry: Mar.1,1939	
	Date of Birth: Mar.17,1919	Birth Place: Sublet, Cassia County, Idaho	Full Name of Mother: Esther Wheatley	Name of Father: James P. Rasmussen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	October 11,1967

FORM BH 56067

1 copy sent to # 14622

7-21-67

OCT 1 1 1967

253-29-1037-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-939

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Benson Bell			2. Date of Birth (month) April (day) 29 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Homedale
FATHER	6. Full Name of Father: Cliffond ClintonBell			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Christena Flo Bell (Benson)			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest D. Bell		11. Present Address of Registrant: 2640 - 8th St.
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.29,1919 / Birth Place: Homedale	Full Name of Mother (Benson): Christena Flo Bell	Name of Father: Clifford Clinton Bell	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Elizabeth - Baker, Oregon	Date Issued: Oct.7,1966	Date Orig. Entry: Entered Jan 23,1945
	Date of Birth: Apr.29,1919 / Birth Place: Homedale, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Oregon State Guard	Date Issued: Dec.14,1947	Date Orig. Entry: Dec.14,1947
	Date of Birth: Apr.29,1919 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct.27,1967

FORM BH 56067

OCT 27 1967

291-203-031-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-940

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Helen Braun			2. Date Of Birth: (month) July (day) 3 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Lewis	b. City or Town of Birth: Russell, Idaho	
FATHER	6. Full Name of Father: Emile Braun			7. State or Country of Father's Birth: Luxenberg	
MOTHER	8. Full Maiden Name of Mother: Helen Krebshach			9. State or Country of Mother's Birth: North Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Martha H Braun	11. Present Address of Registrant: Nezperce, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 19th day of Oct. 19 67		12. Signature of Notary: Edna Lewis	13. Notary Commission expires: February 26, 1969	

APPLICANT — (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Emile Braun	Date Issued: Jan.30,1961	Date Orig. Entry: -----
	Date of Birth: July 3,1919	Birth Place: Russell, Idaho Lewis County	Full Name of Mother: Helen (Krebsbach) Braun	Name of Father: Emile Braun	
SUPPORTING RECORD 2.	Type of Document: Baptismal certificate		By whom issued and signed: Roman Catholic Church, Rev. John Rafferty, Pastor	Date Issued: Oct.8,1967	Date Orig. Entry: baptized July 13,1919
	Date of Birth: July 3,1919	Birth Place: Russel, Idaho	Full Name of Mother: Helena M. Krebsbach	Name of Father: Emil Braun	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Lewis County, Idaho School Dist. #32	Date Issued: Oct.19,1967	Date Orig. Entry: Oct.15,1930
	Date of Birth: Age 11	Birth Place: -----	Full Name of Mother: -----	Name of Father: Emile Braun	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Oct. 31, 1967

FORM BH 56067 2 copies paid (K) 10-16-67 gmj

OCT 31 1967

335-221-026-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Margaret Clement		2. Date Of Birth (month) June (day) 21 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewisville, Ida, Jefferson	b. City or Town of Birth: Lewisville, Idaho
FATHER	6. Full Name of Father: Walter Alma Clement		7. State or Country of Father's Birth: Plain City, Utah
MOTHER	8. Full Maiden Name of Mother: Nancy Jane Norton		9. State or Country of Mother's Birth: Iona, Bingham County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia C Goelberg	11. Present Address of Registrant: 405 East 14 St. Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 26 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Nancy Jane Norton Clement and Walter Alma Clement	Date Issued: Aug.2,1967	Date Orig. Entry: -----
	Date of Birth: June 21, 1919 / Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Nancy Jane Norton Clement	Name of Father: Walter Alma Clement	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: On file Idaho #58-14173	Date Issued: -----	Date Orig. Entry: child born Sep.12,1958
	Date of Birth: Age 39 / Birth Place: Lewisville, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Jesse Larsen, Clerk Idaho Falls 3rd Ward, Idaho	Date Issued: May 19,1967	Date Orig. Entry: blessed Aug.3,1919
	Date of Birth: Jun.21,1919 / Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Nancy Jane Norton	Name of Father: Walter Alma Clement	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 7, 1967

FORM BH 56067

(2) 10-25-

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1650

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Hansen (AKA Kathryn Hansen)			2. Date of Birth (month) August (day) 16 (year) 1919	
	3. Color or Race: Wh.	4. Sex: F.	5. Place of Birth a. County: Bancroft Caribou	b. City or Town of Birth: Bancroft Idaho.	
FATHER	6. Full Name of Father: Boyd Hansen			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Clark			9. State or Country of Mother's Birth: Idaho	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Kathryn L. Thomas	11. Present Address of Registrant: 410 Second St. - Deerlodge Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 1967		12. Signature of Notary: Kinona Bryan	13. Notary Commission expires: Sept. 15 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #265717	Date Issued: ------	Date Orig. Entry: child born Mar.10,1938
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents		By whom issued and signed: Mary Hansen and Boyd Hansen	Date Issued: Nov.28,1967	Date Orig. Entry: ------
	Date of Birth: Aug.16,1919	Birth Place: Bancroft, Idaho	Full Name of Mother: Mary Hansen	Name of Father: Boyd Hansen	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment		By whom issued and signed: Montana State Hospital, Warm Springs, Montana	Date Issued: ------	Date Orig. Entry: Mar.20,1961
	Date of Birth: Aug.16,1919	Birth Place: Bancroft, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 8, 1967

FORM BH 56067

2 cps pd rec # 22244

DEC 1 1 1967

434-207-003-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BEULAH MYRTLE MC DANIEL			2. Date of Birth (month) July (day) 7, (year) 1919
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Lava Hot Springs-Bannock	b. City or Town of Birth: Lava Hot Springs, Idaho
FATHER	6. Full Name of Father: WALTER MC DANIEL			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: MYRTLE EUNICE DURFEE			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah M. McDaniel Robson		11. Present Address of Registrant: 636 Washington Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 15 1967	12. Signature of Notary: Louise E. Cooper		13. Notary Commission expires: July 15 1969

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date Issued: May 31,1955	Date Orig. Entry: May 26, 1955
	Date of Birth: July 7,1919	Birth Place: Lava Hot Springs	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of Baptism and Confirmation		By whom issued and signed: Reorganized LDS Church, Independence, Mo. #110770	Date Issued: Oct.1953	Date Orig. Entry: baptized Oct.18,1953
	Date of Birth: July 7,1919	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Thora Byington, Clerk	Date Issued: Oct.10,1919	Date Orig. Entry: blessed Oct.5,1919
	Date of Birth: July 7,1919	Birth Place: Bannock County Lava, Idaho	Full Name of Mother: Myrtle Durffey	Name of Father: Walter McDaniels	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Jan. 11, 1968

FORM BH 56067

1 Cy Roll Sec. #4013 2nd Form (K) 9-29-67

JAN 1 1 1968

235-12-022-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Klein			2. Date of Birth (month) Dec (day) 22 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Wilford, Fremont	b. City or Town of Birth: Wilford, Idaho
FATHER	6. Full Name of Father: John Klein			7. State or Country of Father's Birth: Frank Russia
MOTHER	8. Full Maiden Name of Mother: Katie Metze Klein			9. State or Country of Mother's Birth: Gnaudendau Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Klein		11. Present Address of Registrant: Rte # 1 St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 29 19 67	12. Signature of Notary: La Mont Bauer, Clerk Of The District Court		13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Katie E. Klein	Date Issued: Dec.29,1967	Date Orig. Entry: -----
	Date of Birth: Dec.22,1919	Birth Place: Wilford, Idaho	Full Name of Mother: Katie Klein	Name of Father: John Klein	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license #280675		By whom issued and signed: Fremont County, Idaho	Date Issued: Dec.29,1967	Date Orig. Entry: Dec.23,1954
	Date of Birth: Dec.22,1919	Birth Place: Wilford, Fremont County, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #55-13267	Date Issued: -----	Date Orig. Entry: child born Oct.26,1955
	Date of Birth: Age 35	Birth Place: Wilford, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 23, 1968

FORM BH 56067 1 Cp ltr ltr #25255 12-21-67

JAN 24 1968

DECEASED

445-230-026-096

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-098

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rachel LAVON DUNCAN			2. Date of Birth (month) MARCH (day) 30 (year) 1919
	3. Color or Race: White	4. Sex: FEMALE	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Thos. DUNCAN			7. State or Country of Father's Birth: MD - Bates Co.
MOTHER	8. Full Maiden Name of Mother: Gladys LAVON FiFe			9. State or Country of Mother's Birth: Jefferson Co.
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rachel Duncan Bartoli Rep 104		11. Present Address of Registrant: Hathaway Pines, Calif.
	Subscribed and sworn to before me on: February 10 1968	12. Signature of Notary: Albert E. Gross		13. Notary Commission expires: ALBERT E. GROSS [illegible] COMMISSION EXPIRES FEB 28, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate 51-032114		By whom issued and signed: State of California, Vital Statistics, Sacramento	Date Issued: Apr.21,1952	Date Orig. Entry: child born Feb.4,1951
	Date of Birth: Age 31	Birth Place: Louisville, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Gladys LaVon Duncan	Date Issued: Aug.31,1967	Date Orig. Entry: ----
	Date of Birth: Mar.30,1919	Birth Place: Lewisville, Idaho	Full Name of Mother: Gladys Lavon (Fife) Duncan	Name of Father: Thomas Duncan	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Kennewich branch, G.A.Morrison Branch Pres.	Date Issued: Jan.17,1940	Date Orig. Entry: baptized Dec.31,1939
	Date of Birth: Mar.30,1919	Birth Place: Lewisville, Idaho	Full Name of Mother: Gladys L. Fife	Name of Father: Thomas Duncon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtentiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Jan. 30, 1968

FORM BH 56067

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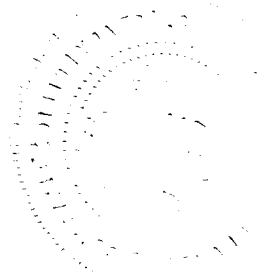


968-217-007-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-125

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ila Florence Rohm
2. Date of Birth (month) (day) (year): March 17 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Gannett Idaho, Blaine
b. City or Town of Birth: Gannett

FATHER

6. Full Name of Father: Charles William Rohm
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Lucy Ann Trowbridge
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ila Rohm Little
11. Present Address of Registrant: 324 Adams Sonoma Cal

NOTARY (Seal)

OFFICIAL SEAL
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

Subscribed and sworn to before me on Jan 1968

12. Signature of Notary: William L Kalman
13. Notary Commission expires: My Commission Expires Feb. 15, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	PHOTOCOPY of application of insurance policy	Occidental Life Ins. Co.	----	July 19,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.17,1919 / Gannett, Idaho	------	------	
SUPPORTING RECORD 2.	photocopy of birth certificate of own child	State of Colorado	Sep.11,1950	child born Jan.15,1947
	Age 27 / Gannett, Idaho	-------	------	
SUPPORTING RECORD 3.	Certificate of Baptism	Willard W. Deal, Pastor	----	baptized Apr.20,1920
	Mar.17,1919 / ------	Lucy Rohme	Charles W. Rohme	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Feb. 5, 1968

FORM BH 56067 1 Cy. Order #24349 (2) 1-25-68 gml

FEB 5 1968

gw 692-25-1033-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-212

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD GILMAN FIKSTAD		2. Date of Birth (month) (day) (year): APRIL 25 1919
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: MADISON; b. City or Town of Birth: REXBURG IDAHO
FATHER	6. Full Name of Father: GILMAN FIKSTAD		7. State or Country of Father's Birth: EPHRAIM UTAH
MOTHER	8. Full Maiden Name of Mother: ELLEN LUTHY		9. State or Country of Mother's Birth: REXBURG IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard G. Fikstad	11. Present Address of Registrant: RT 2 Box 311 LAYTON UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: 26 Feb. 1968	12. Signature of Notary: Rt #2 Box 346 Layton Dorothy C. Wall	13. Notary Commission expires: 9 Feb. 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church	Date Issued: July 1919	Date Orig. Entry: Blessed July 6, 1919
	Date of Birth: Apr.25,1919 / Birth Place: Rexburg, Idaho	Full Name of Mother: Ellen Luthy	Name of Father: Gilman Fikstad	
SUPPORTING RECORD 2.	Type of Document: Notice of separation	By whom issued and signed: U.S.Naval Service	Date Issued: Nov 22,1945	Date Orig. Entry: Separation Nov.22,1945
	Date of Birth: April 25,1919 / Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 67	By whom issued and signed: Ellen Olson	Date Issued: Feb.29,1968	Date Orig. Entry: ------
	Date of Birth: April 25, 1919 / Birth Place: Rexburg, Idaho	Full Name of Mother: Ellen Luthy	Name of Father: Gilman Fikstad	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

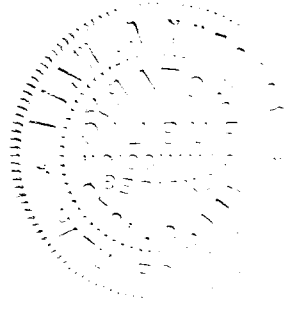
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 29, 1968

FORM BH 56067

2-15-68

FEB 29 1968



466-103-003-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-226

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: HOWARD DAVID DOWNING		2. Date Of Birth (month) JUNE (day) 3 (year) 1919
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: POCATELLO, BANNOCK / b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: ERNEST DAVID DOWNING		7. State or Country of Father's Birth: ILLNOIS
MOTHER	8. Full Maiden Name of Mother: SELMA ANN FINELL		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard David Downing	11. Present Address of Registrant: 2235 FARLEY ST. CASTRO VALLY CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: September 14, 1967	12. Signature of Notary: Louis C. Frank	13. Notary Commission expires: LOUIS C. FRANK My Commission Expires Mar 8, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: -----	Date Orig. Entry: Apr.23,1941
	Date of Birth: June 3,1919 / Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge	By whom issued and signed: Calvin J. Sassarini, 2nd Lt. CMP, Army	Date Issued: Sep.2,1945	Date Orig. Entry: inducted Nov.9,1944
	Date of Birth: June 3,1919 / Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Portland Public Schools, Oregon (Woodlawn Elementary)	Date Issued: Feb.13,1968	Date Orig. Entry: 1925-26
	Date of Birth: June 3,1919 / Birth Place: Pocatello, Idaho	Full Name of Mother: Selma A. Downing	Name of Father: Ernest D. Downing	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 1, 1968

FORM BH 56067

1 Copy Paid Rec 18516 (1) 10-25-

Domingo

MAR 4 1968

State of California
County of Alameda } ss

— ACKNOWLEDGMENT—General —

On this 14th day of September A. D. 19 67 before me,
Louis C. Frank a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared Howard David Downing

known to me to be the person whose name is subscribed to the within Instrument, and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

OFFICIAL SEAL
LOUIS C. FRANK
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
ALAMEDA COUNTY

Louis C. Frank
Notary Public in and for said County and State of California

My Commission Expires

LOUIS C. FRANK
My Commission Expires Mar. 8, 1969

Form GA — Sam Hopkins Legal Forms Printing Service, 2328 Fruitvale Ave., Oakland, Calif.

699-217-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivy Eileen Wright		2. Date Of Birth (month) January (day) 17 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William Wright, Jr.		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Caroline S. Jensen (S. - Sophia)		9. State or Country of Mother's Birth: Salt Lake County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivy Eileen Wright Davies	11. Present Address of Registrant: 335 Winther, Nampa, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 1968	12. Signature of Notary: [illegible] Harper	13. Notary Commission expires: May. 16 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Mrs. Hilma W. Wright Age:76	Date Issued: Feb.21,1968	Date Orig. Entry: ---	
	Date of Birth: Jan.17,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Caroline Jensen Wright	Name of Father: William Wright, Jr.	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church Pocatello 6th Ward P.M.Larsen, Clerk	Date Issued: Feb.6,1927	Date Orig. Entry: baptized Feb.6,1927	
	Date of Birth: Jan.17,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Caroline Jensen	Name of Father: William Wright, Jr.	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Pocatello 2nd Ward, W. J. Prater, Clerk	Date Issued: ---	Date Orig. Entry: blessed Mar.2,1919	
	Date of Birth: Jan.17,1919	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Caroline Jensen	Name of Father: Wm. Wright, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	March 7, 1968

FORM BH 56067

9-20-66

MAR 8 1968

319-19-033-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luis Cardenas		2. Date Of Birth (month) Aug. (day) 19 (year) 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Sugar City, Ida. Madison; b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Gerardo Cardenas		7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Juanita Tabares		9. State or Country of Mother's Birth: Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luis Cardenas	11. Present Address of Registrant: 416 S. 10th St Yakima Wash
NOTARY (Seal)	Subscribed and sworn to before me on: March 6, 1968	12. Signature of Notary: E. V. Gaines	13. Notary Commission expires: 2-19-69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Gerardo Cardenas		Date Issued: Mar.6,1968	Date Orig. Entry: ---
	Date of Birth: Aug.19,1919	Birth Place: Sugar City,Idaho	Full Name of Mother: Juanita Tabares	Name of Father: Gerardo Cardenas	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Mary Immaculate Parish,St. Anthony, Idaho,Roman Catholic		Date Issued: Dec.6,1967	Date Orig. Entry: baptized Dec.30,1919
	Date of Birth: Aug.19,1919	Birth Place: ----	Full Name of Mother: Joanna Tobaris	Name of Father: Gerardo Cardenas	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge record	By whom issued and signed: U.S. Army, J.Willard Wagner Lt. Col. AGD Ft.Lewis,Wash.		Date Issued: discharged Feb.6,1946	Date Orig. Entry: inducted Feb.23,1942
	Date of Birth: Aug.19,1919	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 12, 1968

FORM BH 56067

2nd form sent 2 cp pp rec. 20257-67 11-14-67

Cardinal

MAR 12 1968

419-201-006 -319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-299

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cordelia Lurena Martinell
2. Date Of Birth (month) (day) (year): Jan. 1 1919
3. Color or Race:
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Pingree

FATHER

6. Full Name of Father: Cecil Francis Martinell
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Myrtle Morgan Carson
9. State or Country of Mother's Birth: Iona, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cordelia Martinell Gregory
11. Present Address of Registrant: 653 No. 5th St. Colton Calif.

NOTARY PUBLIC - CALIFORNIA
SHIRLEY J. KRAIGE
PRINCIPAL OFFICE IN
COUNTY OF SAN BERNARDINO

Subscribed and sworn to before me on January 30 1968

12. Signature of Notary: Shirley J. Kraige
13. Notary Commission expires: SHIRLEY J. KRAIGE My Commission Expires Jan. 21, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: hospital certificate of own child's birth certificate	By whom issued and signed: St. Bernardine Hospital, San Bernardino, California	Date Issued: ----	Date Orig. Entry: child born July 13,1943	
	Date of Birth: Jan.1,1919	Birth Place: Pingree, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: photocopy of social security application for #555-14-1514	By whom issued and signed: Social Security Adm.	Date Issued: ------	Date Orig. Entry: Nov.2,1938	
	Date of Birth: Jan.1,1919	Birth Place: Pingree, Idaho	Full Name of Mother: Myrtle Morgan Carson	Name of Father: Cecil Frances Martinell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt	By whom issued and signed: Olive Dahlstrom Age:84	Date Issued: Mar.7,1968	Date Orig. Entry: ----	
	Date of Birth: Jan.1,1919	Birth Place: Pingree, Idaho	Full Name of Mother: Myrtle Carson Martinell	Name of Father: Cecil F. Martinell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	March 20, 1968

FORM BH 56067

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(6) 2-14-68

MAR 2 0 1968

168-226-001-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-318

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Ellnora Johnston			2. Date Of Birth (month) (day) (year): November 26,1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Delmar Johnston			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Effie Lenora Huit			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Alma E. Niemeyer		11. Present Address of Registrant: 904 State Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Grandmother	By whom issued and signed: Carrie Huit	Date Issued: 1940	Date Orig. Entry:
	Date of Birth: Nov.26,1919 / Birth Place: Star, Idaho	Full Name of Mother: Effie Lenora Huit	Name of Father: Delmar Johnston	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 305430	Date Issued: ----	Date Orig. Entry: child born Dec.13,1940
	Date of Birth: Age 21 / Birth Place: Star, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Dist.#2 -Ada & Canyon Co.	Date Issued: Feb.23,1968	Date Orig. Entry: Sept.1926
	Date of Birth: Nov.26,1919 / Birth Place: -----	Full Name of Mother: ---------	Name of Father: Delmer Johnston	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 20,1968

FORM BH 56067

No Record - Searched 3-20-68

Chris Mat. # 202-30

MAR 20 1968

955-21-026-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Freda Addaline Reed		2. Date of Birth (month) Sept. (day) 11 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Freeman Leo Reed		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lula Addaline Yearsley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Freda R. Madsen	11. Present Address of Registrant: R#1 Box 42 Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 3/25 1968	12. Signature of Notary: [signature]	13. Notary Commission expires 8-30 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #55-9010	Date Issued: ----	Date Orig. Entry: child born June 13,1955
	Date of Birth: Age: 35	Birth Place: Ririe, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Lorenzo Ward	Date Issued: July 3,1932	Date Orig. Entry: baptized July 2,1932
	Date of Birth: Sep.11,1919	Birth Place: Ririe, Jefferson County, Idaho	Full Name of Mother: Lula Yearsely	Name of Father: Fredman L. Reed
SUPPORTING RECORD 3.	Type of Document: Temple Recommend for Salt Lake Temple	By whom issued and signed: LDS Church, Lorenzo Ward, Rigby Stake, H.T.Moss	Date Issued: Apr.20,1941	Date Orig. Entry: Apr.20,1941
	Date of Birth: Sep.11,1919	Birth Place: Ririe, Jefferson County, Idaho	Full Name of Mother: Lula Yearsley	Name of Father: Freeman L. Reed
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: April 4, 1968

FORM BH 56067

Madsen

APR 4 1968

458-230-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-403

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leah Elavon Meyers			2. Date of Birth (month) (day) (year): September 30 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Plano Precinct (mail Rexburg)
FATHER	6. Full Name of Father: Henry Earl Meyers			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Della Matilda Robertson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leah Elavon Meyers		11. Present Address of Registrant: Route 2, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1968.	12. Signature of Notary: Ray W. Ligby		13. Notary Commission expires: January 26 1971.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #404309	Date Issued: -----	Date Orig. Entry: child born Mar.2,1945
	Date of Birth: Age: 25	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Henry E. Meyers	Date Issued: Apr.1,1968	Date Orig. Entry: -----
	Date of Birth: Sep.30,1919	Birth Place: Plano, Idaho Madison County	Full Name of Mother: Della Matilda Robertson Meyers	Name of Father: Henry Earl Meyers	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Plano Ward, Ernest Blaser, Bishop	Date Issued: ----	Date Orig. Entry: blessed Dec.7,1919
	Date of Birth: Sep.30,1919	Birth Place: Plano, Idaho Madison County	Full Name of Mother: Della Robertson	Name of Father: Henry Meyers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 16, 1968

K FORM BH 56067

Certificate # 30222

3-11-69

APR 17 1968

315-117-040-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-500

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George C LaValley
2. Date of Birth (month) May (day) 17 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Clarkia Idaho Shoshone
   b. City or Town of Birth: Clarkia Idaho

FATHER

6. Full Name of Father: George Eli LaValley
7. State or Country of Father's Birth: Pestigo Wisc

MOTHER

8. Full Maiden Name of Mother: Sophia Gibeault
9. State or Country of Mother's Birth: Coleman Wisc

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George C LaValley
11. Present Address of Registrant: Bovill Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 20 1968

12. Signature of Notary: Floyd L. Hill
13. Notary Commission expires: Dec. 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mrs. Sophia La Valley Austin	Apr.3,1968	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 17,1919 / Clarkia, Idaho	Sophia Gibeault	George E. LaValley	
SUPPORTING RECORD 2.	photocopy of application for employment	The Milwaukee Road RR. Bovill, Idaho	----	Dec.13,1941
	May 17,1919 / Clarkia, Idaho	----	----	
SUPPORTING RECORD 3.	Insurance Policy #10233610 A	Metropolitan Life Ins. Co. Spokane, Dist.	Feb.16,1939	Feb.16,1939
	May 17,1919 / Clarkia, Idaho	Sophia LaValley	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

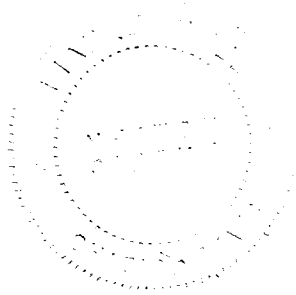
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 14, 1968

FORM BH 56067

5-26-68

MAY 1 5 1968



698-201-035-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-612

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inetta Helen Fry			2. Date of Birth (month) 1 (day) 1 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: Angus Wellington Fry			7. State or Country of Father's Birth: Stevensville Montana
MOTHER	8. Full Maiden Name of Mother: Bertha Della Thornton			9. State or Country of Mother's Birth: Idaho Nez Perce
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inetta H. Schneider		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1968	12. Signature of Notary: George Donendorf		13. Notary Commission expires: SEPTEMBER 7 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #370549	Date Issued: -----	Date Orig. Entry: child born Mar.30,1943
	Date of Birth: Age: 24	Birth Place: Leland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from Baby Book		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jan.1,1919	Birth Place: Leland, Idaho	Full Name of Mother: Bertha Della Fry	Name of Father: Angus Wellington Fry	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record		By whom issued and signed: Nez Perce County Clerk's office, Idaho	Date Issued: Jun.10,1968	Date Orig. Entry: Feb.10,1937
	Date of Birth: Age: 18	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gm1 Glenda Larson	Date Filed: June 20, 1968

FORM BH 56067

JUN 20 1968

293-113-001-1974

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-621

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Angel Bicandi			2. Date of Birth (month) (day) (year): November 13 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Ciraco Bicandi			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Maria Aguirre			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Angel Bicandi		11. Present Address of Registrant: Rt.1 Box 72 Homedale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1968	12. Signature of Notary: Delsa Aguirre		13. Notary Commission expires: apr. 15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 73	By whom issued and signed: Maria Bicandi		Date Issued: Jun 3,1968	Date Orig. Entry: -----
	Date of Birth: Nov.13,1919	Birth Place: Boise, Idaho	Full Name of Mother: Maria Aguirre	Name of Father: Ciraco Bicandi	
SUPPORTING RECORD 2.	Type of Document: Discharge from U. S. Navy	By whom issued and signed: J.W. Davis, Capt.USN		Date Issued: Dec.16,1946	Date Orig. Entry: Entered Oct.22,1940
	Date of Birth: Nov.13,1919	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 428263		Date Issued: ----	Date Orig. Entry: child born Nov.23,1946
	Date of Birth: Age 27	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

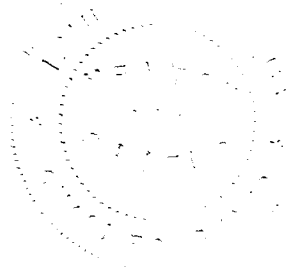
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 27,1968

FORM BH 56067

6-7-68

JUL 1 1968



113216·010-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-674

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ileen Jacobson		2. Date of Birth (month) Dec. (day) 16 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Irwin, Ida. Bonneville	b. City or Town of Birth: Irwin, Idaho
FATHER	6. Full Name of Father: Cyrus E. Jacobson		7. State or Country of Father's Birth: Hyrum, Utah	
MOTHER	8. Full Maiden Name of Mother: Hattie M. Butler		9. State or Country of Mother's Birth: Soda Springs, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ileen J. Freek	11. Present Address of Registrant: Jackson, Wyo. Star Route Box 12	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1968	12. Signature of Notary: Janine A. Meyer	13. Notary Commission expires: August 10 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of genealogy sheet	By whom issued and signed: genealogy records	Date Issued: ----	Date Orig. Entry: endowed Oct.12,1956 SL
	Date of Birth: Dec.16,1919 / Birth Place: Irwin, Idaho Bonneville,County	Full Name of Mother: Hattie Butler	Name of Father: Cyrus E. Jacobson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #513 790 771	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Sep.10,1951	Date Orig. Entry: Aug.31,1951
	Date of Birth: Dec.16,1919 / Birth Place: -----	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Driver's License	By whom issued and signed: State of Utah #B 27070	Date Issued: June 4,1963	Date Orig. Entry: June 4,1963
	Date of Birth: Dec.16,1919 / Birth Place: ----	Full Name of Mother: ---	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	July 22, 1968

FORM BH 56067

1 cy mailed 7-24-68

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6-26 gml

JUL 22 1968

315216-01X-641

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-675

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertie May Lane			2. Date of Birth (month) August (day) 16 (year) 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: McDermott
FATHER	6. Full Name of Father: Albert Lane			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Walsie O'Daniel			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude M. Newton		11. Present Address of Registrant: 3006 - Rosehill - Boise
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug 16,1919	Birth Place: McDermott, Idaho	Full Name of Mother: Walsie O'Daniel	Name of Father: Albert Lane	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 53-2356	Date Issued: --	Date Orig. Entry: child born Mar.18,1953
	Date of Birth: Age 33	Birth Place: McDermott, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Boise City- T.C. Bird	Date Issued: Jul.23,1968	Date Orig. Entry: Enrolled 1928-1929
	Date of Birth: Aug.16,1919	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Albert Lee Lane	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: July 23,1968

FORM BH 56067

JUL 24 1968

469-215-018-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Elizabeth Morrison		2. Date of Birth: (month) June (day) 15 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Orofino Idaho; a. County: Clearwater	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Ira Rhodes Morrison		7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Oro Lolo Snyder Morrison		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Elizabeth Morrison	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 9-13 1967	12. Signature of Notary: [signature]	13. Notary Commission expires 10-10-1968	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister (bd. 3-8-1894)		Virgie Snyder Perkins	Jul.27,1967	------
	Date of Birth: June 15,1919	Birth Place: Orofino, Idaho Clearwater County	Full Name of Mother: Oro Lolo Snyder	Name of Father: Ira Rhodes Morrison	
SUPPORTING RECORD 2.	certified copy of marriage record		Pend Oreille County, Washington	Jul.12,1967	May 19, 1940
	Date of Birth: Age 20	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate		State of Washington Bureau of Vital Statistics	Jul.15,1968	child born Apr.1,1941
	Date of Birth: Age: 21	Birth Place: Orofino, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 26, 1968

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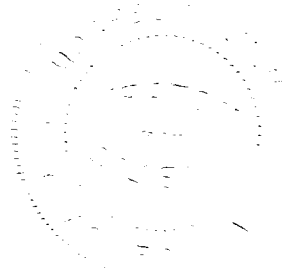


855-229-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-706

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DOROTHY HENDERSON
2. Date of Birth (month) Nov (day) 29 (year) 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: William James Henderson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Dora E Larsen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Cochran
11. Present Address of Registrant: 1719 20th St. Apt 3 Vancouver Wash

NOTARY (Seal)

Subscribed and sworn to before me on July 13 1968

12. Signature of Notary: Joe Murray
13. Notary Commission expires: Sept 20 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage License #A23754 & Marriage Certificate	Silver Bow County, Montana Elmer Shea, Clerk	Mar.20,1937	Mar.20,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 17 / Fremont County Ashton, Idaho	Dora Henderson (nee Larsen)	William James Henderson	
SUPPORTING RECORD 2.	Affidavit by sister	Lucille P. Koho Age:60	Jun.18,1968	----
	Nov.29,1919 / Ashton, Idaho Fremont County	Dora E. Larsen	William James Henderson	
SUPPORTING RECORD 3.	Certificate of Baptism and Confirmation	LDS Church, Nampa 2nd Ward, Percy L.Labrum, Bishop	Mar.7,1937	baptized Mar.7,1937
	Nov.29,1919 / Ashton, Idaho	Dora Larsen	William James Henderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

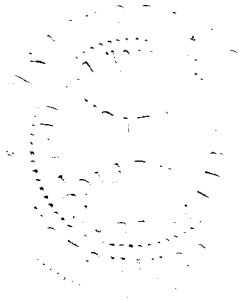
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: Glenda Larson
Date Filed: July 26, 1968

FORM BH 56067

10-3-67

JUL 26 1968



859-101-027-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD WILLIAM HEROLD			2. Date of Birth (month) 4 (day) 1 (year) 1919
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County	b. City or Town of Birth: JEROME
FATHER	6. Full Name of Father: WILLIAM THEODORE HEROLD			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELSIE GLAVEY			9. State or Country of Mother's Birth: WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard W. Herold		11. Present Address of Registrant: 801 MAIN ST. W. KELSO WASHINGTON
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 1968	12. Signature of Notary: Hector L. Hallett		13. Notary Commission expires: March 9 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: T.B.Sayles, Supt., Dist.X11 Kelso, Washington		Date Issued: Jul.23,1968	Date Orig. Entry: 1929
	Date of Birth: Apr.1,1919	Birth Place: -----	Full Name of Mother: Mrs. W. T. Herold	Name of Father: Mr. W. T. Herold	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return #12114	By whom issued and signed: Cowlitz County, Washington		Date Issued: Jul.24,1968	Date Orig. Entry: Sep.11,1937
	Date of Birth: Age: 18	Birth Place: Jerome, Idaho	Full Name of Mother: Elsie Glavey	Name of Father: W. T. Herold	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Trinity Lutheran Church, Longview, Wash., R.F.Osmun, Pastor		Date Issued: Jul.24,1968	Date Orig. Entry: baptized Dec.26,1954
	Date of Birth: Apr.1,1919	Birth Place: Jerome, Idaho	Full Name of Mother: Elsie Herold	Name of Father: William T. Herold	

QUALIFYING INFORMATION: Affidavit by mother, issued July 24, 1968 gives following: birthdate - April 1,1919 birthplace - Jerome, Idaho Parents' names - William Theodore Herold and Elsie Herold Chance.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

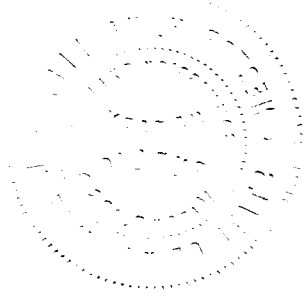
State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	July 30, 1968

FORM BH 56067

7-23-68

FEB 15 2002

JUL 30 1968



793-15:044-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-742

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERTHA JANE GILBERT
2. Date of Birth (month) (day) (year): Feb. 15, 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Washington
b. City or Town of Birth: Cat Rock

FATHER

6. Full Name of Father: Ralph Stanley Gilbert
7. State or Country of Father's Birth: Clarks, Neb.

MOTHER

8. Full Maiden Name of Mother: Ona May Jones
9. State or Country of Mother's Birth: Salem, Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Jane Collett
11. Present Address of Registrant: R# 7, box 267, Yakima

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 19 64
12. Signature of Notary: E. Kubanyi
13. Notary Commission expires: Wash. July 11 19 65

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of family Bible	Family record	-----	Obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 15, 1919 / Cat Rock, Idaho	---	---	
SUPPORTING RECORD 2.	Affidavit by mother	Ona Matheson	June 18, 1957	---
	Feb. 15, 1919 / Catrock Station, Near Weiser, Idaho	Ona Matheson	Ralph Stanley Gilbert	
SUPPORTING RECORD 3.	photocopy of school record	Weiser High School, Agnes Allan, Clerk, School Dis. #431	----	1935
	Feb. 15, 1919 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: August 2, 1968

FORM BH 56067

1 copy of Rec. 10457

6-3-64(V)

AUG 2 1968

285-209-025-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-834

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eula Rae Shearer
2. Date of Birth (month) (day) (year): March 9 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: At Home Idaho
b. City or Town of Birth: Canfield, Idaho

FATHER

6. Full Name of Father: Edgar Thomas Shearer
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Clara Belle Young
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eula Rae Burke
11. Present Address of Registrant: 165 McMillan Dr.

NOTARY (Seal)

Subscribed and sworn to before me on: July 15 1968
12. Signature of Notary: Phyllis D. Mitchell
13. Notary Commission expires: Feb. 10 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of affidavits for marriage license #112838	Idaho County, Idaho	---	June 6,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	----	----	E. T. Shearer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital certificate of own child's birth	Lake City General Hospital, Coeur d'Alene, Idaho	----	child born Oct.22,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.9,1919	Canfield, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy taken from family Bible records	Family Records/L.E.Brown, Notary,Kelso,Wn.	Aug.23,1968	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.9,1919	-----	Clara B. Young	Thomas Edgar Shearer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Sept. 20, 1968

FORM BH 56067

(B) 8-1-68 gml

SEP 20 1968

238-216-034-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-846

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rachel ~~Schneidmiller~~ (Schneidmiller)			2. Date Of Birth (month) (day) (year): March 16 1919
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Paul At Home Minidoka	b. City or Town of Birth: Rural Paul, Idaho
FATHER	6. Full Name of Father: Fred Schneidmiller			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Amelia Schneidmiller			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rachel Schneidmiller Di Pasquale		11. Present Address of Registrant: 809 Hawthorne Ln Billings Mont
NOTARY (Seal)	Subscribed and sworn to before me on: August 30 1968	12. Signature of Notary: Mae Hoff of Billings, Mont.		13. Notary Commission expires: April 15, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Amelia Schneidmiller	May 29,1955	----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar.16,1919 Paul, Idaho	Amelia Fritz Schneidmiller	Fred Schneidmiller	
SUPPORTING RECORD 2.	certified copy of voting registration #32231	W.E.McConnell,County Clerk, Yellowstone Co., Montana	Jul.15,1968	May 29,1944
	Age: 25 / Idaho	---	---	
SUPPORTING RECORD 3.	Statement regarding school records	Ambernetta Klampe,Co.Supt. of Schools, Yellowstone Co.,Mont.	Jul.2,1968	1932
	Mar.16,1919 / ---	Amelia Schneidmiller	Fred Schneidmiller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 1, 1968

FORM BH 56067

2-23-61

OCT 1 1968

789-108-041-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-859

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Jedediah Phillips		2. Date of Birth (month) (day) (year): June 8 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton; b. City or Town of Birth: Clawson, Idaho
FATHER	6. Full Name of Father: Jedediah Phillips		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary F. Poulsen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Freda Phillips	11. Present Address of Registrant: Tetonia, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 30 1968	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 10 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as a Teacher		By whom issued and signed: LDS Church, Tetonia Ward, Jedediah Phillips, Ward Clerk	Date Issued: ---	Date Orig. Entry: ordained Dec.2,1934
	Date of Birth: June 8,1919	Birth Place: Clawson, Idaho	Full Name of Mother: Mary F. Poulsen	Name of Father: Jedediah Phillips	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage		By whom issued and signed: C.M.Petersen, Justice of the Peace, Teton County, Wyoming	Date Issued: ---	Date Orig. Entry: Dec.17,1942
	Date of Birth: Age: 23	Birth Place: Clawson, Idaho	Full Name of Mother: Mary Poulson	Name of Father: Jed Phillips	
SUPPORTING RECORD 3.	Type of Document: certified statement of church records		By whom issued and signed: LDS Church, Adrian H. Cook, Ward Clerk	Date Issued: Sep.26,1968	Date Orig. Entry: blessed Aug.3,1919
	Date of Birth: June 8,1919	Birth Place: Clawson, Idaho Teton County	Full Name of Mother: Mary F. Poulsen	Name of Father: Jedediah Phillips	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: October 3,1968

FORM BH 56067

OCT 3 1968

413-114-017-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 68-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Melvin Dalke		2. Date of Birth (month) 4 (day) 14 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Clark	b. City or Town of Birth: DuBois
FATHER	6. Full Name of Father: Henry Dalke		7. State or Country of Father's Birth: South Russia	
MOTHER	8. Full Maiden Name of Mother: Anna Matthies		9. State or Country of Mother's Birth: South Russia Anna Matthies	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Melvin Dalke	11. Present Address of Registrant: 414 North Garfield Pocatello, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on August 2 1968	12. Signature of Notary: O A Becker	13. Notary Commission expires Nov. 17 1970	

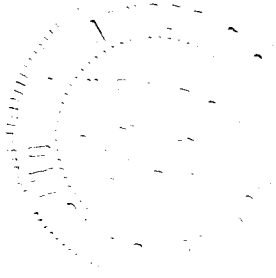
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage records #297187 book 30	By whom issued and signed: Bannock, County, Idaho	Date Issued: Sep.4,1968	Date Orig. Entry: Nov.13,1953
	Date of Birth: Age: 34 / Birth Place: Dubois, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of military record	By whom issued and signed: U.S.Army, Ft.Lewis,Wash. Bruce C.Price, Lt.Col. AGD	Date Issued: discharged Jan.10,1946	Date Orig. Entry: inducted Aug.21,1942
	Date of Birth: Apr.14,1919 / Birth Place: Du Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: John E.Kaufman,Pastor 1st Mennonite Church,Aberdeen,Ida.	Date issued: ----	Date Orig. Entry: baptized June 9,1935
	Date of Birth: Apr.14,1919 / Birth Place: ----	Full Name of Mother: Anna Dalke	Name of Father: Henry Dalke	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 7, 1968	

FORM BH 56067

1 cp add'l # 31696   (D) 8-7-69

OCT 8 1968



415-230-003-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-922

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lilian Eileen DAVIS			2. Date Of Birth (month) (day) (year): AUG 30 1919
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Homer Carlos Davis			7. State or Country of Father's Birth: Big Timber, Montana
MOTHER	8. Full Maiden Name of Mother: Charlotte STORMAN			9. State or Country of Mother's Birth: Barling Grove, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. Eileen Buck		11. Present Address of Registrant: 131 No. 15 Pocatello Idaho
NOTARY (seal)	Subscribed and sworn to before me on: March 18 1966	12. Signature of Notary: Aleen P. Mueller		13. Notary Commission expires: Mar. 5 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license affidavit		By whom issued and signed: issued in Power County, Idaho	Date Issued: -----	Date Orig. Entry: June 1, 1939
	Date of Birth: Age 19	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: School Dist.#131, Nampa, Idaho Harry C. Mills, Supt.	Date Issued: Apr. 14, 1966	Date Orig. Entry: 1925-26
	Date of Birth: Aug. 30, 1919	Birth Place: ---	Full Name of Mother: Mrs. Homer C. Davis	Name of Father: Mr. Homer C. Davis	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-05-7959		By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Sept. 8, 1937
	Date of Birth: Aug. 30, 1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Charlotte Sturman	Name of Father: Homer Carlos Davis	
QUALIFYING INFORMATION	Affidavit by mother, Charlotte Davis, Signed March 18, 1966 gives birthdate: Aug. 30, 1919 at General Hospital, Bannock County, Pocatello, Idaho (Dr. F.M. Ray, attending physician) father's name Homer C. Davis, Sr.				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 23, 1968

FORM BH 56067 No search made. One copy paid Rec. # 8186. (D) 3-14-66 4-6-66

OCT 25 1968

8/6 - 209-022-5-45

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-947

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Estella Hawkes			2. Date Of Birth (month) (day) (year): January 9, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Hazen Araha Hawkes			7. State or Country of Father's Birth: Franklin, Idaho
MOTHER	8. Full Maiden Name of Mother: Helen Grey Emery			9. State or Country of Mother's Birth: Oakley, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Estella Hawkes		11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 10 1968	12. Signature of Notary: Maxine Bingham		13. Notary Commission expires: 6-15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Farnum Ward, Yellow-Stone St., Brigham Murdoch, Bishop	Date Issued: ---	Date Orig. Entry: blessed Jun. 30, 1919	
	Date of Birth: Jan. 9, 1919	Birth Place: Ashton, Fremont County, Idaho	Full Name of Mother: Helen Emery	Name of Father: Hazen A. Hawkes	
SUPPORTING RECORD 2.	Type of Document: Affidavits by parents	By whom issued and signed: Hazen A. Hawkes and Helen Hawkes	Date Issued: Oct. 3, 1968	Date Orig. Entry: ----	
	Date of Birth: Jan. 9, 1919	Birth Place: Nieland Nursing Home, Ashton, Idaho	Full Name of Mother: Helen Hawkes	Name of Father: Hazen A. Hawkes	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: O'Connor Sanitarium, San Jose, California	Date Issued: ----	Date Orig. Entry: child born Dec. 26, 1943	
	Date of Birth: Jan. 9, 1919	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 30, 1968

FORM BH 56067

OCT 3 1 1968

552-218-028-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-958
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARGARET Welch NESS
2. Date Of Birth (month) (day) (year): 1 18 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: POST FALLS KOOTNIA
b. City or Town of Birth: POST FALLS Idaho

FATHER

6. Full Name of Father: WILLIAM STRATHERN NESS
7. State or Country of Father's Birth: ~~AN~~ SCOTLAND

MOTHER

8. Full Maiden Name of Mother: CHARLOTTE CAMPBELL
9. State or Country of Mother's Birth: SCOTLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Hankel
11. Present Address of Registrant: SPOKANE, WASH E1708 Joseph

NOTARY (Seal)

Subscribed and sworn to before me on 29th day of April 19 68

12. Signature of Notary: Deane M Berg
13. Notary Commission expires: September 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of hospital certificate of own child's birth	Deaconess Hospital, Spokane, Washington	----	child born Jan.30,1952
Class*_____	**Date of Birth / Birth Place**: Jan.18,1919 Post Falls,Idaho	**Full Name of Mother**: ----	**Name of Father**: ----	
SUPPORTING RECORD 2.	photocopy of application for social security #534 22 0686	Social Security Administration	Mar.1, 1943	Mar.1,1943
Class_____	**Date of Birth / Birth Place**: Jan.18,1919 Post Falls,Idaho Kootenai County	**Full Name of Mother**: Charlotte Campbell	**Name of Father**: William S. Ness	
SUPPORTING RECORD 3.	Federal Census Record	U.S. Department of Commerce Bureau of The Census	Aug.9,1968	Jan.1,1920
Class_____	**Date of Birth / Birth Place**: Age:11 mos. Idaho	**Full Name of Mother**: Charlotte Ness	**Name of Father**: William S. Ness	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Nov. 8, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

(H) 5-28-68 gmd

Abstract

NOV 12 1968

515-202-021-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BLANCHE NAEF			2. Date of Birth (month) July (day) 2 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mapleton	
FATHER	6. Full Name of Father: Arnold A. Naef			7. State or Country of Father's Birth: Providence, Utah	
MOTHER	8. Full Maiden Name of Mother: Margaret Whitehead			9. State or Country of Mother's Birth: Cherryville, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Blanche Naef Christensen	11. Present Address of Registrant: Royal Star Route, Othello, Washington 99344	
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1966		12. Signature of Notary: Doris L. Lewis	13. Notary Commission expires: April 22 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #275970	Date Issued: -----	Date Orig. Entry: child born Jan.8,1939
	Date of Birth: Age 19	Birth Place: Mapleton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Temple Index Card #23921 Book A-2 Page 923		By whom issued and signed: LDS Church, Copy of Index card on file in Temple, SLC, Utah	Date Issued: ----	Date Orig. Entry: baptized Oct.2,1927
	Date of Birth: July 2,1919	Birth Place: Mapleton, Idaho Franklin County	Full Name of Mother: Margaret Whitehead	Name of Father: Arnold A. Naef	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License #78215		By whom issued and signed: Salt Lake County, Utah	Date Issued: Nov.18,1968	Date Orig. Entry: Dec.4,1937
	Date of Birth: Age: 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

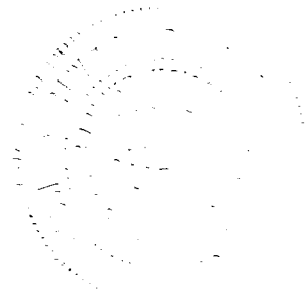
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Dec. 4, 1968

FORM BH 56067

(C) 1-31-68

DEC 4 1968



631-215-023-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-136

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Milana Ruth Flake
2. Date Of Birth (month) (day) (year): March 15 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Ola

FATHER

6. Full Name of Father: James Emmett Flake
7. State or Country of Father's Birth: Illinois (Montgomery)

MOTHER

8. Full Maiden Name of Mother: Julia May Hughes
9. State or Country of Mother's Birth: Idaho Falls

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Milana Groyan
11. Present Address of Registrant: 611 N. Commercial Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1969
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1972.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother Age:60	Howard E. Flake	Feb.25,1969	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.15,1919 / Ola, Idaho	Julia May Hughes	James Emmett Flake	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #272819	----	child born Oct.18,1938
	Age: 19 / Ola, Idaho	----	----	
SUPPORTING RECORD 3.	photocopy of application for for social security number	Treasury Dept.	Oct.12,1949	----
	Mar.15,1919 / Ola, Idaho	Julia May Hughes	James Emmett Flake	

QUALIFYING INFORMATION

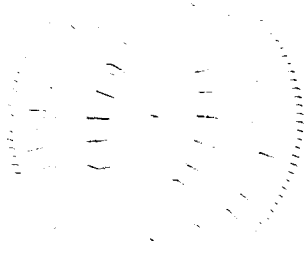
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	fc Glenda Larson	Feb. 25, 1969

FORM BH 56067

MAR 1 9 1969



253-212-001-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Pearl Beckdolt		2. Date of Birth (month) (day) (year): Jan 12 1919
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Ada; b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: Walter Henry Beckdolt		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Blanche Florence Gass		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Beckdolt Tucker	11. Present Address of Registrant: Box 470 Glenns Ferry, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 30 1968	12. Signature of Notary: George F. Robertson	13. Notary Commission expires: Feb 14 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 74		By whom issued and signed: Blanche Beckdolt	Date Issued: Mar.4,1969	Date Orig. Entry: ---
	Date of Birth: Jan.12,1919	Birth Place: Kuna, Idaho	Full Name of Mother: Blanche Florence Gass	Name of Father: Walter Henry Beckdolt	
SUPPORTING RECORD 2.	Type of Document: Insurance Certificate		By whom issued and signed: Brotherhood of Locomotive Fireman	Date Issued: April 28,1958	Date Orig. Entry:
	Date of Birth: Jan.12,1919	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 415485	Date Issued: ----	Date Orig. Entry: child born Jan.16,1946
	Date of Birth: Age 27	Birth Place: Kuna, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: March 4, 1969

FORM BH 56067

MAR 4 1969

385-214-007-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-331

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Chess			2. Date of Birth (month) 1 (day) 14 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Carey, Idaho Blaine	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: Benjamin Ross Chess			7. State or Country of Father's Birth: Hawkins County, Tennessee
MOTHER	8. Full Maiden Name of Mother: Clara Alice Davis			9. State or Country of Mother's Birth: Hawkins County - Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Cooper		11. Present Address of Registrant: R.R.#1 Box 4 Kimberly, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 7/11 1968	12. Signature of Notary: W B Matting		13. Notary Commission expires 3/6 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother who was present at time of birth	By whom issued and signed: William Chess Age: 60		Date Issued: Mar.17,1969	Date Orig. Entry: ----
	Date of Birth: Jan.14,1919	Birth Place: Carey, Idaho	Full Name of Mother: Clora Alice Davis	Name of Father: Ben R. Chess	
SUPPORTING RECORD 2.	Type of Document: Driver's license #856556	By whom issued and signed: Idaho Dept. of Law Enforcement		Date Issued: 1960	Date Orig. Entry: ----
	Date of Birth: Jan.14,1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #234032		Date Issued: ---	Date Orig. Entry: child born July 30, 1935
	Date of Birth: Age: 16	Birth Place: Carey, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	May 7, 1969

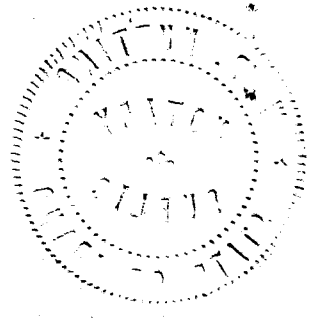
FORM BH 56067

1 copy paid rec 29259

3-19-68

Cooper

MAY 9 1969



DECEASED

391-124-022-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-466

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Delbert Crain		2. Date of Birth (month) Sept (day) 24 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Fremont; b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Harry Vern Crain		7. State or Country of Father's Birth: Clermont, Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Catherine Woolsey		9. State or Country of Mother's Birth: Shelley, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x James Delbert Crain	11. Present Address of Registrant: Box 3 Teton, Idaho 83451
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 19 69	12. Signature of Notary: La Monte Bauer, Clerk of the Dist. Court	13. Notary Commission expires: Elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Harry Vern Crain	Date Issued: June 19, 1969	Date Orig. Entry: ---
	Date of Birth: Sep. 24, 1919; Birth Place: St. Anthony, Idaho	Full Name of Mother: Mary Catherine Woolsey Crain	Name of Father: Harry Vern Crain	
SUPPORTING RECORD 2.	Type of Document: Certified copy of honorable discharge	By whom issued and signed: U.S. Army, Earl G. Linhart, Major Ord Dept, Ft. Douglas, Ut.	Date Issued: discharged Nov. 22, 1945	Date Orig. Entry: inducted Jan. 13, 1942
	Date of Birth: Sep. 24, 1919; Birth Place: St. Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #311282	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Jan. 31, 1948
	Date of Birth: Sep. 24, 1919; Birth Place: St. Anthony, Idaho	Full Name of Mother: ----	Name of Father: Harry Vern Crain	

QUALIFYING INFORMATION

certified copy of affidavit for marriage license issued by Fremont County, Idaho, June 19, 1969 gives birthdate as September 24, 1919; birthplace as St. Anthony, Fremont County, Idaho. License was issued Oct. 20, 1947.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 2, 1969

FORM BH 56067

Ltr Rec'd 6-13-69

JUL 3 1969

995-116-035-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARDIE ADOLPH ZIEGLER		2. Date Of Birth (month) May (day) 16 (year) 1919
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: Homestead a. County: Nez Perce; b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Ruben Griffith Ziegler		7. State or Country of Father's Birth: Moscow Nez Perce County Idaho
MOTHER	8. Full Maiden Name of Mother: Bessie Vicsa Watson Ziegler		9. State or Country of Mother's Birth: Chehalis Lewis County, Washington
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ardie adolph Ziegler	11. Present Address of Registrant: Rt #1 Clinton, Washington 98236
NOTARY (Seal)	Subscribed and sworn to before me on: 25th April 19 69	12. Signature of Notary: Kenneth Henry McMinn	13. Notary Commission expires: 17th January 1973

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-8816	Date Issued: ----	Date Orig. Entry: child born July 30, 1949	
	Date of Birth: Age: 30	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #4123165	By whom issued and signed: Bankers Life & Casualty Co.	Date Issued: Jan. 5, 1962	Date Orig. Entry: Dec. 2, 1961	
	Date of Birth: May 16, 1919	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt	By whom issued and signed: Mrs. Bertha Mae Watson Warner (bd. 1-29-1891)	Date Issued: Apr. 25, 1969	Date Orig. Entry: ----	
	Date of Birth: May 16, 1919	Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Bessie Vicsa Watson Ziegler	Name of Father: Ruben Griffith Ziegler	
QUALIFYING INFORMATION					

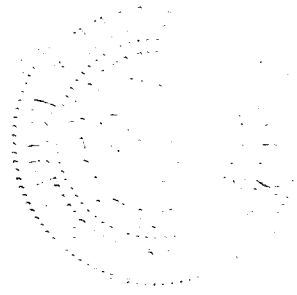
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 2, 1969

FORM BH 56067

JUL 3 1969



897-211-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-576

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLEN CAROLINE HIGLEY
2. Date of Birth (month) (day) (year): December 11, 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bingham (Upper Presto) b. City or Town of Birth: Rt. #2, Shelley

FATHER

6. Full Name of Father: WILLIS D. HIGLEY
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: CARRIE ANN HANSEN
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Caroline Higley Rogers
11. Present Address of Registrant: 518 W. 1st South Brigham City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: August 13th 1969

12. Signature of Notary: Earl A. Dorr

13. Notary Commission expires: February 29th 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #62-3975	----	child born Apr.8,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 42	Shelley, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #2-17-14548	Beneficial Protective Assoc. Pocatello, Idaho	Feb.17,1940	Feb.13,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.11,1919	Upper Presto	----	Willis D. Higley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Carrie A. Higley	Aug.13,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.11,1919	Upper Presto (now Rt.2,Shelley) Idaho Bingham County	Carrie A. Higley (nee Hansen)	Willis D. Highley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Sept. 3, 1969

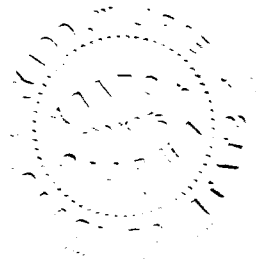
FORM BH 56067

Issued as # 16685

8-1-69

Keyford

SEP -3 1969



389-212-006-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-002

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Christensen		2. Date Of Birth (month) May (day) 12 (year) 1919
	3. Color or Race: W.	4. Sex: F	5. Place of Birth: a. County Bingham; b. City or Town of Birth Shelley Idaho
FATHER	6. Full Name of Father: Wilford Moses Christensen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Birdie Bates		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean C. Reetch	11. Present Address of Registrant: Star Route #1 Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 1969	12. Signature of Notary: Gertrude A. McCarty	13. Notary Commission expires: 9-16 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #52-12514	Date Issued: ----	Date Orig. Entry: child born Sep.22,1952
	Date of Birth: Age: 33	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Duplicate copy of Church Membership Record		By whom issued and signed: LDS Church, Dingle Ward, Clifford J. Skinner, Bishop	Date Issued: ---	Date Orig. Entry: blessed July 5,1919
	Date of Birth: May 12,1919	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Harriet Birdie Bates	Name of Father: Wilford M. Christensen	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #209269		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Jan.4,1941	Date Orig. Entry: Dec.27,1940
	Date of Birth: May 12,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Birdie Bates Christensen	Name of Father: Wilford Moses Christensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Jan. 5, 1970

FORM BH 56067

lcp ed rec #22659

11-25-69

[illegible]

JAN 5 1970

958-117003-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Lester Reynolds			2. Date Of Birth (month) June (day) 17 (year) 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County Pocatello Idaho Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Thomas Callan Reynolds			7. State or Country of Father's Birth: Louiville Kentucky
MOTHER	8. Full Maiden Name of Mother: Anna June Bertwell			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert L Reynolds		11. Present Address of Registrant: 4803 Pacifis Way Longview Wash
NOTARY (Seal)	Subscribed and sworn to before me on: December 2 1967	12. Signature of Notary: Fredia S. Burcher		13. Notary Commission expires: 1-11 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Anna June Cook		Date Issued: Sep.12,1967	Date Orig. Entry: ---
	Date of Birth: Jun.17,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Anna June Cook (nee Bertwell)	Name of Father: Thomas Cellan Reynolds	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment records	By whom issued and signed: Longview Fibre Company, Wash.		Date Issued: ---	Date Orig. Entry: Aug.28,1951
	Date of Birth: Jun.17,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Cowlitz Gen.Hosp.,Longview,WA Margaret Geering, Rec.Lib.		Date Issued: Sep.11,1967	Date Orig. Entry: Nov.8,1958
	Date of Birth: June 17,1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 16, 1970

FORM BH 56067

JAN 16 1970

217-221-041-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Myrle Bagley		2. Date of Birth (month) May (day) 21 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Teton; b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: Fredrick Bagley		7. State or Country of Father's Birth: Charleston, Wasatch, Utah
MOTHER	8. Full Maiden Name of Mother: Florence Luceal Peterson		9. State or Country of Mother's Birth: Logan, Cache, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Myrle [illegible] Hatton	11. Present Address of Registrant: 44 North 1st W. Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 19 70	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 25 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: family genealogy sheet	By whom issued and signed: family records	Date Issued: ----	Date Orig. Entry: baptismal date July 21,1927
	Date of Birth: May 21,1919 / Birth Place: Victor, Idaho Teton County	Full Name of Mother: Florence Luceal Peterson	Name of Father: Fredrick Bagley	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #54-10532	Date Issued: ---	Date Orig. Entry: child born Aug.30,1954
	Date of Birth: Age: 35 / Birth Place: Victor, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #855 33 51	By whom issued and signed: Mutual Life Ins. Co. MONY	Date Issued: Jul.15,1960	Date Orig. Entry: May 6,1960
	Date of Birth: May 21,1919 / Birth Place: Victor, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 23, 1970

FORM BH 56067

JAN 23 1970

DECEASED

619-118-035-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Lewis Warren, Sr.		2. Date Of Birth (month) December (day) 18 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewiston, Idaho Nez Perce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: John N. (Init.) Warren		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mary Frances Frans		9. State or Country of Mother's Birth: Helsinki, Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Lewis Warren	11. Present Address of Registrant: N. 4817 Wall, Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on December 22 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires 1/10 1974	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary F. Warren	Date Issued: Dec.22,1969	Date Orig. Entry: ---	
	Date of Birth: Dec.18,1919	Birth Place: Lewiston, Idaho	Full Name of Mother: Mary F. Warren	Name of Father: John N. Warren	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge	By whom issued and signed: Civilian Conservation Corps	Date Issued: discharged Feb.17,1940	Date Orig. Entry: enrolled Jan.9,1940	
	Date of Birth: Age: 20	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Deaconess Hospital, Spokane, Washington	Date Issued: ----	Date Orig. Entry: child born May 8, 1950	
	Date of Birth: Dec.18,1919	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 23, 1970

FORM BH 56067

1 cp pd rec # 6498

2-18-69

JAN 23 1970

689-204-020-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-065

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Colleen Mae Whitney
2. Date Of Birth (month) (day) (year): June 4 1919
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mountain Home

FATHER

6. Full Name of Father: Phelps Ernest Whitney
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Etta May Magden
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Colleen MacSmith
11. Present Address of Registrant: Box 299 Petersburg, Alaska

NOTARY (Seal)

WARD COVE JAN 16 1970 ALASKA

Subscribed and sworn to before me on 16th day, January 1970

12. Signature of Notary: Grace R Brunsdale Postmaster
13. Notary Commission expires: NOTARIZED BY POSTMASTER POSTAL MANUAL SEC. 844.32 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record Book	Family	---	Obviously old

Date of Birth	Birth Place	Full Name of ~~Mother~~ father	Name of ~~Father~~ mother
June 4,1919	Mountain Home	Phelps Ernest Whitney	Etta May Magden

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Mother's Diary	Mother		June4 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 9	Idaho	Etta May Magden Whitney	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	On file - Idaho # 360967	-----	child born Sept.15,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	MtN. Home, Idaho	-----	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan.23,1970

FORM BH 56067

9-10-69

JAN 26 1970

765-223-003-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leone Pond			2. Date of Birth (month) (day) (year): May 23, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Thatcher / Bannock	b. City or Town of Birth: Thatcher
FATHER	6. Full Name of Father: Letho Thorn Pond			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elva White			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leone Pond		11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 19 70	12. Signature of Notary: [illegible]		13. Notary Commission expires: February 29, 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: Thatcher 2nd Ward, LDS Church B. Geo. White, Clerk	Date Issued: ---	Date Orig. Entry: blessed July 6, 1919
	Date of Birth: May 23, 1919 / Birth Place: Thatcher, Idaho Bannock County	Full Name of Mother: Elva White	Name of Father: Letho T. Pond	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #428294	Date Issued: ---	Date Orig. Entry: child born Nov. 27, 1946
	Date of Birth: Age: 27 / Birth Place: Thatcher, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of two pages from insurance policy #305422	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: registrant at time of issue (app. 1947)	Date Orig. Entry: was 28 yrs. old
	Date of Birth: May 23, 1919 / Birth Place: Thatcher, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	Feb. 10, 1970

FORM BH 56067

FEB 11 1970

389-22-4026-692

PLACE OF BIRTH

County of Jefferson

City of Ashton

No. .....

(If born in hospital or institution give name.)

RECEIVED MAR 9 1970 DELAYED

Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. De 70-185

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Verda Thomas

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X	and	Yes	Jan 24, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead 1 Stillborn 0

FATHER		MOTHER	
FULL NAME	Mike A Thomas	FULL MAIDEN NAME	Myrtle Irene Fisher
Residence (Usual place of abode)	Lorenzo Ida	Residence (Usual place of abode)	Lorenzo
If non-resident, give place and State		If non-resident, give place and State	Utah
Color or race	Greek	Color or race	White
Age at last Birthday (Years)	33	Age at last Birthday (Years)	29
Birthplace (City and State or County)	Greek	Birthplace (City and State or County)	Preman Idaho
Occupation	Section Foreman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) H. A. Anderson M.D.

(Physician or midwife)

Address Ryby Idaho

Filed March 9, 1970 W. W. Benson

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made each and the number of each, in order of birth stated.

DELAYED STAMP ADDED TO CERTIFICATE FACE 12/12/2016 AJT

MAR 9 1970

MAR 2 8 1973

DELAYED

466-201-028-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-251

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DOROTHY DEAN DOFELMIRE, ~~TURLEY~~
2. Date Of Birth (month) (day) (year): MARCH 1 19-19
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: HARRISON, IDA, KOOTENIA, IDA
b. City or Town of Birth: HARRISON IDA, KOOTENAI county

FATHER

6. Full Name of Father: GEORGE W DOFELMIRE
7. State or Country of Father's Birth: MILLVILLE, CACHE CO. UTAH

MOTHER

8. Full Maiden Name of Mother: VIRGINIA CLEORA MILLNOR
9. State or Country of Mother's Birth: TWISP WASHington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: DOROTHY DEAN DOFELMIRE TURLEY PINEHURST, IDA
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on: February 21 1970

12. Signature of Notary: Chicken Callahan
13. Notary Commission expires: My Commission Expires August 20, 1971 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #50-883	---	child born Jan.2,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 30	Harrison, Idaho	----	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person who has knowledge of the birth	Mrs. Lillie Dofelmier Akers Age:69	Mar.18,1970	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.1,1919	Harrison, Idaho Kootenai County	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License and Certificate #1404	State of Montana, Lake County M.M.Marcy, Mayor of Polson	Sep.3,1938	Sep.3,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Harrison, Idaho	Virginia Millnor	George Dofelmire

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	March 26, 1970

FORM BH 56067

copy sent per #20975

11-5-69

MAR 27 1970

dup of 1919-69085

893-128-009 - 419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-330

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorrence W. Hildreth			2. Date of Birth (month) (day) (year): March 28 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Sandpoint Bonner	b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: Edward Delbert Hildreth			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mary Martin			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorrence W. Hildreth		11. Present Address of Registrant: P. O. Box 161 Hayden Lake, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-13 1970	12. Signature of Notary: Lenora Lewelin		13. Notary Commission expires: 7-1 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, C.L.McKinney,Col. Medical Corps	Date Issued: discharged Sep.10,1943	Date Orig. Entry: inducted Oct.21,1942	
	Date of Birth: Age: 23	Birth Place: Sandpoint, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license affidavit	By whom issued and signed: Bonner County, Idaho	Date Issued: July 25,1945	Date Orig. Entry: July 25,1945	
	Date of Birth: Mar.28,1919	Birth Place: Sandpoint, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of Saint Catherine, Priest River, ID Roman Cath.	Date Issued: Apr.6,1970	Date Orig. Entry: baptized Mar.17,1951	
	Date of Birth: Mar.28,1919	Birth Place: ---	Full Name of Mother: Elizabeth Martin	Name of Father: Edward Hildreth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	April 16, 1970

FORM BH 56067

(Replaces #2211)

Hildreth

APR 17 1970

256-213-040-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Snoey		2. Date of Birth (month) 3 (day) 13 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho, Shoshone	b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: William Snoey		7. State or Country of Father's Birth: Rockanje, Holland	
MOTHER	8. Full Maiden Name of Mother: Elisabeth Groeneveld		9. State or Country of Mother's Birth: Rockanje, Holland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Margaret Droz	11. Present Address of Registrant: Yaak Montana 59853	
NOTARY (Seal)	Subscribed and sworn to before me on: July 7 1966	12. Signature of Notary: Dorothy Dodson	13. Notary Commission expires ~~19~~ Sanders Co. Clerk & Recorder 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elisabeth Snoey	Date Issued: Aug.3,1966	Date Orig. Entry: -----
	Date of Birth: Mar.13,1919 / Birth Place: Kellogg, Idaho Shoshone County	Full Name of Mother: Elisabeth Groeneveld	Name of Father: William Snoey	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Deaconess Hospital, Spokane Washington	Date Issued: -----	Date Orig. Entry: Sept.5,1945
	Date of Birth: Mar.13,1919 / Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records (Lewis & Clark School	By whom issued and signed: Spokane Public Schools,WA. Dr E.M.Peterson, Asst.Supt.Schools	Date Issued: Apr.20,1970	Date Orig. Entry: 1935
	Date of Birth: Mar.13,1919 / Birth Place: ----	Full Name of Mother: ----	Name of Father: W. Snoey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	May 4, 1970

FORM BH 56067

14 Fed. Reg. # 18768

9-9-66 amf

MAY 4 1970

867-123-003-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-375

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: George Dykes Hopkins
2. Date of Birth: (month) Feb (day) 23 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Leo. Francis Hopkins
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Susie Mary Millsaps
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Dykes Hopkins
11. Present Address of Registrant: 1165 HOPKINS LANE Napa. Ca. 94558

NOTARY (Seal)

Subscribed and sworn to before me on: April 29 1970

12. Signature of Notary: Alice J. Greene
13. Notary Commission expires: August 13 1972

OFFICIAL SEAL
ALICE GREENE
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
NAPA COUNTY
My Commission Expires Aug 13, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of honorable discharge	U.S. Army, Harvey D. Taylor, Lt.Col.Cav.	discharged Oct.16,1945	enlisted Aug.22,1941
	Date of Birth / Birth Place: Feb.23,1919 Pocatello,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Certified copy of Medical Certificate for marr. license	Jackson County, Oregon	Apr.20,1970	Dec. 1947
	Feb.23,1919 Pocatello,Idaho	S. Johnsburg	Leo Hopkins	
SUPPORTING RECORD 3.	Affidavit by mother	Susie M. Johnsburg	Apr.20,1970	----
	Feb.23,1919 Pocatello, Idaho	Susie Mary Millsaps	Leo F. Hopkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 5, 1970

FORM BH 56067

Copy mailed 32718

4-14-70

Hopkins

MAY 5 1970

652-210-039-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ardella Phyllis Weber			2. Date Of Birth: (month) October (day) 10 (year) 1919	
	3. Color or Race: Cau.	4. Sex: Female	5. Place of Birth: Idaho a. County: Power	b. City or Town of Birth: American Falls	
FATHER	6. Full Name of Father: Phillip N. Weber			7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Rose Koth			9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ardella P. Victor [illegible]	11. Present Address of Registrant: 5930 Copperfield, Riverside, California 92506	
NOTARY (Seal)	Subscribed and sworn to before me on 1970		12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires April 27, 19[illegible]	

PHYLLIS CURRY
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Queen of Angels Hospital, Los Angeles, California	Date Issued: ---	Date Orig. Entry: child born Apr.11,1942
	Date of Birth: Oct.10,1919	Birth Place: American Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Bernice Ruth Teaford (born in 1907)	Date Issued: Apr.14,1970	Date Orig. Entry: ----
	Date of Birth: Oct.10,1919	Birth Place: American Falls, Power Co., Idaho	Full Name of Mother: Rose Koth Weber	Name of Father: Phillip N. Weber	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage records #5332		By whom issued and signed: Los Angeles County, Calif. County Recorder's Office	Date Issued: May 6,1970	Date Orig. Entry: April 9,1939
	Date of Birth: Oct.10,1919	Birth Place: American Falls, Idaho	Full Name of Mother: Rose Koth	Name of Father: Philip D. Weber	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barsom	gml Glenda Larson	May 15, 1970

FORM BH 56067

1 CP pd AC # 30201 RUSH (V) 4-7-70

MAY 15 1970

491-19-001-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-404

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CALVIN LE RAY DRAKE
2. Date of Birth: (month) 2 (day) 19 (year) 1919
3. Color or Race: CAUCASIAN
4. Sex: MALE
5. Place of Birth: a. County: BOISE, ADA CO., IDAHO; b. City or Town of Birth: BOISE IDAHO

FATHER

6. Full Name of Father: THOMAS WILLIAM DRAKE
7. State or Country of Father's Birth: ROCKFORD, MO.

MOTHER

8. Full Maiden Name of Mother: ZOA FAYE WEAVER
9. State or Country of Mother's Birth: THAYER CO., NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Calvin Drake
11. Present Address of Registrant: 2726-58TH ST. SACTO. CALIF.

LESLIE M. LINCOLN
NOTARY PUBLIC (Seal)
SACRAMENTO COUNTY, CALIFORNIA
My Commission Expires January 26, 1973

Subscribed and sworn to before me on May 25 1970

12. Signature of Notary: Leslie M. Lincoln
13. Notary Commission expires: January 26 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Zoa Fay Glasson	May 25,1970	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.19,1919	Boise, Idaho	Zoa Fae Weaver	Thomas William Drake

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Hospital Record of Birth	St. Alphonsus Hospital	Mar.14,1917	Feb. 19,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 19,1919	Boise, Idaho	Zoa Drake	Thomas Drake

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Application for marriage	State of Nevada-Douglas Co.	May 15,1970	License issued Sept.26,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Idaho	----	- -----

QUALIFYING INFORMATION

Statement regarding Military Personnel lists name as Calvin LeRay Drake born in Ada County, Idaho on Feb. 19, 1919. Entered Service Aug 7, 1942

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. WAS FOUND IN APRIL, 1942 - WHERE IS IT NOW???

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 28,1970

FORM BH 56067

4-1-70

JUN 2 1970

731-22-016-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-432

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Shirley Jean Platts		2. Date Of Birth (month) (day) (year): December 28, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Sherwood S Platts		7. State or Country of Father's Birth: Salt Lake , Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Jane McDonald		9. State or Country of Mother's Birth: Avalon, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Shirley J. Cox	11. Present Address of Registrant: 334 4th South, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 19 70	12. Signature of Notary: Albert Fowler	13. Notary Commission expires: Oct 18th 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-12502	Date Issued: ----	Date Orig. Entry: child born June 7,1948
	Date of Birth: Age: 28	Birth Place: Burley, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Photocopy of statement regarding school records	By whom issued and signed: Minidoka County Schools, ID Camden B.Meyer,Supt.	Date Issued: May 11,1970	Date Orig. Entry: 1926-1933
	Date of Birth: Dec.28,1919	Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Eliza Jane McDonald Platts	Name of Father: Sherwood S. Platts
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Rupert 1st Ward, Lester Tracy, Clerk	Date Issued: Dec.30,1953	Date Orig. Entry: baptized Aug.29,1953
	Date of Birth: Dec.28,1919	Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Eliza J. McDaniel	Name of Father: Sherwood Platts
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 5, 1970

FORM BH 56067

JUN 8 1970

618-215-019-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-451

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA FLORA FAY			2. Date of Birth (month) MAY (day) 15 (year) 1919
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: CUSTER	b. City or Town of Birth: MACKAY
FATHER	6. Full Name of Father: JAY GOULD FAY			7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: SYLVIA ADAMSON			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia F. Paynter		11. Present Address of Registrant: 85 Estabrook #302 San Leandro, Cal.
NOTARY SEAL	Subscribed and sworn to before me on: May 13 – 1970	12. Signature of Notary: Roland Richard Bonker		13. Notary Commission expires: Aug. 27 – 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Mrs. Helen Blume, Sec., Emmett, Idaho Emmett High School	Date Issued: Apr. 2, 1970	Date Orig. Entry: Sept. 1934	
	Date of Birth: May 15, 1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: J. G. Fay	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sylvia Fay	Date Issued: Apr. 2, 1970	Date Orig. Entry: ----	
	Date of Birth: May 15, 1919	Birth Place: Mackay, Custer County, Idaho	Full Name of Mother: Sylvia Fay	Name of Father: Jay Gould Fay	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #383938	Date Issued: ----	Date Orig. Entry: child born Dec. 30, 1943	
	Date of Birth: Age: 24	Birth Place: Mackay, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

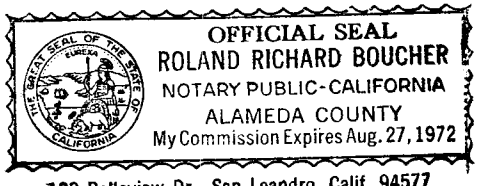
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 11, 1970

FORM BH 56067

9-23-69

JUN 1 2 1970



130 Belleview Dr., San Leandro, Calif. 94577

25-2-18102-9-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-516

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Ruth Knape		2. Date of Birth (month) (day) (year): Dec. 18, 1919
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow Idaho
FATHER	6. Full Name of Father: William F. Knape		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Rosy B. Drew		9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Ruth Knape	11. Present Address of Registrant: 310 So. 3rd St. Sunnyside, WA.
NOTARY (Seal)	Subscribed and sworn to before me on: June 20th 1970	12. Signature of Notary: Vernon D. Richards	13. Notary Commission expires: Feb 13 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #190	By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Apr.9,1962	Date Orig. Entry: child born Mar.16,1941
	Date of Birth: Age: 21 / Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (Sunnyside #63)	By whom issued and signed: A.W.Allen,Supt.of Schools, Dist.#5, Yakima, Washington	Date Issued: May 24,1967	Date Orig. Entry: May.1,1925
	Date of Birth: Dec.18,1919 / Birth Place: ---	Full Name of Mother: Rosy Knape	Name of Father: Wm. Knape	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Calvary Lutheran Church Council,H.C.Streufert,Pastor	Date Issued: ----	Date Orig. Entry: Apr.13,1949
	Date of Birth: Dec.18,1919 / Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

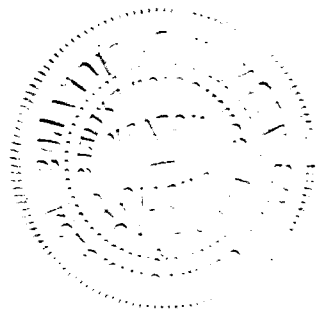
State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	July 9, 1970

FORM BH 56067

1 Certified 3292

12-14-66

JUL 22 1970



539 819-28,014-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LoEva Harris			2. Date of Birth (month) Feb. (day) 28 (year) 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Warner Henry Harris			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Edna Jane Harsin			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: Grandview Ida
NOTARY (Seal)	Subscribed and sworn to before me on July 16 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 70		By whom issued and signed: Ruth E. Stover	Date Issued: Dec.20,1969	Date Orig. Entry: -----
	Date of Birth: Feb.28,1919	Birth Place: Nampa, Idaho	Full Name of Mother: Edna Jane Harsin	Name of Father: Warner Harris	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Dept. of Commerce	Date Issued: July 11,1970	Date Orig. Entry: ---
	Date of Birth: Feb.28,1919	Birth Place: Idaho	Full Name of Mother: Edna Harris	Name of Father: Warner Harris	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: School Dist.#365 -Owyhee Co.	Date Issued: Dec.29,1969	Date Orig. Entry: Graduated 1937
	Date of Birth: Feb.28,1919	Birth Place: Nampa, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 16,1970

FORM BH 56067

JUL 2 8 1970

553-204-010-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA NELSON			2. Date of Birth (month) (day) (year): MARCH 4, 1919	
	3. Color or Race: CAUCASIAN	4. Sex: F	5. Place of Birth a. County: IONA, IDAHO BONNEVILLE	b. City or Town of Birth: IONA, IDAHO	
FATHER	6. Full Name of Father: NEILS IRA NELSON			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: ELLA ROCKWOOD			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ella Pattee	11. Present Address of Registrant: 801 NO. 24TH BOISE IDA.	
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 24, 1970		12. Signature of Notary: [signature]	13. Notary Commission expires: JANUARY 10, 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Family	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Mar.4,1919	Birth Place: Iona, Idaho	Full Name of Mother: Ella Rockwood	Name of Father: N. Ira Nelson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S.Church	Date Issued: Sept.18,1927	Date Orig. Entry: Baptized Jun.12,1927
	Date of Birth: Mar.4,1919	Birth Place: Iona, Idaho	Full Name of Mother: Ella Rockwood	Name of Father: N. Ira Nelson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: L.D.S.Hospital -Idaho Falls	Date Issued: Aug.26,1961	Date Orig. Entry: Child born Aug 26,1961
	Date of Birth: Mar.4,1919	Birth Place: Iona, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

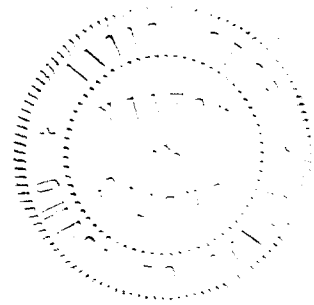
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 27, 1970

FORM BH 56067

Copy NCT 36702

7-12-77

JUL 2 8 1970



493-219-1001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-575

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Fay Michael			2. Date Of Birth (month) (day) (year): August 19, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Rural - Nampa
FATHER	6. Full Name of Father: George Weldon Michael			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Patsy Jane Kindred			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Fay Davis		11. Present Address of Registrant: 1143 East 8th St. Tucson Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: 11th day of August 1970	12. Signature of Notary: W W Benson		13. Notary Commission expires: August 1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Ella Gibson Age: 83	Date Issued: Aug.11,1970	Date Orig. Entry: ----
	Date of Birth: Aug.19,1919	Birth Place: rural Nampa, Ada County, Idaho	Full Name of Mother: Patsy Jane Kindred Michael	Name of Father: George Weldon Michael	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Nampa Senior High School, ID Mrs. Roberta Showalter, Reg.	Date Issued: Dec.11,1964	Date Orig. Entry: 1934-36
	Date of Birth: Aug.19,1919	Birth Place: Nampa, Idaho	Full Name of Mother: ---	Name of Father: George Michael	
SUPPORTING RECORD 3.	Type of Document: Driver's License #72768		By whom issued and signed: State of Oregon	Date Issued: Oct.5,1961	Date Orig. Entry: Oct.5,1961
	Date of Birth: Aug.19,1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

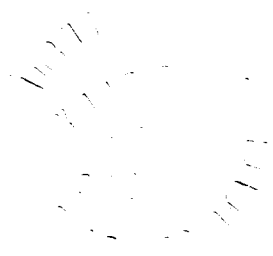
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtentiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 11,1970

FORM BH 56067

AUG 11 1970



314-21-033-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-618

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Moselle Lambert
2. Date of Birth: (month) May (day) 11 (year) 1919
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Asael Carlyle Lambert
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Florence Smith Ballif
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith Nielsen
11. Present Address of Registrant: 1517 W. Highland Ave

NOTARY (Seal)

Subscribed and sworn to before me on Sept 1, 1970

12. Signature of Notary: W. Howard Prescott
13. Notary Commission Expires: W. HOWARD PRESCOTT NOTARY PUBLIC SALT LAKE COUNTY CALIFORNIA My Commission Expires October 27, 1973

W. HOWARD PRESCOTT NOTARY PUBLIC SALT LAKE COUNTY CALIFORNIA My Commission Expires October 27, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Marriage License	State of Utah County of Utah	May 26, 1938	Married May 26, 1938
	Date of Birth: May 11, 1919 — Birth Place: Rexburg, Idaho	Full Name of Mother: Florence S. Ballif	Name of Father: Asael C. Lambert	
SUPPORTING RECORD 2.	Affidavit by Uncle Age 68	Ariel S. Ballif	Sept. 1, 1970	------
	Date of Birth: May 11, 1919 — Birth Place: Rexburg, Idaho	Full Name of Mother: Florence Ballif	Name of Father: Asael Lambert	
SUPPORTING RECORD 3.	School Record	Provo High School Provo, Utah	Aug 31, 1970	Attended May 28, 1937
	Date of Birth: May 11, 1919 — Birth Place: ----	Full Name of Mother: -----	Name of Father: A. C. Lambert	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept. 8, 1970

FORM BH 56067

SEP 8 1970

693-226-025-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-626

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille CORNelia Willey		2. Date of Birth (month) (day) (year): Mar. 26 - 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grangeville; b. City or Town of Birth: Grangeville Ida
FATHER	6. Full Name of Father: Roy C. Willey		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Roxie Lavina Huntley		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille C. Willey Hoppe	11. Present Address of Registrant: Chemult, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 15 1970	12. Signature of Notary: Madonna L. Crescenzi	13. Notary Commission expires: July 13 1973

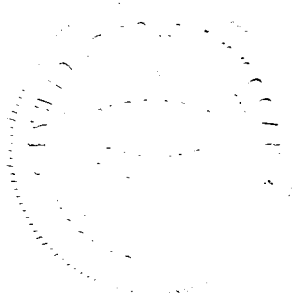
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Roxie Lavina Huntley Willey	Date Issued: Dec.17,1969	Date Orig. Entry: ----
	Date of Birth: Mar.26,1919	Birth Place: Grangeville,Idaho	Full Name of Mother: Roxie L. Willey	Name of Father: Roy C. Willey	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth certificate		By whom issued and signed: Mercy Hospital, Roseburg,OR	Date Issued: ---	Date Orig. Entry: child born June 8,1956
	Date of Birth: Mar.26,1919	Birth Place: Grangeville,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Resident Hunter's License #182600		By whom issued and signed: State of Oregon,Glide Sporting Goods,authorized deputy,	Date Issued: Sept.26, 1965	Date Orig. Entry: Sept.26,1965
	Date of Birth: Age: 46	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson		Evidence reviewed by: gml Glenda Larson		Date Filed: Sept. 9, 1970

FORM BH 56067

9-2000

SEP 10 1970



132-231-015-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veda Margurette Albrecht			2. Date of Birth: (month) July (day) 31 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs	
FATHER	6. Full Name of Father: George Elmer Albrecht			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Mary Alice Nanney			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Veda Stiles	11. Present Address of Registrant: Conda, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 21, 1969		12. Signature of Notary: Leonard O. Kingsford	13. Notary Commission expires: August 14, 1969.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin Age:69		By whom issued and signed: George W. Ellis, Jr.	Date Issued: Mar.21,1969	Date Orig. Entry: ----
	Date of Birth: Jul.31,1919	Birth Place: Soda Springs, Ida. Caribou County	Full Name of Mother: Mary Alice Nanney	Name of Father: George Elmer Albrecht	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #314168	Date Issued: ----	Date Orig. Entry: child born Feb.28,1941
	Date of Birth: Age: 21	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: Joseph I. Gulick, Pastor	Date Issued: Mar.30,1922	Date Orig. Entry: baptized Mar.30,1922
	Date of Birth: July 31,1919	Birth Place: ----	Full Name of Mother: Alice Albrecht	Name of Father: George Albrecht	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 10, 1970

FORM BH 56067

Certificate 7444

3-13-69

SEP 11 1970

546½ 1035-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-654

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cummings, Earl Edward			2. Date of Birth (month) December (day) 12 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce County	b. City or Town of Birth: Lewiston, Idaho	
FATHER	6. Full Name of Father: Ben E. Cummings			7. State or Country of Father's Birth: Genesee, Idaho	
MOTHER	8. Full Maiden Name of Mother: Frances Mable Vaughn			9. State or Country of Mother's Birth: North Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl E Cummings		11. Present Address of Registrant: 1220 Highland Avenue Clarkston, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 19 68	12. Signature of Notary: Karyl P Nanyon		13. Notary Commission expires: August 24 19 71	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Tri-State Memorial Hospital, Inc., Clarkston, Washington		Date Issued: Jun.19,1968	Date Orig. Entry: Dec.6,1957
	Date of Birth: Dec.12,1919	Birth Place: Lewiston, Idaho	Full Name of Mother: Frances Vaughn Cummings	Name of Father: B. E. Cummings	
SUPPORTING RECORD 2.	Type of Document: Military records (photocopies)	By whom issued and signed: U.S. Army, Charles B. Ely, Lt. Col, Inf., Ft. Lewis, Wash.		Date Issued: discharged Aug.18,1945	Date Orig. Entry: inducted Sept.16,1940
	Date of Birth: Dec.12,1919	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy & statement regarding union records	By whom issued and signed: Teamsters Union Local #551 Karyl P. Nanyon, Sec. Bkpr.		Date Issued: ---	Date Orig. Entry: Sept.18,1945
	Date of Birth: Dec.12,1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 17, 1970

FORM BH 56067 No search made. One copy paid Rec. # 7403. (C) ~~3-21-66~~ 7-12-68 gml

SEP 17 1970

5932170 33-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-691

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jay Nichols
2. Date of Birth (month) (day) (year): April 17 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Repburg Ida. Madison
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Malcom Conrad Nichols
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edna Anna Naef
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Faye N Lenart
11. Present Address of Registrant: 8005 So. Wilbur Ave- Covina Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: September 29, 1970

12. Signature of Notary: Wilton M [illegible]
13. Notary Commission expires: 1972

OFFICIAL SEAL
WILTON M. MOORE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Jan. 18, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	Metropolitan Life Ins. Co. [illegible] Drive, Temple City, Calif	Aug.14,1940	Aug.13,1940
	Date of Birth: Apr.17,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Edna Nichels	Name of Father: ----
SUPPORTING RECORD 2.	Certified copy of marriage license & certificate #A 26040	Silver Bow County, Montana	Sep.23,1970	July 17,1940
	Date of Birth: Age: 21	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Edna Naef Nichols	Name of Father: M. C. Nichols
SUPPORTING RECORD 3.	Carbon Copy of Vital Statistics Record for funeral arrangements	Rose Hills Memorial Park, Whittier, CA #S 432	Oct.26,1960	Oct.16,1960
	Date of Birth: Apr.17,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Edna Naeff	Name of Father: Malcolm Conrad Nichols
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	October 5, 1970

FORM BH 56067

8-18-70

[illegible]

OCT 5 1970

38/21/1042-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-736

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ila Ramona Chambers		2. Date Of Birth (month) April (day) 17, (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Buhl, Idaho -Twin Falls; b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: William Edison Chambers		7. State or Country of Father's Birth: Springhill, Tennessee
MOTHER	8. Full Maiden Name of Mother: Bertha Margaret Wilson		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ila C Remy	11. Present Address of Registrant: 911 Canyon, Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1970	12. Signature of Notary: May Lewis	13. Notary Commission expires: 9-1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt		By whom issued and signed: Edith A. Chambers Age:73	Date Issued: Oct.26,1970	Date Orig. Entry: ----
	Date of Birth: Apr.17,1919	Birth Place: Buhl, Idaho	Full Name of Mother: Bertha M. (Wilson) Chambers	Name of Father: William E. Chambers	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #362309	Date Issued: ----	Date Orig. Entry: child born Oct.29,1942
	Date of Birth: Age: 23	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License and Certificate		By whom issued and signed: Bannock County,Idaho,Rev.Jo Austin Lininger,1st Presbyterian	Date Issued: Jan.12,1962	Date Orig. Entry: Jan.5,1962
	Date of Birth: Apr.17,1919	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	October 28,1970

FORM BH 56067

OCT 29 1970

132-114017-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-800

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond J ALBANO		2. Date of Birth (month) Oct. (day) 14 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idmon Clark	b. City or Town of Birth: Idmon Idaho
FATHER	6. Full Name of Father: Sidney C ALBANO		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Eunice B. BAILEY		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Albano	11. Present Address of Registrant: 811 S 59th ave Yakima Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1967	12. Signature of Notary: Bleo P Rebman	13. Notary Commission expires: Feb 10 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-9060	Date Issued: ---	Date Orig. Entry: child born Aug.25,1948	
	Date of Birth: Age: 28	Birth Place: Idman, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Service	By whom issued and signed: U.S. Army, W.L.Cheatham,Maj. Infantry	Date Issued: Nov.7,1945	Date Orig. Entry: Jan.6,1945	
	Date of Birth: Oct.14,1919	Birth Place: Kilgore, Idaho*	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:63	By whom issued and signed: Flair R. Albano	Date Issued: Nov.6,1970	Date Orig. Entry: ----	
	Date of Birth: Oct.14,1919	Birth Place: Idmon, Idaho	Full Name of Mother: Eunice B. Albano	Name of Father: S. C. Albano	

QUALIFYING INFORMATION

*The town of Idmon no longer exists. According to The Idaho Encyclopedia published in 1938 by The Caxton Printers, Ltd.Caldwell, Idaho it was located just a few miles south of Kilgore, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 1, 1970

FORM BH 56067

12-15-61 1 copy paid

(A) 6-15-67 gml

DEC. 1 1970

551-219-026-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-813

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Evans			2. Date of Birth (month) (day) (year): March 19, 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Rigby Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Jedediah Earl Evans			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Carrie Inger Mortensen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila Myler		11. Present Address of Registrant: 151 Idaho, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 7, 1969	12. Signature of Notary: Joan D. Lowe		13. Notary Commission expires: August 31, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and Certificate		By whom issued and signed: On file Idaho #49-18055	Date Issued: July 22,1949	Date Orig. Entry: July 22,1949
	Date of Birth: Age: 30	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #7013-E		By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date Issued: Sep.14,1936	Date Orig. Entry: Sept.11,1936
	Date of Birth: Mar.19,1919	Birth Place: Rigby, Idaho	Full Name of Mother: Carrie Evans	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Lawrence I.Jones, Bishop, Rigby 2nd Ward	Date Issued: ----	Date Orig. Entry: baptized Apr.2,1927
	Date of Birth: Mar.19,1919	Birth Place: Rigby, Idaho	Full Name of Mother: Carrie Inger Mortensen	Name of Father: Jedediah Earl Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Dec. 7, 1970

FORM BH 56067 Replaces Form 22-162

10-27-67

DEC · 8 1970

155-206-003-639

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JUNE MARIE JENSEN	2. Date of Birth (month) June (day) 6 (year) ~~1918~~ 1919	
	3. Color or Race: White	4. Sex: ~~Female~~ Female	5. Place of Birth a. County: Bannock — b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Albert S Jensen	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: OliveEllen Oliver	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June M. Jensen	11. Present Address of Registrant: 320 No13th Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: January 22 1971	12. Signature of Notary: John B. Kugler	13. Notary Commission expires: Jan. 2 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #293915 M1	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Apr.1,1938	Date Orig. Entry: April 1,1938	
	Date of Birth: Age next bd. 19	Birth Place: ----	Full Name of Mother: Ella Ahlstrom	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Olive Ellen Atkinson	Date Issued: Jan.22,1971	Date Orig. Entry: ---	
	Date of Birth: June 6,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Olive Ellen Atkinson	Name of Father: Albert S. Jensen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing photocopy	By whom issued and signed: LDS Church, Rose Ward, Blkft. Stake, Jos. S. Gardner, Bishop	Date Issued: ---	Date Orig. Entry: blessed Nov.2,1919	
	Date of Birth: June 6,1919	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Ella Olliver	Name of Father: Albert S. Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	January 29,1971

FORM BH 56067

Attached

FEB 1 1971

289-21-2003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-186

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clista Zelda Byington		2. Date Of Birth (month) (day) (year): October 12, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Lava Hot Springs
FATHER	6. Full Name of Father: Charles Norton Byington		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ettie Sophia Smithies		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clista B. Chidester	11. Present Address of Registrant: 4801 South 46-7 West Kearns, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 26, 1971	12. Signature of Notary: Wayne F Brown	13. Notary Commission expires: May 8, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth-Church	By whom issued and signed: L.D.S.Church	Date Issued: Jan.5,1942	Date Orig. Entry: Recorded Nov. 2,1919
	Date of Birth: Oct.12,1919 / Birth Place: Lava Hot Springs	Full Name of Mother: Ettie S. Smithies	Name of Father: Charles N. Byington	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 66	By whom issued and signed: Thora Ettie Byington Miles	Date Issued: Feb.16,1971	Date Orig. Entry: -----
	Date of Birth: Oct.12,1919 / Birth Place: Lava Hot Springs	Full Name of Mother: Ettie Sophia Smithies	Name of Father: Charles Norton Byington	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Utah- # 54-7312	Date Issued: ---	Date Orig. Entry: Child born Sept.19,1954
	Date of Birth: Age 34 / Birth Place: Lava HotSPrings	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 3, 1971

FORM BH 56067

2-8-71

Chidester

MAR 3 1971

445-20-001-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-216

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orz Majine Dunten
2. Date Of Birth: (month) 6 (day) 1 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: ST. Luke's Hosp Ada; b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Royal Gold Dunten
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Florence Ennis Neet
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marine D. Cagle
11. Present Address of Registrant: 564 Canyon St. Nampa Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: February 28 1971

12. Signature of Notary: Kyron J. Johnson, Notary Public, Boise, Idaho
13. Notary Commission expires: December 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #54-547	----	child born Jan.7,1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 34 / Boise, Idaho	---	---	
SUPPORTING RECORD 2.	Marriage License and Certificate - County File #21527	Ada County, Idaho; Mark C. Cronenberger, 1st Christian Church	Nov.2,1947	Oct.30,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / Boise, Idaho	---	---	
SUPPORTING RECORD 3.	Statement regarding hospital records	St. Luke's Hospital, Boise, ID	Mar.18,1970	June 1,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	2:00 p.m. June 1,1919 / St.Luke's Hospital Boise, Idaho	Mrs. Florence Dunten	R. G. Dunten	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	March 15, 1971

FORM BH 56067

2-3-71

MAR 1 5 1971

497-217-022-562

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-246

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Louise Dixon			2. Date Of Birth (month) Sept (day) 19 (year) 1919
	3. Color or Race: White	4. Sex: FEMALE	5. Place of Birth a. County: Sarilda Fremont	b. City or Town of Birth: SARILDA
FATHER	6. Full Name of Father: Ellsworth ALFred Dixon			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Olive BIANche Noble			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Louise Dixon Walter		11. Present Address of Registrant: RR 2 Box 455 Mill City Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 3 1970	12. Signature of Notary: Walter H Lee		13. Notary Commission expires: 8-21- 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records	By whom issued and signed: Fremont County, Idaho	Date Issued: May 31,1957	Date Orig. Entry: 1925
	Date of Birth: 1919 / Birth Place: ----	Full Name of Mother: ----	Name of Father: E. A. Dixon	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Berthie S. Baker (more than 10 yrs. older)	Date Issued: Feb.20,1970	Date Orig. Entry: ----
	Date of Birth: Sep.19,1919 / Birth Place: Fremont County Sarilda, Idaho	Full Name of Mother: Violet Olive Blanch Noble	Name of Father: Elzworth Alfred Dixon	
SUPPORTING RECORD 3.	Type of Document: copy of hospital statement	By whom issued and signed: Santiam Memorial Hospital, Stayton, Oregon	Date Issued: ----	Date Orig. Entry: Mar.16,1966
	Date of Birth: Sep.19,1919 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 23,1971

FORM BH 56067

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Watts

MAR 23 1971

RECEIVED

685-123-010-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-276**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arval Leon Wheeler			2. Date Of Birth (month) (day) (year): August-23-1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Poplar, Idaho
FATHER	6. Full Name of Father: Jesse Jacob Wheeler			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: Eva Violet Moss			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arval Leon Wheeler		11. Present Address of Registrant: 940 W. [illegible] Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept 22 1972

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Poplar Ward, Joseph C. Morgan, Bishop	Date Issued: ---	Date Orig. Entry: blessed Oct.5,1919
	Date of Birth: Aug.23,1919 / Birth Place: Poplar, Idaho Bonneville County	Full Name of Mother: Eva Violet Moss	Name of Father: Jesse J. Wheeler	
SUPPORTING RECORD 2.	Type of Document: Notification of personnel Action -Naval Ordnance Plant	By whom issued and signed: C.R.Beiser,CDR,USNR, Industrial Relations Officer, Pocatello, ID	Date Issued: Aug.20, 1954	Date Orig. Entry: Aug.20,1954
	Date of Birth: Aug.23,1919 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Health Service, Inc. policy #109502	By whom issued and signed: Stock Co. owned by Blue Cross Association	Date Issued: Oct.1,1956	Date Orig. Entry: Sept.19,1956
	Date of Birth: Aug.23,1919 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

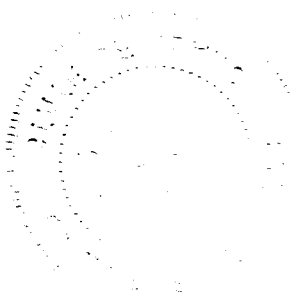
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: March 31, 1971

FORM BH 56067

1 Cert Rec'd 10612

3-25-71

APR 1 1971



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-330

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Leona Ashley		2. Date of Birth (month) (day) (year): Dec. 12, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Emmett, Idaho Gem
			b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Leslie J. Ashley		7. State or Country of Father's Birth: Hannabal, Missouri
MOTHER	8. Full Maiden Name of Mother: Sophia Ann Hall		9. State or Country of Mother's Birth: Warrenburg, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena L. Boor	11. Present Address of Registrant: 700 Alturas Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 1969	12. Signature of Notary: Ellis Fitch	13. Notary Commission expires: March 14 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #267274	Date Issued: ---	Date Orig. Entry: child born May 18,1938
	Date of Birth: Age: 18 / Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage license and Certificate	By whom issued and signed: On file Idaho #47-1110	Date Issued: June 10,1947	Date Orig. Entry: June 10,1947
	Date of Birth: Age: 27 / Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Bible	By whom issued and signed: Family	Date Issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: Dec.12,1919 / Birth Place: Emmett, Idaho	Full Name of Mother: Sophia Hall	Name of Father: Leslie J. Ashley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Sue Lowe	Date Filed: April 21, 1971

FORM BH 56067

APR 2 2 1971

866-19-003-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-364

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Westhill Hofeldt			2. Date Of Birth (month) (day) (year): January 19, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Herman Hans Hofeldt			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Edith Jane Russell			9. State or Country of Mother's Birth: Missouri
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Westhill Hofeldt	11. Present Address of Registrant: Carlin, Nevada
NOTARY (Seal) over	Subscribed and sworn to before me on: April 28 1971		12. Signature of Notary: Vernon Scott	13. Notary Commission expires: Jan 21 1974

VERNON SCOTT
Notary Public - State of Nevada
Elko County, Nevada
Commission expires Jan. 21, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Edith Jane Russell Hofeldt Dervos	Date Issued: Apr.26,1971	Date Orig. Entry: ---
	Date of Birth: Jan.26,1971	Birth Place: Pocatello, Idaho	Full Name of Mother: Edith Jane Russell Hofeldt	Name of Father: Herman Hans Hofeldt	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Bushnell Gen. Hosp.		By whom issued and signed: U.S. Army, Robt.M.Hardaway, Col.MC,, Brigham City, UTah	Date Issued: discharged Apr.1,1944	Date Orig. Entry: inducted Mar.31,1942
	Date of Birth: Age: 23	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage		By whom issued and signed: State of Wyoming,Albert C. Reinsch,Bishop, LDS Church	Date Issued: ---	Date Orig. Entry: Jan.21,1942
	Date of Birth: Age: 23	Birth Place: Pocatello, Idaho	Full Name of Mother: Edith Jane Russell	Name of Father: Herman Hofeldt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	May 4, 1971

FORM BH 56067

MAY 4 1971

VERNON SCOTT
Notary Public - State of Nevada
Elko County, Nevada
Commission expires Jan. 21, 1974

763-21-038-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Lois Golden			2. Date Of Birth (month) (day) (year): Jan. 17 1919	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette	
FATHER	6. Full Name of Father: Harry Ellsworth Golden			7. State or Country of Father's Birth: Owensville, Indiana	
MOTHER	8. Full Maiden Name of Mother: Carrie Belle McCoy			9. State or Country of Mother's Birth: Bentley, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Irene Weygandt		11. Present Address of Registrant: Midvale, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1969	12. Signature of Notary: Arthur Wilson		13. Notary Commission expires: April 24 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #304068		Date Issued: -----	Date Orig. Entry: child born Aug. 10, 1940
	Date of Birth: Age: 21	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage records	By whom issued and signed: Payette County, Idaho		Date Issued: Dec. 17, 1965	Date Orig. Entry: Nov. 4, 1936
	Date of Birth: Age: 17yrs. 10 months	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time	By whom issued and signed: Ida Yager Martin (born 1889)		Date Issued: May 6, 1971	Date Orig. Entry: ---
	Date of Birth: Jan. 17, 1919	Birth Place: -----	Full Name of Mother: Carrie B. Golden	Name of Father: Harry E. Golden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	May 7, 1971

FORM BH 56067

Send 1 to Parents

1-31-66

Childs Art #30468

MAY 7 1971

243-217-003-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-387

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH PEARL SUTTON		2. Date Of Birth (month) (day) (year): MARCH 17 1919
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BANNOCK
			b. City or Town of Birth: POCATELLO IDAHO
FATHER	6. Full Name of Father: OLIVER WILLIAM SUTTON		7. State or Country of Father's Birth: U. S. A.
MOTHER	8. Full Maiden Name of Mother: AMY ISABELL HOMAN		9. State or Country of Mother's Birth: U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth P. Polinsky	11. Present Address of Registrant: 129 Fanning Circle Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1971	12. Signature of Notary: Mabel M Dennell	13. Notary Commission expires: April 17 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth certificate	By whom issued and signed: on file - Idaho 296911	Date Issued: ----	Date Orig. Entry: child born July 6, 1940	
	Date of Birth: Age 21	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit for marriage	By whom issued and signed: Bannock County, Idaho	Date Issued: Dec. 19, 1938	Date Orig. Entry: Married Dec. 19, 1938	
	Date of Birth: Age 19	Birth Place: Pocatello, Idaho	Full Name of Mother: Amy Homan	Name of Father: Oliver Sutton	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Naval OrdNance Plant-Poc. Ida.	Date Issued: May 22, 1953	Date Orig. Entry: June 1, 1949	
	Date of Birth: March 17, 1919	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 13, 1971

FORM BH 56067

1st Issue 13902

5-5-71

MAY 1 3 1971

812-107-025-617

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Edward Hasse			2. Date Of Birth (month) March (day) 7 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Cottonwood Idaho	b. City or Town of Birth: Cottonwood, Idaho	
FATHER	6. Full Name of Father: Edward Paul Hasse			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Lydia Wagner			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Edward Hasse		11. Present Address of Registrant: Rt. 1, Box 183-D Chattaroy, Wn. 99003	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1971	12. Signature of Notary: Karl Wilson		13. Notary Commission expires: Nov. 10 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: #H 200 119 189 1/ Statement regarding application for driver's License	By whom issued and signed: Dept. Motor Vehicles, Olympia, WA, Mrs. B. J. Zink, Mgr.		Date Issued: May 20, 1971	Date Orig. Entry: Oct. 23, 1962
	Date of Birth: Mar. 7, 1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lydia Wagner Hasse		Date Issued: May 22, 1967	Date Orig. Entry: ---
	Date of Birth: Mar. 7, 1919	Birth Place: Cottonwood, Idaho	Full Name of Mother: Lydia Wagner Hasse	Name of Father: Edward Hasse	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Navy, T.W. Martz, Lt. USNR San Diego, CA		Date Issued: discharged Sept. 4, 1945	Date Orig. Entry: enlisted June 20, 1945
	Date of Birth: Mar. 7, 1919	Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

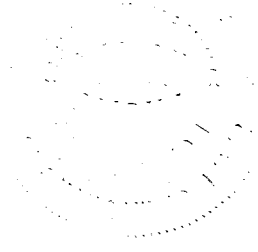
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 8, 1971

FORM BH 56067 rm.

2nd form sent 4-30-71 gml

Classe

JUN 8 1971



243-218-001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-465

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Viola Mae Sutton	**2. Date Of Birth** (month) (day) (year) July 18, 1919
	3. Color or Race White | **4. Sex** Female | **5. Place of Birth** a. County Ada	b. City or Town of Birth Boise
FATHER	**6. Full Name of Father** Alphus C. Sutton	**7. State or Country of Father's Birth** Beloit, Kansas
MOTHER	**8. Full Maiden Name of Mother** Mary E. (May) Barnes	**9. State or Country of Mother's Birth** Waitsburg, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | **10. Signature of Registrant** [signature]	**11. Present Address of Registrant**
NOTARY (Seal)	Subscribed and sworn to before me on June 10 1971 | **12. Signature of Notary** [signature]	**13. Notary Commission expires** 19 Notary Public in and for the State of Washington, ... Commission expires ... 21, 1973.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of school records	Loyle V. Washam, Supv. of Records, Boise Public Schools	Mar.1,1971	1926-34
	Date of Birth July 18,1919 | **Birth Place** Boise	**Full Name of Mother** ---	**Name of Father** A. C. Sutton	
SUPPORTING RECORD 2.	Baby Book	Family Records	---	obviously old
	Date of Birth July 18,1919 | **Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 3.	Federal Census Record Ada County, Idaho	U.S. Department of Commerce Federal Census record	Apr.6,1971	Jan.1,1920
	Date of Birth Age: 5 mos. | **Birth Place** Idaho	**Full Name of Mother** Maggie Sutton	**Name of Father** Alpins Sutton	

QUALIFYING INFORMATION

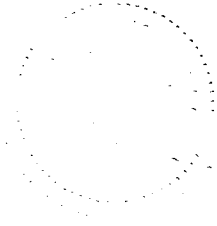
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Sue Lowe	June 14, 1971

FORM BH 56067

JUN 1 4 1971



613131-028-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-500

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT WALTER WATSON			2. Date Of Birth (month) AUG. (day) 31 (year) 1919
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ~~POST FA~~ KOOTENAI	b. City or Town of Birth: POST FALLS
FATHER	6. Full Name of Father: CHARLES ALONZO WATSON			7. State or Country of Father's Birth: KENTUCKY
MOTHER	8. Full Maiden Name of Mother: ROSE LEE MOYS			9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert W. Watson		11. Present Address of Registrant: 30x11 1540 MAPLELANE-KENT, WN.
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1971	12. Signature of Notary		13. Notary Commission expires: 2 July 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 49-4604	Date Issued: ----	Date Orig. Entry: child born April 5, 1949	
	Date of Birth: Age 29	Birth Place: Post Falls, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother age 65	By whom issued and signed: C. C. Watson	Date Issued: Jun.2,1971	Date Orig. Entry: -----	
	Date of Birth: Aug.31,1919	Birth Place: Post Falls, Ida.	Full Name of Mother: Rose Lee Moys	Name of Father: Charles Alonzo Watson	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Kaiser-Trentwood	Date Issued: Jun.1,1971	Date Orig. Entry: 1947	
	Date of Birth: Aug.31,1919	Birth Place: Post Falls,Ida.	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 29,1971

FORM BH 56067

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5-19-71

JUN 2 9 1971

462-237-026-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-514

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma mae Moss
2. Date Of Birth (month) (day) (year): March 27 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Roberts, Idaho Jefferson
b. City or Town of Birth: Roberts, Idaho

FATHER

6. Full Name of Father: Charles Edwin Moss
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Myrtle mae adams
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma mae Fry
11. Present Address of Registrant: 14153 - 3 Seattle, Wash. Place, So.

NOTARY (Seal)

Subscribed and sworn to before me on: 10-30 1970
12. Signature of Notary: Betty J Schuene
13. Notary Commission expires: 10-27 1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate	Child born in San Mateo, California	----	child born June 22,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U. S. Census Record	U.S.Dept.of Commerce	Jun 7,1971	Census taken Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 9 mos.	Idaho	Myrtle Mae Moss	Charles E. Moss

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Affidavit	Twin Falls Co. H.A.Lancaster	May 26,1971	License issued Jun.18,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.27,1919	Roberts, Idaho	Myrtle Adams	Charles Moss

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

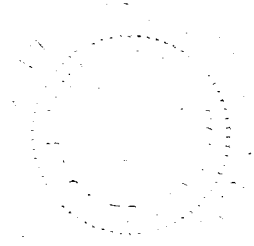
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 1, 1971

FORM BH 56067

2-18-69

JUL 1 1971



569-205-006-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-550

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Lorraine Norris		2. Date Of Birth (month) August (day) 5 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Lester William Norris		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Neva May Malcom		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on ____ 19 65	12. Signature of Notary: Muriel Hampton	13. Notary Commission expires: MURIEL HAMPTON My Commission Expires August 30, 19__

MURIEL HAMPTON
NOTARY PUBLIC - CALIFORNIA
COUNTY OF IMPERIAL

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #8362	By whom issued and signed: State of Oregon	Date Issued: Jun.21,1951	Date Orig. Entry: child born Oct.5,1946	
	Date of Birth: Age: 27	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal record	By whom issued and signed: Rev. Floyd Riley, Methodist Episcopal Church	Date Issued: ---	Date Orig. Entry: baptized June 12,1921	
	Date of Birth: Aug.5,1919	Birth Place: Shelley, Idaho	Full Name of Mother: May Norris	Name of Father: Lester Norris	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Neva M. and Lester W. Norris	Date Issued: Aug.24,1965	Date Orig. Entry: ---	
	Date of Birth: Aug.5,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Neva May Malcom	Name of Father: Lester William Norris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 15, 1971

FORM BH 56067

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Miller

JUL 16 1971

362-102 1023-244

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-557

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Leon Coburn		2. Date Of Birth (month) (day) (year): April 2 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett Idaho
FATHER	6. Full Name of Father: Leon Joseph Coburn		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Myrtle Budge		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Edwin Leon Coburn	11. Present Address of Registrant: Longview Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 16 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: US Army Report of Induction	By whom issued and signed: Charles A. Butler -Inducting Officer	Date Issued: Feb.25,1941	Date Orig. Entry: Feb.25,1941
	Date of Birth: April 2,1919	Birth Place: Emmett, Idaho	Full Name of Mother: Myrtle Budge Edwards	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Longview, Washington Application for Employment	By whom issued and signed: Longview, Wash. Reynolds Metal Company John Kearns, Emp.Mgr.	Date Issued: June 12,1951	Date Orig. Entry: --------
	Date of Birth: April2,1919	Birth Place: -------	Full Name of Mother: -----	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 70 yrs	By whom issued and signed: Esther Nielson	Date Issued: July 16,1971	Date Orig. Entry: --------
	Date of Birth: April 2, 1919	Birth Place: Emmett, Idaho	Full Name of Mother: Myrtle Budge	Name of Father: Leon Joseph Coburn
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	July 16, 1971

FORM BH 56067

6-24-70

JUL 16 1971

65-9-105-001-185

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-596

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Marven Bertram Ferguson			2. Date of Birth (month) (day) (year): September 5, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho / Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Emmett Rosleton Ferguson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hazel Julia Ayers			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marven B. Ferguson		11. Present Address of Registrant: Box 71 Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 27 July 1971	12. Signature of Notary: W M Benson		13. Notary Commission expires: aug 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 74yrs	By whom issued and signed: Emmett Rosleton Ferguson	Date Issued: July 27,1971	Date Orig. Entry: ------
	Date of Birth: Sept 5,1919 / Birth Place: Boise, Idaho	Full Name of Mother: Hazel Julia Ayers	Name of Father: Emmett Rosleton Ferguson	
SUPPORTING RECORD 2.	Type of Document: Military Discharge	By whom issued and signed: Frank A.Luciano, Capt.ARTY, REENL Offcr. U.S. Army	Date Issued: June 16,1960	Date Orig. Entry: June 17,1957 reenlisted
	Date of Birth: Sep.5,1919 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: carbon copy of Report of Medical History - appl.for Warrant	By whom issued and signed: G.R.Stone,Capt.,MC	Date Issued: Aug.17,1956	Date Orig. Entry: Aug.17,1956
	Date of Birth: Sep.5,1919 / Birth Place: Boise, Idaho Ada County	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: sl Glenda Larson	Date Filed: August 11, 1971

FORM BH 56067

AUG 12 1971

613-111-036-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE DARALD WALDRON			2. Date of Birth (month) (day) (year): MARCH 11 1919
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: PLEASANTVIEW ONEIDA	b. City or Town of Birth: PLEASANTVIEW (mail Malad)
FATHER	6. Full Name of Father: BENJAHAN HAINS WALDRON			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: MERVAL ANN GILL			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Darald Waldron		11. Present Address of Registrant: RT. 1 BOX 3[illegible] SHINGLE SPRINGS, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1970	12. Signature of Notary: Jesse H Monson		13. Notary Commission expires: March 23 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mervel Ann Gill Hall	Date Issued: June 1,1970	Date Orig. Entry: ---
	Date of Birth: Mar.11,1919 / Birth Place: Pleasantview, Idaho Oneida County	Full Name of Mother: Mervel Ann (Gill) Hall	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of patriarchal blessing	By whom issued and signed: Orson P. Mathews, Patriarch Hunter, Utah	Date Issued: ---	Date Orig. Entry: May 20,1942
	Date of Birth: Mar.11,1919 / Birth Place: Pleasant View, Idaho	Full Name of Mother: Varvel Ann Gill Waldron	Name of Father: Benjamin Hains Waldron	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a teacher	By whom issued and signed: LDS Church, Santa Cruz Branch, Thomas W. Gardner, Mission Pres.	Date Issued: Aug.27,1950	Date Orig. Entry: ordained July 16,1950
	Date of Birth: Mar.11,1919 / Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Mervil Gill	Name of Father: Benjamin H. Waldron	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barnson	Evidence reviewed by: Glenda Larson	Date Filed: August 24,1971

FORM BH 56067

AUG 25 1971

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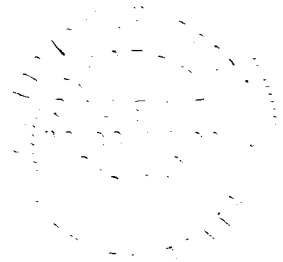


319-213-033-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-637

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Elizabeth Larsen
2. Date of Birth (month) (day) (year): January 13, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Madison; b. City or Town of Birth: Independence (5 mi. from Rexburg)

FATHER

6. Full Name of Father: Alma Moroni Larsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Vera Adelaide Daniels
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 27 19 71

12. Signature of Notary: Esther B Myers

13. Notary Commission expires: 1-30 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: LDS Church, Independence Ward Fremont Stake #62
Date Issued: ---
Date Orig. Entry: blessed March 2, 1919
Date of Birth: Jan. 13, 1919
Birth Place: Independence Ward Idaho
Full Name of Mother: Vera Daniels
Name of Father: Alma M. Larson

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother
By whom issued and signed: Vera D. Larsen
Date Issued: Aug. 13, 1971
Date Orig. Entry: ---
Date of Birth: Jan. 13, 1919
Birth Place: Independence, Idaho (5 mi. from Rexburg)
Full Name of Mother: Vera Adelaide Lucinda Daniels
Name of Father: Alma Moroni Larsen

SUPPORTING RECORD 3.

Type of Document: certified copy of census marshal's report
By whom issued and signed: Madison County, Idaho Dist. #11
Date Issued: Aug. 4, 1971
Date Orig. Entry: filed Sept. 15, 1928
Date of Birth: Jan. 13, Age: 9
Birth Place: ----
Full Name of Mother: Vera Larsen
Name of Father: Alma Larsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

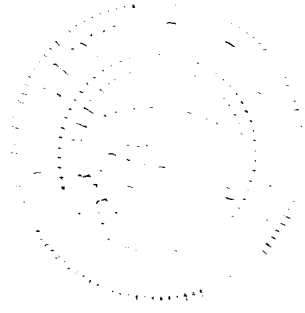
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: August 31, 1971

FORM BH 56067

(Attach Case Data)

AUG 31 1971



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-672

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Lewis Taylor			2. Date Of Birth (month) Dec. (day) 13 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Richfield
FATHER	6. Full Name of Father: John William Taylor			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Annie Little			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Lewis Taylor		11. Present Address of Registrant: 1813 Boggess Lane, Yakima, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 10 1971	12. Signature of Notary: Mildred G. Lockhart		13. Notary Commission expires: 4-4- 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Army Discharge (filed with Co.Recorder)	By whom issued and signed: U.S. Army, Ft.Lewis WA, Yakima County, WA.	Date Issued: discharged Jan.16,1946	Date Orig. Entry: inducted Aug.18,1944
	Date of Birth: Dec.13,1919 / Birth Place: Richfield, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for marriage license #22611	By whom issued and signed: Yakima County, Washington	Date Issued: Aug.17,1971	Date Orig. Entry: June 19,1940
	Date of Birth: Age: 20 / Birth Place: Richfield, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Elizabeth Hospital, Yakima, Washington	Date Issued: Aug.17,1971	Date Orig. Entry: Jan.9,1956
	Date of Birth: Dec.13,1919 / Birth Place: Idaho	Full Name of Mother: Mary Ann Little	Name of Father: John W. Taylor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 13, 1971

FORM BH 56067

SEP 1 3 1971

455-201-025-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LORENA OLIVE DENISON		2. Date Of Birth (month) 1 (day) 1 (year) 19
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO; b. City or Town of Birth: KOOSKIA
FATHER	6. Full Name of Father: GEORGE MIRTIN DENISON		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: ELIZEBETH WAHLFELL		9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorena Olive Potter	11. Present Address of Registrant: 6503 Russet St Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1970	12. Signature of Notary: William E Smith	13. Notary Commission expires: July 29 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Own childs birth certificate	By whom issued and signed: State of Idaho # 58-13799	Date Issued: Dec 14,1967	Date Orig. Entry: Child born Nov 14,1958
	Date of Birth: Age 39 yrs; Birth Place: Kooskia, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family	Date Issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: Jan.1,1919; Birth Place: ------	Full Name of Mother: Elizebeth Wahlfell	Name of Father: George Mirtin Denison	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 67yrs	By whom issued and signed: Archie W. Denison	Date Issued: Jan.3,1968	Date Orig. Entry: ----------
	Date of Birth: Jan.1,1919; Birth Place: Kooskia,Idaho	Full Name of Mother: Elizabeth(Denison)Wahlfell	Name of Father: George M. Denison	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	Oct.8,1971

FORM BH 56067

7-22-70

OCT 8 1971

612-205-017-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-768

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Ruth Wasemiller		2. Date Of Birth (month) MARCH (day) 5 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: DuBois Clark; b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Henry Wasemiller		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Eva Lindschmidt		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hannah Ruth Shaw	11. Present Address of Registrant: 9130 N. E. Schuyler, Portland, Oregon 97220
NOTARY (Seal)	Subscribed and sworn to before me on: October 14 19 71	12. Signature of Notary: Kathleen M. Fidman	13. Notary Commission expires: February 3 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Scotts Bluff, Neb.	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.17,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 11 mos; Birth Place: Idaho	Full Name of Mother: Eva Wasmiller	Name of Father: Henry Wasmiller	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Amelia Pyles (bd.7/24/71)	Date Issued: Aug.24,1971	Date Orig. Entry: ---
	Date of Birth: Mar.5,1919; Birth Place: Dubois, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #125	By whom issued and signed: State of Oregon	Date Issued: Aug.12,1971	Date Orig. Entry: child born Jan.9,1939
	Date of Birth: Age: 19; Birth Place: DuBois, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Statement regarding school records dated September 8, 1971 signed by Eugene Fox, Princ. Ferndale Elem. School, Dist. #10, Milton-Freewater, OR gives date of birth as March 5, 1919 and father's name as Henry Wasemiller. attended school 1929-32

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	November 8,1971

K

FORM BH 56067

NOV 9 1971

213-207-041-375

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-807

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORA MERINTHA SALKIELD			2. Date Of Birth (month) (day) (year): MARCH 7 1919	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: TETONIA TETON	b. City or Town of Birth: TETONIA	
FATHER	6. Full Name of Father: JOHN BENJIMAN SALKIELD			7. State or Country of Father's Birth: SALT LAKE CITY UTAH	
MOTHER	8. Full Maiden Name of Mother: HARRIET SPENDLOVE			9. State or Country of Mother's Birth: SALT LAKE CITY UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora M Salkield		11. Present Address of Registrant: RT 3 BOX 748 ALBANY, ORE	
NOTARY (Seal)	Subscribed and sworn to before me on: NOVEMBER 12 1971	12. Signature of Notary: Richard K. Locke		13. Notary Commission expires: 16 FEB 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Valview Ward, Perry O. Hatch, Bishop		Date Issued: Nov.13,1971	Date Orig. Entry: blessed July 6,1919
	Date of Birth: Mar.7,1919	Birth Place: Tetonia, Idaho	Full Name of Mother: Harriett Spendlove		Name of Father: John B. Salkield
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #260876		Date Issued: -------	Date Orig. Entry: child born Oct.15,1937
	Date of Birth: AGE: 18	Birth Place: Tetonia, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Elda May Muir (bd.12/2/06)		Date Issued: Oct.15,1971	Date Orig. Entry: ----
	Date of Birth: Mar.7,1919	Birth Place: Tetonia, Idaho	Full Name of Mother: Harriet Salkield nee (Spendlove)		Name of Father: John B. Salkield
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Nov. 23, 1971

FORM BH 56067

1 cp Pd Rec'd 22160 9-28-71

NOV 2 3 1971

942-20-7035-94

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-838

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WANDA MAXINE RUSSELL		2. Date Of Birth (month) (day) (year): August 7 1919
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: Southwick Nez Perce; b. City or Town of Birth: Southwick
FATHER	6. Full Name of Father: Floyd Enoch Russell		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Ora May Russell ~~Wanda M. Thomas~~		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda M Thomas	11. Present Address of Registrant: 2040 Valley View Dr Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 12 19 71	12. Signature of Notary: Norwegia James	13. Notary Commission expires: 1/11 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #268641	Date Issued: ---	Date Orig. Entry: child born June 15,1938	
	Date of Birth: Age: 18	Birth Place: Southwick, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit for marriage license #160472	By whom issued and signed: Nez Perce County, Idaho	Date Issued: June 12,1937	Date Orig. Entry: June 12,1937	
	Date of Birth: Age: 17	Birth Place: ----	Full Name of Mother: Ora M. Russell	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy & statement re-garding school records	By whom issued and signed: Charles Francis Adams High School,Clarkston,WA,C.J.Bowers,Principal	Date Issued: Dec.3,1971	Date Orig. Entry: 1933-37	
	Date of Birth: Aug.7,1919	Birth Place: Southwick, Idaho	Full Name of Mother: Ora May Russell	Name of Father: Floyd Enoch Russell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Dec. 8, 1971

FORM BH 56067

10-6 71

DEC · 9 1971

249-203-226-543

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-860
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Ina Burgess
2. Date Of Birth (month) (day) (year): Feb 3 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Rigby Jefferson
b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Claude Frank Burgess
7. State or Country of Father's Birth: Veneta Oklahoma Oct 1893

MOTHER

8. Full Maiden Name of Mother: Rachel Selena Null
9. State or Country of Mother's Birth: Joplin Mo, Oct 4 1895

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen I Bush
11. Present Address of Registrant: Rigby RT 2 Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 12 21 1971
12. Signature of Notary: Lucile Rich
13. Notary Commission expires: Non 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate	State of Idaho File # 329883	------	Child born Dec8,1941
Class*	Date of Birth / Birth Place: Age 22 Yrs. Rigby, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Affidavit by Mother Age 76Yrs	Rachel Selena Burgess Herron	Nov.11,1971	-----
Class	Feb.3,1919 / Rigby, Idaho	Rachel Selena Null	Claude Frank Burgess	
SUPPORTING RECORD 3.	Federal census record Grays Harbor,WA	U.S. Department of Commerce Bureau of the Census	Dec.16,1971	Apr.1,1930
Class	Age:11 / Idaho	Rachel S. Burgess	Claude F. Burgess	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Glenda Larson sl	Dec. 21, 1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 27 1971

513-22-028-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-869

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jack Joseph Eachon			2. Date Of Birth (month) 5 (day) 22 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Coeur d Alene Kootenai	b. City or Town of Birth: Coeur d Alene, Idaho	
FATHER	6. Full Name of Father: John Edward Eachon			7. State or Country of Father's Birth: Poprac, Czechoslovakia	
MOTHER	8. Full Maiden Name of Mother: Mary Augusta Cooper			9. State or Country of Mother's Birth: Coeur d Alene Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jack Joseph Eachon	11. Present Address of Registrant: 6819 Melrose Dr. McLean, Virginia	
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1971		12. Signature of Notary: [illegible]	13. Notary Commission expires: Feb 10 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: John Edward and Mary Augusta Eachon	Date Issued: July 24,1971	Date Orig. Entry: ---
	Date of Birth: May 22,1919	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Augusta Eachon	Name of Father: John Edward Eachon	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Coast Guard, Seattle, WA Sep. Center #13	Date Issued: discharged Nov. 24, 1945	Date Orig. Entry: enlisted Feb. 12, 1942
	Date of Birth: May 22,1919	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #18 000 331		By whom issued and signed: New York Life Ins. Co.	Date Issued: Oct. 15, 1941	Date Orig. Entry: Oct. 6, 1941
	Date of Birth: May 22,1919	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary A. Eachon	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Dec. 28, 1971

FORM BH 56067

Entered

DEC 28 1971

813-109-026-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-038**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HIAL LAMAR HALL		2. Date Of Birth (month) 7 (day) 9 (year) 19
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: RIGBY IDAHO
FATHER	6. Full Name of Father: HIAL LESTER HALL		7. State or Country of Father's Birth: RIGBY IDAHO
MOTHER	8. Full Maiden Name of Mother: LAVON MARY ANDERSON		9. State or Country of Mother's Birth: REXBURG IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. T. Hall	11. Present Address of Registrant: BAKERSFIELD, CALIF. 308 WESTWOOD
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1972	12. Signature of Notary: Mildred D. MacDonald	13. Notary Commission expires: 19

Mildred D. MacDonald
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
KERN COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: DEML, R.C.Lees, 2d Lt WAC	Date Issued: enlisted Aug.24,1940	Date Orig. Entry: discharged Aug.19,1945
	Date of Birth: July 9,1919 / Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lavon Mary Hall	Date Issued: Jan.11,1972	Date Orig. Entry: ----
	Date of Birth: July 9,1919 / Birth Place: Rigby, Idaho	Full Name of Mother: Lavon Mary Anderson Hall	Name of Father: Hial Lester Hall	
SUPPORTING RECORD 3.	Type of Document: Certificate of Eligibility #20372,Calif.LA	By whom issued and signed: U.S. A. Veterans Admn.	Date Issued: Sep.20,1946	Date Orig. Entry: Sept.20,1946
	Date of Birth: July 9,1919 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Jan. 20, 1972

FORM BH 56067

JAN 2 0 1972

855201-029-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY MAXINE HENDRIX
2. Date Of Birth (month) (day) (year): Feb 1 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Moscow Latah
b. City or Town of Birth: moscow

FATHER

6. Full Name of Father: THOMAS EDGAR HENDRIX
7. State or Country of Father's Birth: WASHINGTON

MOTHER

8. Full Maiden Name of Mother: Bessie ARBERTA TYRELL
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: M. Maxine Trombetta
11. Present Address of Registrant: P.O. Box 23 Nezperce

NOTARY (Seal)

Subscribed and sworn to before me on: 12/31 1971
12. Signature of Notary: [illegible]
13. Notary Commission expires: Idaho 2/25 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of page from family Bible	Family records in Bible	Dec.29,1971	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.1,1919 / Moscow, Idaho	Bessie A. Hendrix	Thomas E. Hendrix	
SUPPORTING RECORD 2.	Statement regarding school records	Latah County, Idaho	Dec.17,1971	Sept.3,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 16 / ----	Mrs. Thomas Hendrix	Mr. Thomas Hendrix	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #368676	----	child born Feb.4,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 24 / Moscow, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Jan. 21, 1972

FORM BH 56067

1 Cp Pd 1 Rec 29849

12-6-71

JAN 2 1 1972
JAN 1 6 1976

793-222-022-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Jones Gillette			2. Date Of Birth (month) March (day) 22 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Teton City, Idaho; a. County: Fremont	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: Horace E. Gillette			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Riggs Jones			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Jones Gillette		11. Present Address of Registrant: Evanston, Wyoming
NOTARY (Seal)	Subscribed and sworn to before me on Dec 15 1971	12. Signature of Notary: Ruth M Crompton		13. Notary Commission expires 2-6 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Marriage		By whom issued and signed: Wilford M.Price, Bishop, LDS Church, Evanston, Wyoming	Date issued: ---	Date Orig. Entry: Apr.7,1943
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: Mary Riggs Jones	Name of Father: Horace E. Gillette	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Riggs Jones Gillette	Date issued: Dec.15,1971	Date Orig. Entry: ---
	Date of Birth: Mar.22,1919	Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Mary Riggs Jones Gillette	Name of Father: Horace E. Gillette	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #J-6038		By whom issued and signed: Intermountain Mutual Assoc., Inc.	Date issued: May 20,1939	Date Orig. Entry: May 19,1939
	Date of Birth: Mar.22,1919	Birth Place: Teton, Idaho	Full Name of Mother:	Name of Father: Horace E. Gillette	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 4, 1972

FORM BH 56067

1 c/s PA Rec. # 22954   9-28-71

FEB 4 1972

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Fay Lambert			2. Date Of Birth (month) (day) (year): December 15 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Ellis Delbert Lambert			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Estella Pearl Spurbeck			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy L Eaton		11. Present Address of Registrant: Rt. 1 Box 2961 Fall City, Wa. 98024
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 24 1972	12. Signature of Notary: Ellen M. Smiley		13. Notary Commission expires: Sept. 10 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Federated Sunday School Genesee, Idaho L.A.Crown,Pastor	Date Issued: Dec.30,1919	Date Orig. Entry: Dec.30,1919
	Date of Birth: Dec.15,1919 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #11634	By whom issued and signed: State of Washington	Date Issued: Apr.28,1966	Date Orig. Entry: child born Mar.13,1949
	Date of Birth: Age: 29 / Birth Place: Genesee, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Pearl E. Johnson	Date Issued: Feb.2,1972	Date Orig. Entry: ---
	Date of Birth: Dec.15,1919 / Birth Place: Genesee, Idaho	Full Name of Mother: Estella Pearl Spurbeck	Name of Father: Ellis Delbert Lambert	
QUALIFYING INFORMATION				

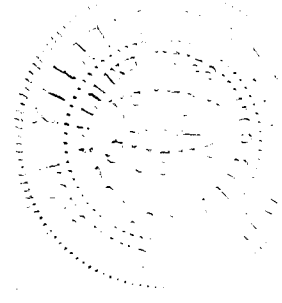
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda M. Larson	Feb. 4, 1972

FORM BH 56067

FEB 4 1972
FEB 10 1972



154-213-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-081

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delia Andersen
2. Date Of Birth (month) (day) (year): Feb 13 1919
3. Color or Race: W
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Thatcher

FATHER

6. Full Name of Father: Parley Pratt Andersen
7. State or Country of Father's Birth: Bear River City Utah

MOTHER

8. Full Maiden Name of Mother: Annie Jane Harris
9. State or Country of Mother's Birth: Thatcher

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delia Davis
11. Present Address of Registrant: Soda Springs, Ida

NOTARY (Seal)

Subscribed and sworn to before me on January 19 1972

12. Signature of Notary: Kenneth M. Fowler Clerk of District Court
Lydia Collier

13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #56-8359	---	child born July 6, 1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 37 / Thatcher, Idaho	----	----	
SUPPORTING RECORD 2.	photocopy of certificate of membership	LDS Church	---	blessed May 13, 1919
	Feb. 13, 1919 / Perry (Thatcher) Ban. Ctny, Idaho	Anna J. Harris	Parley P. Andersen	
SUPPORTING RECORD 3.	photocopy of application for insurance policy #284846	Beneficial Life Ins. Co.	July 16, 1946	July 16, 1946
	Feb. 13, 1919 / Thatcher, Idaho	----	-----	

QUALIFYING INFORMATION

Perry is not actually a town, but is a community located in the vicinity of Thatcher.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Feb. 4, 1972

FORM BH 56067

"W" 12-6-71

Whitehead

FEB 4 1972

755-202-053-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-118

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Darlene Genta		2. Date Of Birth (month) June (day) 2 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Bartholemew Thomas Genta		7. State or Country of Father's Birth: France	
MOTHER	8. Full Maiden Name of Mother: Lydia Catherine Bodrero		9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Sutherland	11. Present Address of Registrant: 165 No. Center, Rexburg Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1972	12. Signature of Notary: Mary Smith	13. Notary Commission expires: June 25 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #375326	Date Issued: ----	Date Orig. Entry: child born June 17, 1943
	Date of Birth: Age: 24	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation - LDS Church		By whom issued and signed: Sugar Ward, Fremont County, Idaho, Chas. O. Hamilton, Bp.	Date Issued: Sep. 4, 1932	Date Orig. Entry: baptized Aug. 25, 1932
	Date of Birth: June 2, 1919	Birth Place: Sugar City, Idaho Madison County	Full Name of Mother: Lydia C. Bodrero	Name of Father: Bartholomew T. Genta	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #18 139 832		By whom issued and signed: New York Life Ins. co.	Date Issued: Apr. 7, 1942	Date Orig. Entry: Mar. 24, 1942
	Date of Birth: June 2, 1919	Birth Place: Sugar City, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 18, 1972

FORM BH 56067

FEB 18 1972

569-21-003-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-150

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Norton			2. Date Of Birth (month) June (day) 11 (year) 1919	
	3. Color or Race: Wt.	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Inkom	
FATHER	6. Full Name of Father: Glenn William Norton			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Julia Alice Daniels Norton			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Valentine		11. Present Address of Registrant: 424 No. 15th	
NOTARY (Seal)	Subscribed and sworn to before me on: February 22 1972	12. Signature of Notary: H. L. Boring		13. Notary Commission expires: April 22 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Pocatello, Idaho	Date Issued: ---	Date Orig. Entry: Jan. 27, 1930
	Date of Birth: June 11, 1919	Birth Place: ---	Full Name of Mother: ----	Name of Father: Glen W. Norton
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment	By whom issued and signed: St. Anthony Mercy Hospital, Pocatello, Idaho	Date Issued: ---	Date Orig. Entry: Aug. 16, 1960
	Date of Birth: 1919	Birth Place: Inkom, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Record of Membership	By whom issued and signed: Bishop Robert H. Winward, LDS Church, Pocatello 4th Ward	Date Issued: ---	Date Orig. Entry: baptized Feb. 5, 1928
	Date of Birth: June 11, 1919	Birth Place: Inkom, Idaho Bannock County	Full Name of Mother: Julia Daniels	Name of Father: Glenn Norton
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: March 1, 1972

FORM BH 56067

1 Cpy Pd Rec. # 20069

2-2-11

MAR 2 1972

364-205-016-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laural Le Ron Lounsbury Egan			2. Date Of Birth (month) (day) (year): June 5, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Malta Idaho
FATHER	6. Full Name of Father: Ralph Andrew Lounsbury			7. State or Country of Father's Birth: Pocatello Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Wake			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Laural Le Ron Egan	11. Present Address of Registrant: Rupert Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 6th March 1972		12. Signature of Notary: Wayne Egan	13. Notary Commission expires: 12-20 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:67		By whom issued and signed: Sadie Ressa Lounsbury Perrins	Date Issued: Mar.6,1972	Date Orig. Entry: ---
	Date of Birth: June 5,1919	Birth Place: Malta, Cassia County, Idaho	Full Name of Mother: Sarah Ellen Wake Lounsbury	Name of Father: Ralph Andrew Lounsbury	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Ririe Ward, Hyrum T. Moss, Bishop	Date Issued: ---	Date Orig. Entry: baptized June 30,1928
	Date of Birth: June 5,1919	Birth Place: Malta, Cassia County, Idaho	Full Name of Mother: Sarah Wake	Name of Father: Ralph Lounsbury	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #268441	Date Issued: ----	Date Orig. Entry: child born June 11,1938
	Date of Birth: Age: 19	Birth Place: Malta, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 10, 1972

FORM BH 56067

5-11-91 Gmc

Logan (nee Lounsbury)

MAR 13 1972

68-122-016-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DF 72-230
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ben Watkins Farr
2. Date Of Birth (month) Jan (day) 22 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Burley Idaho Cassia
b. City or Town of Birth: Burley, Idaho

FATHER

6. Full Name of Father: Marcus Ballentyne Farr
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Elisabeth Watkins Farr
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ben W Farr
11. Present Address of Registrant: 296 E. 700 N. Ogden, Ut

NOTARY (Seal)

Subscribed and sworn to before me on 27 March 1972

12. Signature of Notary: Louisa D. Ogren
13. Notary Commission expires 11/31 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of honorable discharge
By whom issued and signed: U.S. Army, Earl G. Linhart, Major ORD Dept. Ft.Douglas,UT
Date issued: discharged Nov.29,1945
Date Orig. Entry: inducted Apr.9,1941
Date of Birth: Jan.22,1919
Birth Place: Burley, Idaho
Full Name of Mother: ---
Name of Father: ---
Class*

SUPPORTING RECORD 2.

Type of Document: photocopy of application for social security #529-07-9174
By whom issued and signed: Social Security Adm.
Date issued: Jun.17,1937
Date Orig. Entry: Jun.17,1937
Date of Birth: Jan.22,1919
Birth Place: Burley, Idaho
Full Name of Mother: Mary Elisabeth Watkins
Name of Father: Marcus Farr
Class

SUPPORTING RECORD 3.

Type of Document: LDS Church Certificate of Birth
By whom issued and signed: Ogden Stake, Ogden 7th Ward, members #18626 entry 70 bless.
Date issued: Mar.17,1972
Date Orig. Entry: May 4,1919
Date of Birth: Jan.22,1919
Birth Place: Burley, Idaho Cassia County
Full Name of Mother: Mary Elizabeth Watkins
Name of Father: Marcus B. Farr
Class

QUALIFYING INFORMATION

Affidavit by neighbor at time of birth, J.Raman Drake(bd.1/6/09) issued March 9,1959 gives: Ben Watkins Farr was born in Burley, Idaho Cassia County, January 22,1919 to Marcus Ballantyne Farr and Mary Elizabeth Watkins Farr.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

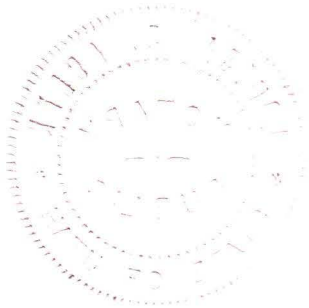
State Registrar: W W Barson
Evidence reviewed by: Glenda Larson
Date Filed: April 11,1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy pd.

APR 1 2 1972.



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RITA ANN SCHUMAKER			2. Date Of Birth (month) December (day) 17 (year) 1919
	3. Color or Race: wh	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Joseph George Schumaker			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Sarah Katherine Scully			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rita Ann Parlet		11. Present Address of Registrant: Rt 2, Box 84, Pomeroy, Wa 99347
NOTARY (Seal)	Subscribed and sworn to before me on: April 7, 19 72	12. Signature of Notary: [signature]		13. Notary Commission expires: May 2, 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding Birth	By whom issued and signed: Lewiston's St. Joseph's Hospital	Date Issued: Mar.7,1972	Date Orig. Entry: Dec.17,1919	
	Date of Birth: Dec.17,1919	Birth Place: Lewiston,Idaho	Full Name of Mother: Sarah Scully	Name of Father: Joseph G. Shumaker	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: St. Jospeh's Mission	Date Issued: Apr.7,1972	Date Orig. Entry: Baptized Jan.18, 1920	
	Date of Birth: Dec.17,1919	Birth Place: ------	Full Name of Mother: Sarah Scully	Name of Father: Joseph Schumaker	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister age 62	By whom issued and signed: Bernadine M. Yochum	Date Issued: Apr 7,1972	Date Orig. Entry: -----	
	Date of Birth: Dec.17,1919	Birth Place: Lewiston,Idaho	Full Name of Mother: Sarah Katherine Scully	Name of Father: Joseph George Schumaker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: April 27,1972

FORM BH 56067

APR 2 8 1972

Dup of 1919-75202

491-12-026-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-286

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER MARKLEY DRAKE * (AKA Elmer Sidney Drake)			2. Date Of Birth (month) June (day) 21 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: near Ririe
FATHER	6. Full Name of Father: Elmer Sidney Drake			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Margaret Ann Elliott			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer S. Drake Jr.		11. Present Address of Registrant: 10415 SW Richview Lane Portland, Oregon 97219
NOTARY (Seal)	Subscribed and sworn to before me on July 26 1971	12. Signature of Notary		13. Notary Commission expires: My Commission Expires May 19, 1974 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census record Jefferson County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 15,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 8 mos.	Birth Place: Idaho	Full Name of Mother: Margaret Drake	Name of Father: Elmer S. Drake
SUPPORTING RECORD 2. *	Type of Document: Affidavit by maternal aunt who was present at time of birth	By whom issued and signed: Florence E. Robison (bd.9/2/07)	Date Issued: May 7,1971	Date Orig. Entry: ---
	Date of Birth: June 21,1919	Birth Place: RR near Ririe, Jefferson Co., Ida.	Full Name of Mother: Margaret Ann Elliott (Drake)	Name of Father: Elmer Sidney Drake
SUPPORTING RECORD 3.	Type of Document: Military Discharge	By whom issued and signed: C.D.Howard 1st Lt.USMCR	Date Issued: Apr.5,1946	Date Orig. Entry: Date of Entry Jan.12,1940
	Date of Birth: Jun.21,1919	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------
QUALIFYING INFORMATION	*Florence Robison also stated "said child was originally named Elmer Markley Drake, but while he was still an infant his mother changed his name to Elmer Sidney Drake,Jr."			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright		Date Filed: May 2, 1972

FORM BH 56067

Copy pd

MAY 2 1972

349-105-006-561

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Richard Turpin		2. Date Of Birth (month) 11 (day) 5 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Thomas Bingham	b. City or Town of Birth: Thomas -
FATHER	6. Full Name of Father: Edward Richard Turpin		7. State or Country of Father's Birth: Utah Salt Lake County	
MOTHER	8. Full Maiden Name of Mother: Dora Emma Noack		9. State or Country of Mother's Birth: Idaho Bingham	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Richard Turpin	11. Present Address of Registrant: Rt 2 Box 223 Blackfoot	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1972	12. Signature of Notary: Theo J. Dance	13. Notary Commission expires: Feb 1 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church	Date Issued: ---	Date Orig. Entry: Blessed Dec. 7, 1919
	Date of Birth: Nov.5,1919 / Birth Place: Thomas Ward Bingham Co.	Full Name of Mother: Dora Noack	Name of Father: Edward Richard Turpin	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Nat'l Public Service Ins. Co	Date Issued: July 16, 1958	Date Orig. Entry:
	Date of Birth: Nov.5,1919 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father age 73	By whom issued and signed: Edward R.Turpin	Date Issued: Apr.25,1972	Date Orig. Entry: -----
	Date of Birth: Nov.5,1919 / Birth Place: Thomas,Bingham Co	Full Name of Mother: Dora Amma Noack	Name of Father: Edward Richard Turpin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

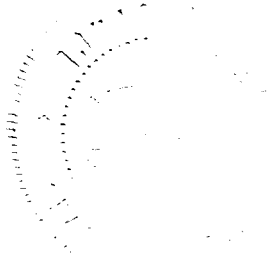
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 4, 1972

FORM BH 56067

1 cf Pd Rec # 31109

2-22-72

MAY 5 1972



615-202-010-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-320

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Catherine Fanning		2. Date Of Birth (month) 3 (day) 2 (year) 19	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Falls, Ida Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Edward William Fanning		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ethel Mary Robinson		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara F. Eames	11. Present Address of Registrant: 848 No Mollison H-16 El Cajon, Calif 92021	
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 19 72	12. Signature of Notary: Ethel Fanning	13. Notary Commission expires: Jan 24 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Holy Rosary Catholic-Idaho Fls	Date Issued: Mar.29,1972	Date Orig. Entry: Baptized April 20,1919	
	Date of Birth: Mar.2,1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Ethel Robinson	Name of Father: Edward W. Fanning	
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit	By whom issued and signed: Bonneville Co. Idaho	Date Issued: Mar 29,1972	Date Orig. Entry: Oct 13,1938	
	Date of Birth: Age 19	Birth Place: ----	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Idaho Falls High School	Date Issued: 1972	Date Orig. Entry: Entered 1932	
	Date of Birth: Mar.2,1919	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: E. W. Fanning	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 5, 1972

FORM BH 56067

MAY 5 1972

DECEASED

845-207.001-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-362

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Alese Hunter			2. Date Of Birth (month) October (day) 7 (year) 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Earl Guy Hunter			7. State or Country of Father's Birth: Anderson, Kansas
MOTHER	8. Full Maiden Name of Mother: Irene Foster			9. State or Country of Mother's Birth: Greenwood, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Laura A. Hunter Rochester R. #1 Newton, Kansas		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1970	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Irene Hunter Age:78	Date Issued: June 9,1970	Date Orig. Entry: ---
	Date of Birth: Oct.7,1919 / Birth Place: Boise, Idaho	Full Name of Mother: Irene Foster Hunter	Name of Father: Earl Guy Hunter	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: First Baptist Church-Newton Kansas Ethelyn Branum-Sec & Clk	Date Issued: June 7,1972	Date Orig. Entry: Baptized April 15, 1928
	Date of Birth: Oct.7,1919 / Birth Place: -------	Full Name of Mother: ---------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Elementary School Record Newton, Kansas	By whom issued and signed: Supt. Office Newton, Kansas Patricia Smith, Registrar	Date Issued: -----	Date Orig. Entry: Sept.1926 Attended
	Date of Birth: Oct. 7, 1919 / Birth Place: -------	Full Name of Mother: --------	Name of Father: Earl Hunter	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Sue Lowe	Date Filed: June 12, 1972

FORM BH 56067

1 cp dd sec 36598

JUN 1 2 1972

219-208-006-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-399

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLORA-BERNIECE-BAILEY
2. Date Of Birth: (month) NOV. (day) 8 (year) 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County FIRTH, IDAHO BINGHAM; b. City or Town of Birth Firth

FATHER

6. Full Name of Father: John-Volney-BAILEY
7. State or Country of Father's Birth: Sanpete, Utah

MOTHER

8. Full Maiden Name of Mother: Helma-Caroline-Weeding
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Flora Brandon
11. Present Address of Registrant: 2939 Maryland

NOTARY (Seal)

Subscribed and sworn to before me on Feb 29 19 72

12. Signature of Notary: [signature]
13. Notary Commission expires: 6-76 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Basalt Ward, Joseph L. Sorensen, Clerk	Aug. 15, 1928	baptized Aug. 5, 1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 8, 1919 / Bingham County Firth, Idaho	Helma Weeding	John V. Bailey	
SUPPORTING RECORD 2.	photocopy of proof of age for employees' retirement plan	Longview Fibre Co., WA, Shiela May Humlee, Repr. of ret. board	---	June 3, 1953
	Nov. 8, 1919 / ----	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #311084	---	child born Mar. 24, 1941
	Age: 21 / Firth, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gm1 Glenda Larson	June 15, 1972

FORM BH 56067

JUN 16 1972

231-226-025-219

Maxine Peterson
Enumclaw, Wash.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10-2 B# 371
DE 72-420

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Blankenship			2. Date Of Birth (month) Mar. (day) 26 (year) 1919
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Grangeville, Ida — Idaho	b. City or Town of Birth: Grangeville Ida
FATHER	6. Full Name of Father: Harrison Blankenship			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Delicia Bailey			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Blankenship		11. Present Address of Registrant: Enumclaw, Wash. Rt 2 B# 371
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 19 72	12. Signature of Notary: [signature]		13. Notary Commission expires: Nov. 18, 1972 19

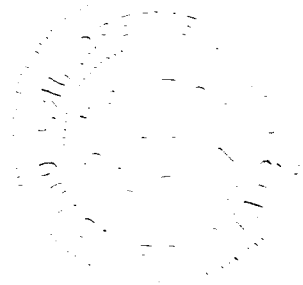
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Earl Vopat, Supt. District, #241 Grangeville, ID	Date Issued: Apr. 7, 1972	Date Orig. Entry: Apr. 15, 1936
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: City of Seattle, WA Vol 1952 reg. #1550 KC	Date Issued: Aug. 13, 1952	Date Orig. Entry: child born July 17, 1952
	Date of Birth: Age: 33	Birth Place: Grangeville, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-16-0807	By whom issued and signed: Social Security Adm.	Date Issued: Apr. 13, 1938	Date Orig. Entry: ---
	Date of Birth: Mar. 26, 1919	Birth Place: Grangeville, Idaho	Full Name of Mother: Delicia Bailey	Name of Father: Harrison Blankenship
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barsom	Evidence reviewed by: gml Glenda Larson	Date Filed: July 20, 1972

FORM BH 56067

JUN 21 1972



863-206-003-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-431

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Esther Holsten
2. Date Of Birth (month) 9 (day) 6 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Central, Bannock
b. City or Town of Birth: Central Idaho

FATHER

6. Full Name of Father: Charles Gustof Holsten
7. State or Country of Father's Birth: Sater Dalarna, Sweden

MOTHER

8. Full Maiden Name of Mother: Lucy Lorona Monroe - [redacted]
9. State or Country of Mother's Birth: Clifton, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Esther Holsten
11. Present Address of Registrant: Grace Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 8 19 72

12. Signature of Notary: [signature illegible]
13. Notary Commission expires: Feb. 28, 1973 19

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Central Ward, Gus E. Anderson, Bishop	Date Issued: ---	Date Orig. Entry: blessed Dec.7,1919	
	Date of Birth: Sept.6,1919	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Lucy Monroe	Name of Father: Charles Holsten	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Central Ward, Roy Sorensen, Clerk	Date Issued: ---	Date Orig. Entry: baptized Aug.3,1929	
	Date of Birth: Sept.6,1919	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Lucy Monroe	Name of Father: Charles Holsten	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old West Life Ins. Co.	Date Issued: May 5,1960	Date Orig. Entry: May 5, 1960	
	Date of Birth: Sept.6,1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 26, 1972

FORM BH 56067

4-28-65

JUN 27 1972

964-119-003-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-449

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elden Deverne Romriell
2. Date Of Birth (month) March (day) 19 (year) 1919
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: McCammon Idaho Bannock
b. City or Town of Birth: McCammon Idaho Bannock

FATHER

6. Full Name of Father: Walter Romerill
7. State or Country of Father's Birth: Utah, Bear Lake 11 Oct 1876.

MOTHER

8. Full Maiden Name of Mother: Mahala Stella Cutler
9. State or Country of Mother's Birth: Ida, Oneida Co. 8 Nov 1884

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elden Deverne Romriell
11. Present Address of Registrant: 3801 Iona Ave Pocatello Ida

NOTARY (Seal)

Subscribed and sworn to before me on May 26 1961

12. Signature of Notary: W. W. Benson Probate Judge
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by father
By whom issued and signed: Walter Romriell
Date Issued: May 29,1961
Date Orig. Entry: -----
Date of Birth: Mar.19,1919
Birth Place: McCammon, Idaho
Full Name of Mother: -----
Name of Father: Walter Romriell

SUPPORTING RECORD 2.

Type of Document: Church Record of Membership
By whom issued and signed: L.D.S.Church Poc. 12th Ward
Date Issued: Apr.7,1971
Date Orig. Entry: Blessed May 4,1924.
Date of Birth: Mar.19,1919
Birth Place: McCammon
Full Name of Mother: Mahala Stella Cutler
Name of Father: Walter Romerill

SUPPORTING RECORD 3.

Type of Document: Own childs birth certificate
By whom issued and signed: on file - Idaho # 55-3939
Date Issued: ----
Date Orig. Entry: child born Mar.31,1955
Date of Birth: Age 36
Birth Place: McCammon, Idaho
Full Name of Mother: ----
Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Florence Curtright
Date Filed: July 7,1972

FORM BH 56067 no record 5-11-61 9-28-65 ml

JUL 7 1972

547203-042-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneath Delores Nugent			2. Date Of Birth (month) (day) (year): April 3, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Otie Edward Nugent			7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Fern Gertrude Skinner			9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneath D. Sparks		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: 6-29 1972	12. Signature of Notary: Walter W. Ford		13. Notary Commission expires: 9-15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Fern G. Nugent		Date Issued: May 4, 1972	Date Orig. Entry: ---
	Date of Birth: Apr.3,1919	Birth Place: Twin Falls, Idaho	Full Name of Mother: Fern Gertrude Skinner	Name of Father: Otie Edward Nugent	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Parma High School		Date Issued: ---	Date Orig. Entry: 1933-34
	Date of Birth: Apr.3,1919	Birth Place: ---	Full Name of Mother: ----	Name of Father: O. E. Nugent	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #425244		Date Issued: ---	Date Orig. Entry: child born Sep.30,1946
	Date of Birth: Age: 27	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: - ---	
QUALIFYING INFORMATION					

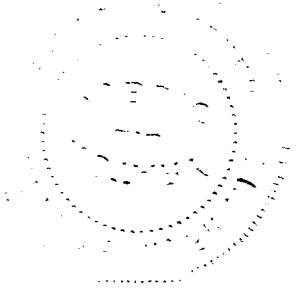
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	July 11, 1972

FORM BH 56067 (1/71)

JUL 1 2 1972



DECEASED

299-230-022-657

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-502

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kate Clinton Birch
2. Date of Birth (month) (day) (year): July 30 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ashton, Idaho Fremont
b. City or Town of Birth: Ashton, Idaho

FATHER

6. Full Name of Father: Robert Abner Birch
7. State or Country of Father's Birth: Bennington, Iddho

MOTHER

8. Full Maiden Name of Mother: Ina Weaver
9. State or Country of Mother's Birth: Anaconda, Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kate C McCreery
11. Present Address of Registrant: 554 W. Salmon

NOTARY (Seal)

Subscribed and sworn to before me on July 20, 1972

12. Signature of Notary: Luella Smith
13. Notary Commission expires: April 4, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #54-14170	---	child born Nov.28,1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Ashton, Idaho	----	----	
SUPPORTING RECORD 2.	photocopy of Certificate of Blessing	LDS Church, Ashton Ward, Hyrum R. Cunningham, Bishop	---	blessed Nov.2,1919
	July 30,1919 / Ashton, Idaho	Ina Weaver	Robert A. Birch	
SUPPORTING RECORD 3.	Certified copy of affidavit for marriage license	Bannock County, Idaho	May 26,1972	Nov.5,1938
	Age: 19 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jeppson	Glenda Larson	July 28, 1972

FORM BH 56067

JUL 28 1972

DECEASED

599208 029-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neyva Maxine Erickson		2. Date Of Birth (month) 10 (day) 8 (year) 1919
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Edwin Herman Erickson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Laura Gunhilda Larson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neyva Summerside	11. Present Address of Registrant: 1403 Montana Ave, Libby, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: August 4th 1972	12. Signature of Notary: Minnie O Anderson	13. Notary Commission expires: May 4, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of affidavit by neighbor at time of birth		By whom issued and signed: Ellen Evans (bd.9/30/1887)	Date Issued: July 31,1972	Date Orig. Entry: ---
	Date of Birth: Oct.8,1919	Birth Place: Genesee, Idaho Latah County	Full Name of Mother: Laura Larson	Name of Father: Edwin Erickson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #440349	Date Issued: ---	Date Orig. Entry: Child born July 18,1947
	Date of Birth: Age: 27	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license		By whom issued and signed: Maricopa County, Arizona Book 81, page 371	Date Issued: July 28,1972	Date Orig. Entry: July 27, 1942
	Date of Birth: Age: 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 8,1972

FORM BH 56067

Rcpd rec # 41736

7-21-72

AUG 9 1972

OCT 3 0 1975

791-225-030-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-559

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALLRED, HAZEL GRACE			2. Date of Birth: (month) May (day) 25 (year) 1919	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Leadore home Lemhi	b. City or Town of Birth: Leadore, Idaho	
FATHER	6. Full Name of Father: ALLRED, MILFORD LORENZO			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: REDDINGTON, OLIVE MARIE			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Grace Allred		11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 21, 1972	12. Signature of Notary: Lester Allred		13. Notary Commission expires: 12-11 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding records of School Census of 1926	By whom issued and signed: Lemhi County, Idaho District Court Clerk		Date Issued: 9/7/26	Date Orig. Entry: 1926 Sept.
	Date of Birth: 1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: Milford Allred	
SUPPORTING RECORD 2.	Type of Document: certified copy of Family Bible page record	By whom issued and signed: certified by Eleanor Aldous, District Court Clerk, Lemhi Co, Id.		Date Issued: Aug. 17, 1972	Date Orig. Entry: Obviously old
	Date of Birth: 5/25/19	Birth Place: -----	Full Name of Mother: Olive Marie Reddington	Name of Father: Milford Lorenzo Allred	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License & Cert.	By whom issued and signed: Lemhi County, Idaho book 2 page 440		Date Issued: Aug. 7, 1972	Date Orig. Entry: Dec. 11, 1937
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: Own child's birth certificate on file Idaho #270792 for child born August 3, 1938 gives age of mother as 19 and birthplace of mother as Leadore, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	August 24, 1972

K

FORM BH 56067

AUG 25 1972

JUN 15 2006

534-14-041-696

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-560

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DUNN, ARTHUR ELMER			2. Date Of Birth (month) 4 (day) 14 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Tetonia	
FATHER	6. Full Name of Father: JAMES ARTHUR DUNN			7. State or Country of Father's Birth: MISSISSIPPI	
MOTHER	8. Full Maiden Name of Mother: LULA MAE FIFE			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 1001 Northrup Rd Bellevue, Wash 98008	
NOTARY (Seal)	Subscribed and sworn to before me on: AGUST 14 1972	12. Signature of Notary: [signature]		13. Notary Commission expires: 12-31 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: James Arthur Dunn		Date Issued: Aug.18,1972	Date Orig. Entry: ---
	Date of Birth: Apr.14,1919	Birth Place: Tetonia, Idaho	Full Name of Mother: Lula Mae Fife Dunn	Name of Father: James Arthur Dunn	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of birth for son	By whom issued and signed: St.Luke's Hospital, Kansas City, Missouri		Date Issued: ---	Date Orig. Entry: child born May 13, 1945
	Date of Birth: Apr.14,1919	Birth Place: Tetonia, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of report of separation from military	By whom issued and signed: U.S. Army		Date Issued: Oct.21,1944 separated	Date Orig. Entry: date of entry serv.Aug.2,1939
	Date of Birth: Apr.14,1919	Birth Place: Tetonia, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 24,1972

FORM BH 56067

ICP pd rec #39237

7-26-72

Final

AUG 25 1972

366-203-022-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neva Nora Coon			2. Date of Birth (month) September (day) 3 (year) 1919
	3. Color or Race: Cau	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Lamont, Idaho
FATHER	6. Full Name of Father: John Coon (middle name Richard)			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Lula Bell Kimerling			9. State or Country of Mother's Birth: Simpson, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: neva nora (Coon) Lundberg		11. Present Address of Registrant: Rt 1 Box 42, Chandler, Az 85224
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1972	12. Signature of Notary: Rebecca M Greer		13. Notary Commission expires: ____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Joseph C. Elmer, Pastor, Grace Ev. Lutheran Cong., Spokane	Date Issued: ----	Date Orig. Entry: baptized May 25, 1952
	Date of Birth: Sep. 3, 1919 / Birth Place: Lamont, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage #58046A	By whom issued and signed: Spokane County, Washington	Date Issued: July 5, 1972	Date Orig. Entry: May 20, 1939
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: Lula Kimerling	Name of Father: John R. Coon	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment	By whom issued and signed: Southside District Hospital Mesa, AZ	Date Issued: ----	Date Orig. Entry: July 24, 1967
	Date of Birth: Sep. 3, 1919 / Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: August 31, 1972

FORM BH 56067

AUG 31 1972

962-104-010-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Joseph Robinson			2. Date Of Birth (month) March (day) 4 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona	
FATHER	6. Full Name of Father: Grant Elijah Robinson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Stanger			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Joseph Robinson		11. Present Address of Registrant: Route #1 Box 32 Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 19 72	12. Signature of Notary: Vivian Hunting		13. Notary Commission expires: April 1 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Grant E. Robinson		Date Issued: July 21,1972	Date Orig. Entry: ----
	Date of Birth: Mar.4,1919	Birth Place: Iona, Idaho	Full Name of Mother: Sarah Elizabeth Stanger	Name of Father: Grant E. Robinson	
SUPPORTING RECORD 2.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Bingham Stake, Iona Ward,Bir. & Bless.1919,pg.1238,line 1001		Date Issued: Aug.28,1972	Date Orig. Entry: Apr.6,1919
	Date of Birth: Mar.4,1919	Birth Place: Iona, Idaho Bonneville County	Full Name of Mother: Sarah Stanger	Name of Father: Grant Robinson	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the U.S. A.B.Yoder, Major Cavalry		Date Issued: Discharged May 17,1946	Date Orig. Entry: inducted Jan.23,1945
	Date of Birth: Mar.4,1919	Birth Place: Iona, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 13, 1972

FORM BH 56067

SEP 14 1972

DECEASED

749-125-038-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leroy Raymond Guinn			2. Date Of Birth (month) (day) (year): January 25, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: New Plymouth
FATHER	6. Full Name of Father: Desmond Guinn			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Isa May Wilson			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leroy R Guinn		11. Present Address of Registrant: 37652-43rd Ave E. Puyallup Wash 98371
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 12 1972	12. Signature of Notary: Owen L Demeth		13. Notary Commission expires: 6-1 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Isa May Guinn		Date Issued: Sept.2,1941	Date Orig. Entry: --
	Date of Birth: Jan.25,1919	Birth Place: New Plymouth,Ida.	Full Name of Mother: Isa May Guinn (nee Wilson)	Name of Father: Desmond Guinn	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army,Lake Charles Army Air Field, LA		Date Issued: discharged Apr.8,1948	Date Orig. Entry: enlisted Sep.25,1941
	Date of Birth: Jan.25,1919	Birth Place: New Plymouth, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy application	By whom issued and signed: American National Ins. Co.		Date Issued: ----	Date Orig. Entry: Sept.24,1954
	Date of Birth: Jan.25,1919	Birth Place: New Plymouth, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept.18,1972

FORM BH 56067

"E" 8-17-92 mk

SEP 1 8 1972

DELAYED

dup of 1919-65654

318-226-003-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-609

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Mary Verdell Taylor
2. Date Of Birth (month) (day) (year): May 26 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Grace, Idaho Bannock
b. City or Town of Birth: Grace, Idaho

FATHER

6. Full Name of Father: Wilford George Taylor
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Arby Maria Sant
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Verdell Taylor
11. Present Address of Registrant: 98 No. 300 E. Clearfield Ut.

NOTARY (Seal)

Subscribed and sworn to before me on July 21 1972

12. Signature of Notary (Act): Kay Arbon
13. Notary Commission expires: MY COMMISSION EXPIRES SEPT. 15, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of Certificate of Blessing	LDS Church, Grace Ward John L. Lloyd, Bishop	----	blessed July 6,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 26,1919 / Grace, Idaho Bannock,County	Arby Sant	Wilford G. Taylor	
SUPPORTING RECORD 2.	Affidavit by parents	Wilford G.Taylor and Arby M. Sant Taylor	Aug.28,1972	---
	May 26,1919 / Grace, Idaho	Arby M. Sant Taylor	Wilford G. Taylor	
SUPPORTING RECORD 3.	Certified copy of application for license to marry 80001	Salt Lake County, Utah	Sep.13,1972	Aug.4,1938
	May 26,1919 / Grace, Idaho	Arby Sant	Wilford G.Taylor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 29, 1972

FORM BH 56067

OCT. 2 1972

497-124-024-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-631

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester Donald Dipp			2. Date Of Birth (month) (day) (year): 1 - 24 - 19
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Wendell - Gooding	b. City or Town of Birth: Wendell, Idaho
FATHER	6. Full Name of Father: William Dipp			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Lillie Belle Lanning			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester Donald Dipp		11. Present Address of Registrant: Box 69 Crescent Oregon 97733
NOTARY (Seal)	Subscribed and sworn to before me on: 4th of October 1972	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires Nov. 22, 19[illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lillie Belle Lanning Dipp Wells		Date Issued: Sep.22,1972	Date Orig. Entry: ---
	Date of Birth: Jan.24,1919	Birth Place: Wendell, Idaho	Full Name of Mother: Lillie Belle Lanning Dipp	Name of Father: William Dipp	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #59-13278		Date Issued: ---	Date Orig. Entry: child born Oct.13,1959
	Date of Birth: Age: 40	Birth Place: Wendell, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Driver's License #C 2 24266	By whom issued and signed: State of Colorado		Date Issued: Mar.1,1947	Date Orig. Entry: Mar.1,1947
	Date of Birth: Jan.24,1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda M. Larson	October 10,1972

FORM BH 56067

OCT 11 1972

DECEASED

259-22-0105-917

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-652

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Emma Keisner			2. Date Of Birth (month) Dec (day) 9 (year) 1919	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Benewah	b. City or Town of Birth: DeSmet	
FATHER	6. Full Name of Father: Orgel Henry Keisner			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Edna Beryle Rainbolt			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Emma Keisner (Walters)		11. Present Address of Registrant: Latah, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 16, 1972 19__	12. Signature of Notary: William O. Nash		13. Notary Commission expires: June 27, 19 75	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding infirmary records - Page 66	By whom issued and signed: Mary Imaculate School, DeSmet, ID, Sister Dolores Ellwart, Principal		Date Issued: Sept. 6, 1972	Date Orig. Entry: ---
	Date of Birth: Dec. 9, 1919	Birth Place: Convent of Mary Immaculate, DeSmet, ID	Full Name of Mother: Mrs. Orgel Keisner	Name of Father: Mr. Orgel Keisner	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records - TeKoa, WA Dist #82	By whom issued and signed: Intermediate S.D. #101, M.J. McCullough, Asst. Supt.		Date Issued: Aug. 3, 1972	Date Orig. Entry: May 1924
	Date of Birth: Dec. 9, 1919	Birth Place: ---	Full Name of Mother: Mrs. O. H. Keisner	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Edna Beryle (Rainbolt) Keisner Baughman		Date Issued: Oct. 16, 1972	Date Orig. Entry: ---
	Date of Birth: Dec. 9, 1919	Birth Place: DeSmet, Idaho Benewah County	Full Name of Mother: Edna Beryle Rainbolt Keisner	Name of Father: Orgel Henry Keisner	
QUALIFYING INFORMATION	*formerly called "Sister of Providence"				

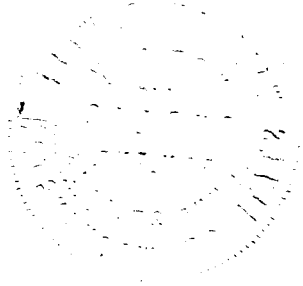
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: October 20, 1972

FORM BH 56067

8-3-72

Walters

OCT 24 1972



152-201-009-136

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-654

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alba Nina Anselmo			2. Date Of Birth (month) (day) (year): 1 - 1 - 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonner County	b. City or Town of Birth: Priest River, Idaho
FATHER	6. Full Name of Father: Frank Anselmo			7. State or Country of Father's Birth: Priest River, Idaho
MOTHER	8. Full Maiden Name of Mother: Alba Nina Atole			9. State or Country of Mother's Birth: Priest River, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Perkins		11. Present Address of Registrant: Route #1 Newport, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 19, 1971	12. Signature of Notary: Donna M. Murray		13. Notary Commission expires: October 25, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of school record	By whom issued and signed: Priest River High School, ID Leonard E. Parentes, Principal		Date Issued: ---	Date Orig. Entry: graduated May 22, 1936
	Date of Birth: Jan. 1, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: John Fox	
SUPPORTING RECORD 2.	Type of Document: certified copy of Court Order of Adoption	By whom issued and signed: Bonner County Probate Court, Velma J. Carter, Deputy		Date Issued: Feb. 12, 1971	Date Orig. Entry: Nov. 8, 1928
	Date of Birth: Jan. 1, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: Frank Anselmo (adopted by John Fox)	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Aloysius Church, Spokane, WA Roman Catholic Church		Date Issued: Oct. 9, 1972	Date Orig. Entry: baptized Mar. 9, 1919
	Date of Birth: Jan. 1, 1919	Birth Place: Priest River, Idaho	Full Name of Mother: Albanina Ortale	Name of Father: Francis Anselmo	

QUALIFYING INFORMATION: Affidavit by aunt, Louise Keyser, Age: 75, issued March 20, 1972 gives birthdate as January 1, 1919 in Priest River, Idaho to Albanina Atello and Frank Anselmo.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda M. Larson	October 24, 1972

FORM BH 56067

OCT 24 1972.

369-11-016-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-673

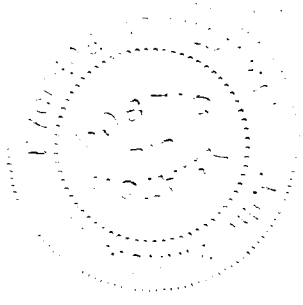
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Ewing Lorance			2. Date of Birth (month) (day) (year): February 11 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Burley / Cassia	b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Clarence Arthur Lorance			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Oma Belle Holder			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Ewing Lorance		11. Present Address of Registrant: Route #1 Lebanon, Mo. 65536
NOTARY (Seal)	Subscribed and sworn to before me on: September 15, 19 72	12. Signature of Notary: J. Morris Heil		13. Notary Commission expires: February 22, 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Clarence A. Lorance		Date Issued: Sep.15,1972	Date Orig. Entry: ----
	Date of Birth: Feb.11,1919 / Birth Place: Burley, Idaho	Full Name of Mother: Oma Belle Holder		Name of Father: Clarence A. Lorance	
SUPPORTING RECORD 2.	Type of Document: Report of Separation	By whom issued and signed: U.S. Marince Corps, 342179, W.T.Farley,Capt.		Date Issued: Nov.20,1945	Date Orig. Entry: enlisted Jan.16,1942
	Date of Birth: Feb.11,1919 / Birth Place: Burley, Idaho	Full Name of Mother: ---		Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: MFA Life Ins. Co.,Columbia,MO		Date Issued: ---	Date Orig. Entry: June 25,1965
	Date of Birth: Feb.11,1919 / Birth Place: Burley, Idaho	Full Name of Mother: ---		Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda M. Larson		Date Filed: October 31,1972	

FORM BH 56067

OCT 31 1972



719-119-033-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-674

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOUGLAS RALPH PARKINSON			2. Date Of Birth: (month) 10 (day) 19 (year) 1919	
	3. Color or Race: WHITE	4. Sex	5. Place of Birth a. County: ~~REXBURG~~ MADISON	b. City or Town of Birth: REXBURG	
FATHER	6. Full Name of Father: JOSEPH SMART ~~PARKINSON~~ PARKINSON			7. State or Country of Father's Birth: IDAHO (FRANKLIN)	
MOTHER	8. Full Maiden Name of Mother: IDA MAUGHAN			9. State or Country of Mother's Birth: UTAH (WELLSVILLE)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Douglas R Parkinson	11. Present Address of Registrant: P O BOX 69 BLACKFOOT, IDAHO 83221	
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 17 1972		12. Signature of Notary: Patricia E Preston	13. Notary Commission expires: Feb 6 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Army, C.W.Pyle,Col, Army Air Forces	Date Issued: June 23,1942	Date Orig. Entry: enlisted Jan.22,1942
	Date of Birth: Age: 22	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth certificate		By whom issued and signed: Bingham Memorial Hospital, Blackfoot,ID P.M.Packer,M.D.	Date Issued: ---	Date Orig. Entry: child born Jan.26,1961
	Date of Birth: Oct.19,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:70		By whom issued and signed: Mary Maughan Parkinson Cannon	Date Issued: Oct.24, 1972	Date Orig. Entry: ----
	Date of Birth: Oct.19,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Ida Maughan Parkinson	Name of Father: Joseph Smart Parkinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

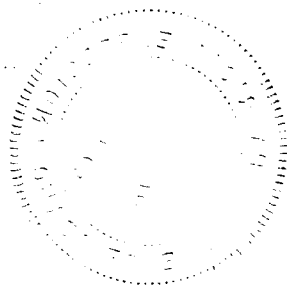
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 31,1972

FORM BH 56067

1 CP Pd Rec # 03638 10-6-72

OCT 31 1972



892-21-6022-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mrs Thelma Hazel Hibler		2. Date Of Birth (month) (day) (year): Feb. 16 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ashton Idaho Fremont; b. City or Town of Birth: 28 Miles East of Ashton on Ranch
FATHER	6. Full Name of Father: Vance P Hibler		7. State or Country of Father's Birth: Des Moines Iowa
MOTHER	8. Full Maiden Name of Mother: Helen Francis Howard		9. State or Country of Mother's Birth: Deadwood So. Dekota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Hazel Hibler Simpson	11. Present Address of Registrant: 1054 Stellyman One Eugene Oregon 97402
NOTARY (Seal)	Subscribed and sworn to before me on: October 16th 1972	12. Signature of Notary: Joann McMeans	13. Notary Commision expires: June 8th 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Feb.16,1919	Birth Place: Ashton,Idaho	Full Name of Mother: Helen Francis Howard	Name of Father: Vance P. Hibler
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Wyoming # 57-4140	Date Issued: ----	Date Orig. Entry: child born July 10,1957
	Date of Birth: Age 38	Birth Place: Ashton,Idaho	Full Name of Mother: ----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Apr.7,1957	Date Orig. Entry: Baptized April 7,1957
	Date of Birth: Feb.16,1919	Birth Place: Ashton,Idaho	Full Name of Mother: Helen Frances Howard	Name of Father: Vance P. Hibler
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet Wick	Florence Curtright	Nov.2,1972

FORM BH 56067

March 25 1974 This has been Paid on several times once by my sister and once by me (Mrs Joe Coman)

NOV 2 1972

089

363-109-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-72-693

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Quentin Avery Cole			2. Date Of Birth (month) 12 (day) 29 (year) 19	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: ~~Leland~~ Idaho / a. County: Nez Pence	b. City or Town of Birth: Leland	
FATHER	6. Full Name of Father: Ethan Avery Cole			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Grace Agnes Robents			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Quentin Avery Cole		11. Present Address of Registrant: 1013 S. Hayes Moscow Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 1972	12. Signature of Notary: Elfreda C. Anderson		13. Notary Commission expires: Aprie 6 1974	

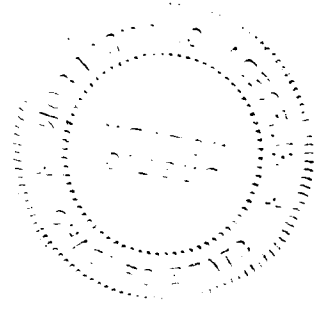
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-3171		Date Issued: ---	Date Orig. Entry: child born Mar. 2, 1951
	Date of Birth: Age: 31	Birth Place: Leland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Ethan Avery Cole		Date Issued: Nov. 2, 1972	Date Orig. Entry: ---
	Date of Birth: Dec. 29, 1919	Birth Place: Leland, Idaho	Full Name of Mother: Grace Agnes Roberts	Name of Father: Ethan Avery Cole	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: Oct. 12, 1972	Date Orig. Entry: appears old
	Date of Birth: Dec. 29, 1919	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: November 7, 1972

FORM BH 56067

NOV 8 1972



123-119-024-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Ascuena			2. Date Of Birth (month) 1 (day) 19 (year) 19	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Hagerman Gooding	b. City or Town of Birth: Hagerman	
FATHER	6. Full Name of Father: Libroio Ascuena			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Eugenia Gaviola			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Paul Ascuena	11. Present Address of Registrant: Haines, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: October 14 1972		12. Signature of Notary: Barbara Lee Sherman	13. Notary Commission expires: June 2 1973	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Declaration of Intention #19-15312		By whom issued and signed: U.S.Dept.of Justice, Immigration & Naturalization Service Shoshone Co. ID	Date Issued: ----	Date Orig. Entry: Jan.29,1942
	Date of Birth: Jan.19,1919	Birth Place: Hagerman, Idaho	Full Name of Mother: Eugenia Ascuena	Name of Father: Libroio Ascuena	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend & Neighbor at time		By whom issued and signed: Maria Laragan Age:79	Date Issued: Oct.3,1972	Date Orig. Entry: ---
	Date of Birth: Jan.19,1919	Birth Place: Gooding County Hagerman, Idaho	Full Name of Mother: Eugenia Gaviola Ascuena	Name of Father: Libroio Ascuena	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage License #10477		By whom issued and signed: Baker County, Oregon	Date Issued: Nov.10,1972	Date Orig. Entry: Feb. 27, 1967
	Date of Birth: Jan.19,1919	Birth Place: Hagerman, Idaho	Full Name of Mother: Eugenia Gabaloa	Name of Father: Leon Ascuena	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gm1 Glenda Larson	Date Filed: November 15,1972

FORM BH 56067

Application # 42533

"A" 11-11-72 GM

NOV 1 6 1972

213-121-007-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-103

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cleo Claude Baldwin
2. Date Of Birth (month) (day) (year): July 21 1919
3. Color or Race: Caucasian
4. Sex: male
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Picabo, Idaho

FATHER

6. Full Name of Father: Alex Wilson Baldwin
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Minnie Addie White
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cleo Claude Baldwin
11. Present Address of Registrant: Box 684 Picabo, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 13 19 73
12. Signature of Notary: Lila E. Lamb
13. Notary Commission expires: 5-19-75 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #403897	Date Issued: ---	Date Orig. Entry: child born Aug.1,1944
	Date of Birth: Age: 25	Birth Place: Picabo, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Ethel I. Hunter (19 yrs. older)	Date Issued: Feb.12, 1973	Date Orig. Entry: ---
	Date of Birth: July 21,1919	Birth Place: Picabo, Idaho	Full Name of Mother: Minnie Addie White Baldwin	Name of Father: Alex Wilson Baldwin	
SUPPORTING RECORD 3.	Type of Document: carbon copy of application for general purpose loan		By whom issued and signed: Southern Idaho Production Credit Assoc.#12-410,Twin Falls,	Date Issued: Nov.14,1950	Date Orig. Entry: Nov.14,1950
	Date of Birth: Age: 31	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Feb. 12, 1973

FORM BH 56067

FEB 1 3 1973

693-203-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-120

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verna Eugene Williams
2. Date of Birth (month) 12 (day) 3 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth — a. County: Fremont
b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: Lyman Willard Williams
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Kitty Pearl Storrer
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna E. Anderson
11. Present Address of Registrant: 833 C.N.W. Ephrata, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on March 16 1970
12. Signature of Notary: Betty J. Lilly
13. Notary Commission expires: July 8 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Certificate of Own Child's birth	McKay Memorial Hospital, Soap Lake, WA	----	child born June 27, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 3, 1919	Chester, Idaho	---	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt	Laura Maria Williams Hill (bd. 6/27/1897)	June 4, 1971	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 3, 1919	Chester, Idaho Fremont County	Kitty Pearl Storrer Williams	Lyman Willard Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of school records	Sugar City, Idaho High School Record	---	Sept. 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 3, 1919	----	---	Lyman Williams

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Feb. 20, 1973

FORM BH 56067

FEB 21 1973

FEB 5 1981

DECEASED

26-205-011-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Louise Swanson			2. Date Of Birth (month) (day) (year): August 5, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boundary	b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Magnus Emil Swanson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Caroline Eulalia Peterson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Louise Lipscomb		11. Present Address of Registrant: Star Rt Box 123 Sandpoint Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1973	12. Signature of Notary: Maxine E. Blundell		13. Notary Commission expires: Sept. 21 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #50-1441		Date Issued: ---	Date Orig. Entry: child born Feb. 16, 1950
	Date of Birth: Age: 30	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Northwestern States Mission, Spokane Br., Bapt.&Conf. pg.536 line 946		Date Issued: Oct.3,1972	Date Orig. Entry: Aug.7,1927
	Date of Birth: Aug.5,1919	Birth Place: Bonners Ferry, Ida. Boundary County	Full Name of Mother: Eulalia Peterson	Name of Father: Emil Swanson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Caroline Eulalia Swanson		Date Issued: Dec.24,1953	Date Orig. Entry: ---
	Date of Birth: Aug.5,1919	Birth Place: Bonners Ferry, Ida. Boundary County	Full Name of Mother: Caroline Eulalia (Peterson) Swanson	Name of Father: Magnus Emil Swanson	
QUALIFYING INFORMATION					

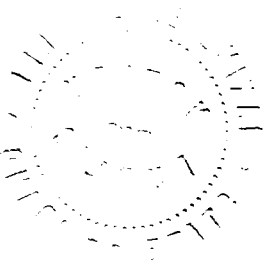
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 1, 1973

FORM BH 56067

MAY 3 1973



366-22S-014-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-283

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Catherine Esther Coon.
2. Date Of Birth (month) (day) (year): Jan. 25 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Caldwell Ida Canyon.
b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: Frank Arthur Coon
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Jessie Edna Henson
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Catherine Esther Stewart
11. Present Address of Registrant: 618 Chicago St, Caldwell Ida.

NOTARY (Seal)

Subscribed and sworn to before me on 4/2 1973

12. Signature of Notary: Otta Buel
13. Notary Commission expires: Aug 13 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #21587	Old West Life Ins. Co. (Transfer of Credit)	---	Jan.23,1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1919	----	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #55-8503	---	child born July 11,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 36	Caldwell, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Canyon County, Idaho School Dist. #53	Apr.17,1973	Sept, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	----	Jessie Coon	Frank Coon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 7, 1973

FORM BH 56067 1000

4-16-73 gml

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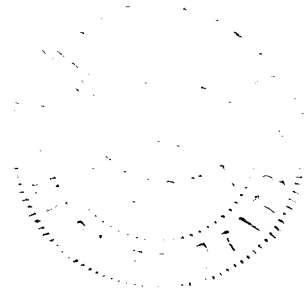

663216-203-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Rue Wolverton		2. Date Of Birth (month) (day) (year): February 16, 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: At Home Bannock; b. City or Town of Birth: Robin, Idaho
FATHER	6. Full Name of Father: William Hopkin Wolverton		7. State or Country of Father's Birth: Robin, Bannock Idaho
MOTHER	8. Full Maiden Name of Mother: Edith Elma Osterhout		9. State or Country of Mother's Birth: Conner Creek, Cassia, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Rue Wolverton	11. Present Address of Registrant: 745 Colorado, Gooding, Idaho 83330
NOTARY (Seal)	Subscribed and sworn to before me on: December 28, 19 72	12. Signature of Notary: Jane M. McClure	13. Notary Commission expires: 10/10 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: William Hopkin Wolverton	Date Issued: Dec.28,1972	Date Orig. Entry: ---
	Date of Birth: FEB.16,1919 / Birth Place: Robin, Bannock County, Idaho	Full Name of Mother: Edith Elma Osterhout	Name of Father: William Hopkin Wolverton	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Benedict's Hosp,Inc.	Date Issued: Jan.2,1973	Date Orig. Entry: March 3,1968
	Date of Birth: Feb.16,1919 / Birth Place: Robin, Idaho	Full Name of Mother: Edith Osterhout	Name of Father: William Wolverton	
SUPPORTING RECORD 3.	Type of Document: LDS Church record	By whom issued and signed: James R. Cleverley,Ward Clerk, Gooding, Idaho	Date Issued: ----	Date Orig. Entry: blessed July 27,1919
	Date of Birth: Feb.16,1919 / Birth Place: Robin, Idaho Bannock County	Full Name of Mother: Edith Elma Osterhout	Name of Father: William Hopkin Wolverton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: May 8, 1973

FORM BH 56067

MAY 1 0 1973

393-108-034-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-290

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILFORD WESLEY LITTLE
2. Date of Birth (month) Feb (day) 8 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: MINIDOKA b. City or Town of Birth: RUPERT

FATHER

6. Full Name of Father: WILFORD THADEUS LITTLE
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: BERTHA GALL ~~LITTLE~~
9. State or Country of Mother's Birth: HOLLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilford W Little
11. Present Address of Registrant: 1520 CHILDS AVE OGDEN UTAH

NOTARY (Seal)

Subscribed and sworn to before me on April 10, 1973

12. Signature of Notary: Nancy K. Greenwood
13. Notary Commission expires: Oct. 13 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	Edw. H. Chambers, Bishop, LDS Church, Ogden, Utah	---	baptized Aug.7,1973

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.8,1919	Rupert, Idaho Minidoka County	Bertha Gall	Wilford T. Little

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
#528-10-2778 photocopy of Social Security Carrier Employee Registration	Nancy Greenwood/Notary Application for Acct. No.	---	Apr.9,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.8,1919	Rupert, Idaho	Bertha Gall	Wilford Thaddeus Little

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by paternal aunt	Mrs. C. McQuade (19 yrs. older)	Apr.13,1973	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.8,1919	Minidoka County Rupert, Idaho	Bertha Gall	Wilford Thadeus Little

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 9, 1973

FORM BH 56067

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MAY 1 0 1973

249-28-1027-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barbara ANN BurKS			2. Date Of Birth (month) 4 (day) 28 (year) 1919
	3. Color or Race: Cau.	4. Sex: F	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Jerome Idaho
FATHER	6. Full Name of Father: William Lynch Field Burks			7. State or Country of Father's Birth: Bedford County Virginia
MOTHER	8. Full Maiden Name of Mother: Edna Cain ELLIOTT			9. State or Country of Mother's Birth: Venango County Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara Johnsen		11. Present Address of Registrant: Rt #2 Jerome Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 5, 1973	12. Signature of Notary: Elaine B. Garner		13. Notary Commission expires: July 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Jerome, ID, Jerome High School Jerry Diehl, Principal	Date Issued: ----	Date Orig. Entry: Sept.11,1933
	Date of Birth: Apr.28,1919 / Birth Place: ----	Full Name of Mother: ----	Name of Father: W. L. Burks	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Benedict's Hospital, Inc. Jerome,ID, Sr. Mary Matthew	Date Issued: Jan.13,1973	Date Orig. Entry: June 26,1959
	Date of Birth: Apr.28,1919 / Birth Place: Jerome, Idaho	Full Name of Mother: Edna Elliott	Name of Father: Lynch Burks	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Edna C. Burks	Date Issued: Apr.5,1973	Date Orig. Entry: ---
	Date of Birth: Apr.28,1919 / Birth Place: Jerome County Jerome, Idaho	Full Name of Mother: Edna Cain Elliott	Name of Father: William Lynchfield Burks	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: May 10, 1973

FORM BH 56067

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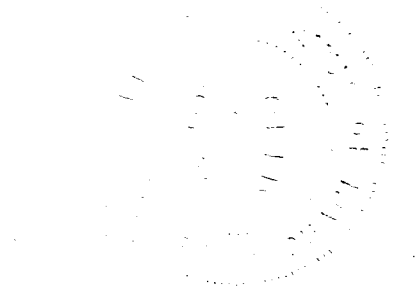

449-219-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-315

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Mable Lucille Murphy
2. Date Of Birth (month) (day) (year): November 19, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: (St. Alphonsus) Hospital
   a. County: Ada
   b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: William Andrew Murphy
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Ivy May Brown
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Carolyn Bowlus
11. Present Address of Registrant: PO Box 2381 Lemoore Calif 93245

NOTARY (Seal)

Subscribed and sworn to before me on: December 29 1972

12. Signature of Notary: Beverly J. Baker
13. Notary Commission expires: October 3 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt Age:75	Carola Murphy	Oct.20,1972	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.19,1919 / Boise, Idaho	Ivy May Brown	William Andrew Murphy	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate #1084	State of Oregon	Nov.27,1972	child born Mar.12,1941
	Age: 21 / Boise, Idaho	---	---	
SUPPORTING RECORD 3.	Military ID Card	AF 7,841,609 2727792	---	May 1,1967
	Nov.19,1919 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 21, 1973

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIOLA NELL PEARSON		2. Date Of Birth (month) (day) (year): August 28 1919	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Lewis County	b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: Guy P. Pearson		7. State or Country of Father's Birth: Canyon City, Oregon	
MOTHER	8. Full Maiden Name of Mother: Hazel Teats		9. State or Country of Mother's Birth: Lookout, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Nell Pearson Hood	11. Present Address of Registrant: 1002 Webster Clarkston, Washington 99403	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1973	12. Signature of Notary: [signature]	13. Notary Commission expires: June 27 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #447402	Date Issued: ----	Date Orig. Entry: child born Nov.15,1947	
	Date of Birth: Age: 28	Birth Place: Nez Perce, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license Affidavit #204654	By whom issued and signed: Nez Perce County, Idaho	Date Issued: Mar.5,1973	Date Orig. Entry: Dec.28,1946	
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father's partner in business at time of birth	By whom issued and signed: V. V. Sims Age:58	Date Issued: May 16,1946	Date Orig. Entry: ---	
	Date of Birth: Aug.28,1919	Birth Place: Nez Perce,Idaho Lewis County	Full Name of Mother: Hazel Teats	Name of Father: Guy P. Pearson	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: May 23,1973		

FORM BH 56067

MAY 24 1973

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-332

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY ELIZABETH COOK -MITHER-
2. Date Of Birth (month) (day) (year): 4 6 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: TAYLOR IDAHO. Bonneville
b. City or Town of Birth: TAYLOR IDAHO

FATHER

6. Full Name of Father: STEPHEN Joshua COOK
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: Amy Lora LORDS
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Elizabeth Cook -Mither-
11. Present Address of Registrant: 14021 SE 136 ST Renton Wash 98055

NOTARY (Seal)

Subscribed and sworn to before me on: May 14 1973

12. Signature of Notary: Jolene M. Shaff
13. Notary Commission expires: 11-5- 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: LDS Church, Taylor Ward, Ernest Harker, Bishop
Date Issued: June 2,1919
Date Orig. Entry: blessed June 1,1919
Date of Birth: Apr.6,1919
Birth Place: Taylor, Idaho Bonneville County
Full Name of Mother: Amy Lords
Name of Father: Stephen J. Cook

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism and Confirmation
By whom issued and signed: LDS Church, Certificate, John W. Cook, Bishop, Taylor W.
Date Issued: ---
Date Orig. Entry: baptized Aug.6,1927
Date of Birth: Apr.6,1919
Birth Place: Taylor, Idaho
Full Name of Mother: Amy Lords
Name of Father: Stephen J. Cook

SUPPORTING RECORD 3.

Type of Document: Affidavit by person whose parents raised Mary from 8mos. on.
By whom issued and signed: Dora Lords Shinn Age: 67
Date Issued: May 23,1973
Date Orig. Entry: ---
Date of Birth: Apr.6,1919
Birth Place: Taylor, Idaho
Full Name of Mother: Amy Lora Lords
Name of Father: Stephen Joshua Cook

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: May 24,1973

FORM BH 56067

MAY 2 4 1973

494-209-033-494

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-362

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Middleton Julia Ann
2. Date Of Birth (month) 1 (day) 9 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Burton Idaho Oddison
b. City or Town of Birth: Burton Idaho

FATHER

6. Full Name of Father: Joseph Fife Middleton
7. State or Country of Father's Birth: Ogden Utah Weber County

MOTHER

8. Full Maiden Name of Mother: Hattie May Middleton
9. State or Country of Mother's Birth: Pleasant View utah Weber Cant,

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia A. Johnson
11. Present Address of Registrant: 4066 So 895E Ogden

NOTARY (Seal)

Subscribed and sworn to before me on: April 27 1973
12. Signature of Notary: Shirley C Measom
13. Notary Commission expires: April 14 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mattie Middleton	Mar.30,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.9,1919	Burton, Idaho	Hattie Middleton	Joseph F. Middleton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	Thomas D Memorial Hospital	May 15,1947	Child born May 15,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.9,1919	Burton,Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy 11 436 492	Equitable Life Ins. Co.	Nov.19,1941	Nov.19,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.9,1919	Burton,Idaho	-----	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Florence Curtright	June 8, 1973

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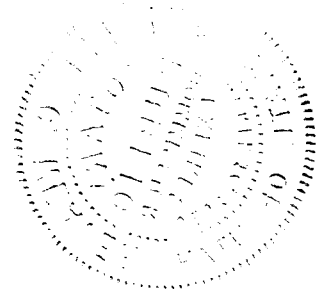
FORM BH 56067

JUN 8 1973



165-223-006-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-383

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Jones			2. Date Of Birth (month) Nov (day) 23 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blackfoot Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: Evan Silas Jones			7. State or Country of Father's Birth: Kentucky - Hopkinsville	
MOTHER	8. Full Maiden Name of Mother: Una ~~Ag~~ Howes			9. State or Country of Mother's Birth: Kentucky - Greenup	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma J Jaslip		11. Present Address of Registrant: 857 No Hayes Boca Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 7 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 18 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: Pocatello, Idaho Public Schools	Date Issued: ---	Date Orig. Entry: Sept.1935
	Date of Birth: Nov.23,1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: E. S. Jones
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date Issued: ---	Date Orig. Entry: Apr.3,1946
	Date of Birth: Nov.23,1919	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit by mother	By whom issued and signed: Una Newsom	Date Issued: Orig.signed May 7,1963	Date Orig. Entry: ---
	Date of Birth: Nov.23,1919	Birth Place: Blackfoot,Idaho	Full Name of Mother: Una Newsom	Name of Father: Evan Silas Jones
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 19,1973

FORM BH 56067 1. c.c. paid - Rec # 4234

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128-24-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-438

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Ashbaker
2. Date Of Birth (month) (day) (year): June 24 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Charles Ashbaker
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Esther Olive Peterson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille A. Tubbitts
11. Present Address of Registrant: 27060 Ramona Vista Way Hemet, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on June 13 19 73

12. Signature of Notary: Elinor M. Rickenbough
13. Notary Commission expires May 8 19 76

OFFICIAL SEAL
Elinor M. Rickenbough
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires May 8, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of own child's birth certificate	State of California, City of Long Beach	AUG. 13, 1959	child born 4/10/54
	Date of Birth: AGE: 34 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	photocopy of Statement regarding church records regarding marriage	E. W. Heaton, President, Logan Temple, LDS Church, Logan, UT	---	Feb. 1, 1939
	Date of Birth: June 24, 1919 / Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	photocopy of affidavit by father	Charles Ashbaker	orig. dated Feb. 20, 1969	----
	Date of Birth: June 24, 1919 / Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Esther Peterson	Name of Father: Charles Ashbaker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	July 20, 1973

FORM BH 56067

JUL 2 3 1973

234-21-0332-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-446

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Margret Studebaker			2. Date Of Birth (month) Sept. (day) 11 (year) 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Idaho a. County: Lincoln	b. City or Town of Birth: Dietrich	
FATHER	6. Full Name of Father: Vern Simon Studebaker			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Schiehing			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary M. Alexander	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 13 1973		12. Signature of Notary: Dorothy Silva	13. Notary Commission expires: 2-1- 1975	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #361155	Date Issued: ---	Date Orig. Entry: child born Oct.13,1942
	Date of Birth: Age: 23	Birth Place: Dietrich, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Elizabeth Studebaker	Date Issued: June 21,1973	Date Orig. Entry: ---
	Date of Birth: Sep.11,1919	Birth Place: Dietrick, Idaho	Full Name of Mother: Elizabeth Studebaker	Name of Father: Vern Simon Studebaker	
SUPPORTING RECORD 3.	Type of Document: Photocopy & Notary's statement regarding family Bible records		By whom issued and signed: Family Records in Bible/ Leonard Cates,Notary-Oregon	Date Issued: June 21,1973	Date Orig. Entry: "bbviously old"
	Date of Birth: Sep.11,1919	Birth Place: Dietrich, Idaho	Full Name of Mother: --	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: July 23, 1973

FORM BH 56067

Copy sent 21638

2-7-68

JUL 24 1973

905-206-1029-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-458

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Anneva Moneymaker			2. Date Of Birth (month) 12 (day) 6 (year) 1919	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee, Idaho	
FATHER	6. Full Name of Father: Ora Alexander Moneymaker			7. State or Country of Father's Birth: Jenesee	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Theodora Mertens			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ora A. Webber		11. Present Address of Registrant: 368 Tennent Ave. Pinole, Calif. 94564	
NOTARY (Seal)	Subscribed and sworn to before me on May 30, 1973 19	12. Signature of Notary: Claire E Keller		13. Notary Commission expires January 4, 1977 January 4, 1977	

OFFICIAL SEAL
CLAIRE E. KELLER
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN SONOMA COUNTY
My Commission Expires Jan. 4, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of affidavit of application for marriage license	Carson City, Nevada, City Clerk's Office	June 29,1973	Sept.21,1940
	Date of Birth: Age: 20	Birth Place: --- / Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Affidavit by mother	Elizabeth T. Moneymaker	May 30,1973	---
	Date of Birth: Dec.6,1919	Birth Place: Genesee, Idaho / Full Name of Mother: Elizabeth Theodora Mertens	Name of Father: Ora Alexander Moneymaker	
SUPPORTING RECORD 3.	photocopy of Own child's birth certificate	child born in California #56-082819	Sep.6,1961	child born May 1,1956
	Date of Birth: Age: 36	Birth Place: Idaho / Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. White	Glenda Larson	July 23,1973

FORM BH 56067

1-23-73

webb

JUL 2 3 1973

234-201-019-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-471

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARTHA CHILLILLA KLUG
2. Date Of Birth (month) (day) (year): JULY 1 1919
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: CHALLIS - CUSTER
b. City or Town of Birth: CHALLIS.

FATHER

6. Full Name of Father: ALEXANDER KLUG
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MARTHA MATILDA TEWALT
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Martha Lyon
11. Present Address of Registrant: 1906 A BRAZOS-AMARILLO, TEX

NOTARY (Seal)

Subscribed and sworn to before me on: July 6 1973
12. Signature of Notary: Lina Elkins
13. Notary Commission expires: June 1, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #251923	---	child born Feb. 1, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	Challis, Idaho Custer County	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding employment records	Borden Dairy & Services Div. Southern Dist., R.E Dawson, Gen. Mgr. Amarillo, Texas Branch	5/23/73	June 21, 1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1, 1919	---	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person who helped out after child was born	Dora West Age: 82	Feb. 12, 1965	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1, 1919	Challis, Idaho	Martha Klug	Alex Klug

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 2, 1973

FORM BH 56067

1 cp Pd Rec. #10652

3-15-73

AUG 3 1973

295-223-026-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-491

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda King
2. Date Of Birth: (month) July (day) 23 (year) 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Lorenzo, Ida. Jefferson
   b. City or Town of Birth: Lorenzo

FATHER

6. Full Name of Father: Owen Clarence King
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lucinda Emma Crow
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda King McCormick
11. Present Address of Registrant: Perry, Box Elder Co., Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 12 19 73

12. Signature of Notary: Gina W Petersen
13. Notary Commission expires: Sept. 13 19 76

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Lorenzo Ward, Rigby Stake, Wilford Terry, Clerk	---	blessed Oct.5,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23,1919	Lorenzo, Idaho Jefferson County	Lucinda E. Crow	Owen Clarence King

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #263161	----	child born Feb.7,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	Lorenzo, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Records (in old birthday book)	presented to Lucinda E. King by Owen C. King, Idaho Falls, ID	Dec.25,1920	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23,1919	Lorenzo, Idaho Jefferson County	Lucinda E. Crow (King)	Owen C. King

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

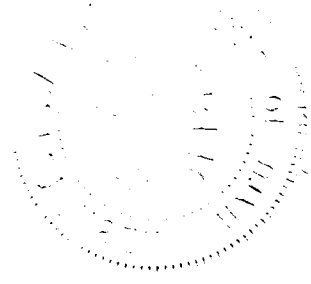
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 15, 1973

FORM BH 56067

5-10-73

AUG 17 1973



433-209-032-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-619

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Mina McClure
2. Date Of Birth (month) Aug (day) 9 (year) 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Dietrich - Lincoln
b. City or Town of Birth: Dietrick

FATHER

6. Full Name of Father: James McClure
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Angelene Leitheisen
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Cleveland
11. Present Address of Registrant: 5 Pocatello Trailer Court 13112 E. DeSmet

NOTARY (Seal)

Subscribed and sworn to before me on July 20 1973

12. Signature of Notary: Virginia M. Schmidt
13. Notary Commission expires: April 26 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of own child's birth certificate	Original on file Idaho #302593	---	child born Oct.4,1940
	Date of Birth / Birth Place: Age: 21 / Dietrich, Idaho	**Full Name of Mother:** ---	**Name of Father:** ----	
SUPPORTING RECORD 2.	photocopy of baptismal certificate	Church of St.Peter,Shoshone, ID,Rev.Juan Marie Laretia,Pastor	July16,1973	baptized Sept.7,1919
	Date of Birth / Birth Place: Aug.9,1919 / Dietrick	**Full Name of Mother:** Angeline Leitheiser	**Name of Father:** James McClure	
SUPPORTING RECORD 3.	Affidavit by person present at time of birth	Beatrice T. Nelson(bd.11/3/08)	July 20, 1973	----
	Date of Birth / Birth Place: Aug.9,1919 / Dietrich, Idaho	**Full Name of Mother:** Angeline McClure	**Name of Father:** James McClure	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

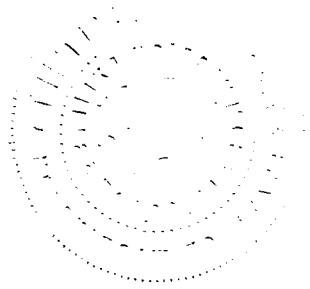
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067

Lot Pa Rec. # 20180 7-17-73

OCT 1 8 1973



419-220-039-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-630

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Olga Maier			2. Date Of Birth (month) February (day) 20 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Power	b. City or Town of Birth: Yale	
FATHER	6. Full Name of Father: Jacob Maier			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Wolf			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Kuhn		11. Present Address of Registrant: 401 5th Avenue East, Jerome, Idaho 83338	
NOTARY (Seal)	Subscribed and sworn to before me on October 6 19 73	12. Signature of Notary: Richard H Bailey		13. Notary Commission expires: December 17 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #411819		Date Issued: ---	Date Orig. Entry: child born Sep. 3, 1945
	Date of Birth: Age: 26	Birth Place: Yale, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:67	By whom issued and signed: Elizabeth Merrill		Date Issued: Oct. 2, 1973	Date Orig. Entry: ---
	Date of Birth: Feb. 20, 1919	Birth Place: Power County Yale, Idaho	Full Name of Mother: Elizabeth Wolf	Name of Father: Jacob Maier	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Power County Recorder's Office Idaho		Date Issued: Sep. 21, 1973	Date Orig. Entry: Aug. 23, 1940
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson		Date Filed: October 17, 1973	

FORM BH 56067

OCT 1 8 1973

412-214-040-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elda Ree Massey			2. Date of Birth (month) March (day) 14 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg, Idaho	
FATHER	6. Full Name of Father: James Garfield Massey			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Auten Lena Moore			9. State or Country of Mother's Birth: North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elda Ree Massey Burch		11. Present Address of Registrant: Route 1, Swannanoa, N.C. 28778	
NOTARY (Seal)	Subscribed and sworn to before me on September 20 1973	12. Signature of Notary: [signature]		13. Notary Commission expires 2-4 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Child born in Buncombe Co., North Carolina, Book28, Oage 2151	Date issued: Sept.20,1973	Date Orig. Entry: child born Dec.25,1940
	Date of Birth: Age: 21	Birth Place: Kellogg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Mar.14,1919	Birth Place: ---	Full Name of Mother: Auten Lena Moore	Name of Father: James Garfield Massey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:80		By whom issued and signed: Josie Moore	Date issued: Nov. 2,1973	Date Orig. Entry: ---
	Date of Birth: Mar.14,1919	Birth Place: Kellogg, Idaho	Full Name of Mother: Auten Lena Moore	Name of Father: James Garfield Massey	
QUALIFYING INFORMATION					

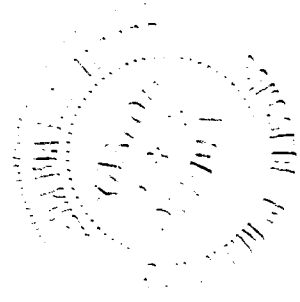
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	NOV 29 1973

FORM BH 56067 1 cp Pd Rec #1 12703 5-9-23

NOV 30 1973



238-13-026-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-688

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herman Schluter, Jr.
2. Date Of Birth (month) (day) (year): October 31, 1919
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Poplar — Jefferson
b. City or Town of Birth: Poplar

FATHER

6. Full Name of Father: Herman Schluter, Sr.
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Margie Meyers
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Herman Schluter, Jr.
11. Present Address of Registrant: Box 357, Ririe, Idaho 83443

NOTARY (Seal)

Subscribed and sworn to before me on: November 28 19 73
12. Signature of Notary: Idora Buck
13. Notary Commission expires: 9-21- 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit neighbor (at time of birth) Age 64	By whom issued and signed: Mrs. Blanche Kremer	Date Issued: Nov. 29,1973	Date Orig. Entry: -------
	Date of Birth: Oct.31,1919 / Birth Place: Poplar, Idaho	Full Name of Mother: Margie Meyers	Name of Father: Herman Schluter, Sr.	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 4027793	By whom issued and signed: Modern Woodmen of America	Date Issued: Sept.1,1939	Date Orig. Entry: -----
	Date of Birth: Oct.31,1919 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 286890	Date Issued: ----	Date Orig. Entry: child born Nov. 10,1939
	Date of Birth: Age 20 / Birth Place: Poplar,Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Nov. 30,1973

FORM BH 56067

[redacted]
NOV 3 0 1973

154-208-006-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-698

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beula Bernice Anderson
2. Date Of Birth: April 8 1919
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Jameston

FATHER

6. Full Name of Father: Gustaf Ural Anderson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Pearl Louise Humpherys
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beula B. Brewer
11. Present Address of Registrant: 4758 B La Villa Marina, Marina del Rey Cal 90291

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 27 1973
12. Signature of Notary: Wm. G. Thornbury
13. Notary Commission expires: _____ 19____

WM. G. THORNBURY
NOTARY PUBLIC CAL
Los Angeles County
My Comm. Expires Feb. 23
2353 Lincoln Blvd., Santa Monica

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church certificate of birth (LDS Church)	By whom issued and signed: Shelley Stake, Jameston Ward bir.&bless., 1919, pg. 868, line	Date Issued: 195	Date Orig. Entry: June 1, 1919
	Date of Birth: Apr. 8, 1919 / Birth Place: Jameston, Idaho Bingham County	Full Name of Mother: Pearl Humphreys	Name of Father: Gustaf J. Anderson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage certificate	By whom issued and signed: Los Angeles County, CA Book #1483 page 38	Date Issued: May 10, 1945	Date Orig. Entry: Dec. 11, 1937
	Date of Birth: Age: 18 / Birth Place: Idaho	Full Name of Mother: Pearl Humphrey	Name of Father: Gus Anderson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (Age: 64)	By whom issued and signed: Mable Anderson Rowe	Date Issued: Nov. 6, 1973	Date Orig. Entry: ----
	Date of Birth: Apr. 8, 1919 / Birth Place: Jameston, Idaho Bingham County	Full Name of Mother: Pearl Louise Humpherys	Name of Father: Gustof U. Anderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 6 1973

FORM BH 56067

8-13-73

DEC 7 1973

OFFICIAL SEAL
WM. G. THORNBURY
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires Feb. 22, 1976

2953 Lincoln Blvd., Santa Monica, Calif.

238-226-039-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-700

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAULINE SCHRITTER			2. Date Of Birth (month) (day) (year): September 26, 1919
	3. Color or Race: White	4. Sex: Fe.	5. Place of Birth a. County: Power County, Idaho	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Ernest Schritter			7. State or Country of Father's Birth: Bessarabia
MOTHER	8. Full Maiden Name of Mother: Pauline Reichenberger			9. State or Country of Mother's Birth: Beresina, South Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pauline Wall	11. Present Address of Registrant: St. Francis, Kansas
NOTARY'S	Subscribed and sworn to before me on: September 1st, 1973		12. Signature of Notary: Fred Ruch	13. Notary Commission expires: March 5th, 1976.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (More than 10 years older)	By whom issued and signed: Rudolf Schritter	Date Issued: Sept.1,1973	Date Orig. Entry: ----
	Date of Birth: Sep.26,1919 / Birth Place: near American Falls, Power Co., Idaho	Full Name of Mother: ~~Pauline Reichenberger~~	Name of Father: ~~Ernest Schritter~~	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #5048750	By whom issued and signed: World Ins. Co., Omaha, Neb.	Date Issued: Sep.28,1967	Date Orig. Entry: Sept.12,1967
	Date of Birth: Sep.26,1919 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of church record (Evangelisch Lutherischen)	By whom issued and signed: Rev. O. H. Zeilinger, Pastor Salem Kirche-St.Francis, KS	Date Issued: ----	Date Orig. Entry: confirmed June 23,1935
	Date of Birth: Sep.26,1919 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 6 1973

FORM BH 56067

DEC 7 1973

863-208-006-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Karma Holland		2. Date Of Birth (month) (day) (year): March 8 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Joseph Bertie Holland		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nellie Mae Shaw		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Karma H. Messick	11. Present Address of Registrant: Basalt, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov-10 1973	12. Signature of Notary: M. K. Messick	13. Notary Commission expires: Sept 18- 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #59-4173	Date Issued: ----	Date Orig. Entry: child born Mar.27,1959
	Date of Birth: Age: 40 / Birth Place: Goshen, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Goshen Ward, Shelley Stake LDS Church, Peter Monson, Bp.	Date Issued: ----	Date Orig. Entry: blessed Apr.6,1919
	Date of Birth: Mar.8,1919 / Birth Place: Goshen, Idaho Bingham County	Full Name of Mother: Nellie Shaw	Name of Father: Joseph Bertie Holland	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Shelley 1st Ward Stanley A. Lawrence, Clerk	Date Issued: ----	Date Orig. Entry: baptized June 4,1927
	Date of Birth: Mar.8,1919 / Birth Place: Goshen, Idaho Bingham County	Full Name of Mother: Nellie Shaw	Name of Father: J. Bert Holland	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	DEC 7 1973

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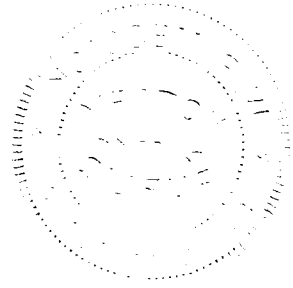
FORM BH 56067

cp Pd Rec # 25290 12-17-73

DEC 7 1973



418-10-[illegible]-232

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-715

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wendell A. Day
2. Date Of Birth (month) (day) (year): December 3 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho Falls Bonneville County
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Abraham John Day
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lucy May Bloxham
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wendell A Day
11. Present Address of Registrant: 283-4th St., Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on November 29 19 73

12. Signature of Notary: Phillip Rickgat
13. Notary Commission expires: 9-24- 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: Affidavit by brother		By whom issued and signed: George W. Day (bd.2/22/04)	Date Issued: Nov.29,1973	Date Orig. Entry: ---
Date of Birth: Dec.3,1919	Birth Place: at home East of Idaho Falls, Idaho	Full Name of Mother: Lucy May Bloxham Day	Name of Father: Abraham John Day	
SUPPORTING RECORD 2. Type of Document: photocopy of application for insurance policy 734073		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Mar.27,1967	Date Orig. Entry: Mar.27,1967
Date of Birth: Dec.3,1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Type of Document: photocopy of certificate of membership		By whom issued and signed: IDS Church, Idaho Falls 2nd Ward, R.L. Crowley, Bishop	Date Issued: Nov.19,1973	Date Orig. Entry: blessed May 2,1920
Date of Birth: Dec.3,1919	Birth Place: Ammon, Idaho* Bonneville County	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

*Ammon is listed as Mail Idaho Falls.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 10 1973

FORM BH 56067

DEC 11 1973

645-12-026-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-733

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruben Leon Fuerst			2. Date Of Birth (month) (day) (year): Aug. 26 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Jefferson	b. City or Town of Birth: Roberts	
FATHER	6. Full Name of Father: Gust Fuerst			7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Emelie Hanselman			9. State or Country of Mother's Birth: South Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruben L. Fuerst		11. Present Address of Registrant: Parkston, S.D. 57366	
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1973	12. Signature of Notary: Paul J. Muller		13. Notary Commission expires: Sept 4th 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate 683368	By whom issued and signed: child born in South Dakota		Date Issued: ----	Date Orig. Entry: child born Oct.22,1945
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Bankers Union Life Ins. Co., Denver, CO		Date Issued: ---	Date Orig. Entry: Oct.16,1959
	Date of Birth: Aug.26,1919	Birth Place: Roberts, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Emilie Fuerst		Date Issued: Nov.16,1973	Date Orig. Entry: ---
	Date of Birth: Aug.26,1919	Birth Place: Roberts, Idaho Jefferson County	Full Name of Mother: Emelie Hanselman	Name of Father: Gust Fuerst	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 12 1973

FORM BH 56067

DEC 1 3 1973

VV3-108-026-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-041

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Wayne Dutson			2. Date Of Birth (month) 4 (day) 8 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Ririe	
FATHER	6. Full Name of Father: Richard Daniel Dutson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Cornelia Ann ~~Dutson~~ Roper			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee Wayne Dutson		11. Present Address of Registrant: 11000 Tahiti Dr. Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 1-31- 1974	12. Signature of Notary: [illegible]		13. Notary Commission expires 12-1- 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy 13 725 073	By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued: Nov.14,1945	Date Orig. Entry: November 14,1945	
	Date of Birth: Apr.8,1919	Birth Place: Ririe,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old	
	Date of Birth: Apr.8,1919	Birth Place: ----	Full Name of Mother: Cornelia Roper	Name of Father: Richard Dutson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister Age 69	By whom issued and signed: Clara Dutson	Date Issued: Oct.10,1972	Date Orig. Entry: ------	
	Date of Birth: Apr.8,1919	Birth Place: Ririe, Idaho	Full Name of Mother: Cornelia Ann Roper	Name of Father: Richard Daniel Dutson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Jan.31,1974

FORM BH 56067

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FEB 4 1974

369-202-010-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74=069

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ERMA A. Lords
2. Date Of Birth (month) (day) (year): MAY 2 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: BONNEVILLE b. City or Town of Birth: E. TAYLOR IDAHO

FATHER

6. Full Name of Father: HARRY-SPENCER-LORDS
7. State or Country of Father's Birth: UTAH-GILES (County) WAYNE

MOTHER

8. Full Maiden Name of Mother: ROSIE-VIOLET-RUSSELL (LORDS)
9. State or Country of Mother's Birth: UTAH-VERNAL, UINTAH (County)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Erma (Lords) Hoskins
11. Present Address of Registrant: 939 Tansy Lane, Pocatello, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: February 13 1974
12. Signature of Notary: John E. Nelson
13. Notary Commission expires: apr 27 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Certificate of Birth	Shelley Stake, Taylor Ward, bir.&bless.1919,pg.916,line 219	Jan.15, 1974	July 6,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2,1919	Taylor, Idaho Bonneville County	Violet Russell	Harry S. Lords

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by maternal aunt	Effie White Age:67	Jan.14,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2,1919	Taylor, Idaho	Rosie Violet Russell (Lords)	Harry Spencer Lords

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Bonneville County, Idaho	U. S. Department of Commerce Bureau of the census	Feb.4,1974	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9 mos	Idaho	Violet Lords	Harry S. Lords

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	FEB 19 1974

FORM BH 56067

1 cp. pd rec #31162

(L) 12-18-93 aml

FEB 19 1974

415-218-010-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Elthea Daniels			2. Date Of Birth: (month) Sept. (day) 18, (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho F Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Lewis Henry Daniels			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Hazel Florence Hatfield			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma E. Sanders		11. Present Address of Registrant: Hamer, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 16, 19 74	12. Signature of Notary: Clerk of Dist. Court Nellis H. Garner		13. Notary Commission expires: January 19 75	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Personnel Record	By whom issued and signed: US Civil Service Commission	Date Issued: June 23,1966	Date Orig. Entry: June 25,1963	
	Date of Birth: Sept.18,1919	Birth Place: -------	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Own Childs birth Certificate	By whom issued and signed: State of Idaho File # 55-8345	Date Issued: -----	Date Orig. Entry: Child born June 26,1955	
	Date of Birth: Age 35 Yrs	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 458129	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Nov.7,1957	Date Orig. Entry: -------	
	Date of Birth: Sept.18,1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION	Marriage License	County of Park State of Montana	------	married August 10,1938	
	gives parents names as - mother - Hazel Hatfield father- Lewis Daniels				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Feb. 19, 1974		

FORM BH 56067

FEB 1 9 1974
OCT 30 1981

DECEASED

713-24-002-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GALLOWAY, VERA JANE		2. Date Of Birth (month) June (day) 24 (year) 1919
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Idaho Adams Co. b. City or Town of Birth: FRUITVALE, Idaho
FATHER	6. Full Name of Father: Joseph Buford Galloway		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Bertha Alice McKay		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Galloway Townsend	11. Present Address of Registrant: 4715 Washington St Oregon City Ore
NOTARY (Seal)	Subscribed and sworn to before me on: January 7th 19 74	12. Signature of Notary: Roberta A Klein	13. Notary Commission expires: 9-25 19 77

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal aunt		By whom issued and signed: Mrs. Eva Parsons Age:74	Date Issued: Nov.8,1973	Date Orig. Entry: ----
	Date of Birth: June 24,1919	Birth Place: Fruitvale, Idaho	Full Name of Mother: Bertha Alice (McKay) Galloway	Name of Father: Joseph B. Galloway	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital records		By whom issued and signed: Willamette Falls Community Hospital, Oregon City, OR	Date Issued: Oct.5,1971	Date Orig. Entry: June 3,1963
	Date of Birth: June 24,1919	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license application		By whom issued and signed: Skamania County, WA	Date Issued: Jan.25,1974	Date Orig. Entry: Aug.7,1941
	Date of Birth: Age: 22	Birth Place: Fruitvale, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: FEB 20 1974

FORM BH 56067

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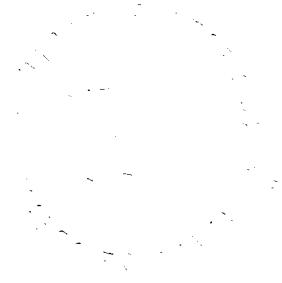
FEB 21 1974



993-208-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-115

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet May Ricks		2. Date of Birth (month) (day) (year): May 8 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Antelope Idaho
FATHER	6. Full Name of Father: Parley Nelson Ricks		7. State or Country of Father's Birth: Rexburg Idaho
MOTHER	8. Full Maiden Name of Mother: Lottie Ethel Parkison		9. State or Country of Mother's Birth: Genoa Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil D. Miller, Violet M. Miller	11. Present Address of Registrant: E 2030 Liberty Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 1973	12. Signature of Notary: Tom F Sheer	13. Notary Commission expires: 11-27 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:73	By whom issued and signed: Cora Parkison	Date Issued: Feb.22,1974	Date Orig. Entry: ----
	Date of Birth: May 8,1919 / Birth Place: Antelope, Idaho	Full Name of Mother: Lottie Ethel Parkison	Name of Father: Parley Nelson Ricks	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from Bible	By whom issued and signed: Family Records in Bible/Tom F.Sheer-Notary,Spokane,WA	Date Issued: Aug.13,1973	Date Orig. Entry: Bible presented in 1946
	Date of Birth: May 8,1919 / Birth Place: Antelope, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of pages from family history	By whom issued and signed: compiled & Published by family representatives,Howard Ricks,Chmn.	Date Issued: 6/19/73	Date Orig. Entry: 1957
	Date of Birth: May 8,1919 / Birth Place: Antelope, Idaho	Full Name of Mother: Lottie Ethyl Parkinson	Name of Father: Parley Nelson Ricks	
QUALIFYING INFORMATION	-			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 12, 1974

FORM BH 56067

1 Copy Fee Rec'd 2992 5-20-74

MAR 1 2 1974

369-211-022-572

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-123

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Cordingley
2. Date of Birth (month) (day) (year): September 11, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Ora

FATHER

6. Full Name of Father: George Huggins Cordingley
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Arminta Egbert
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Stanford
11. Present Address of Registrant: 525 N. 1st No. St Anthony, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 12 1974
12. Signature of Notary: Doris E. Anderson
13. Notary Commission expires: Dec 9 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding record of Blessing	Joseph K. Powell, St. Anthony, 3rd Ward Clerk, LDS Church	----	blessed Nov. 2, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep. 11, 1919	Ora, Fremont County, Idaho	Arminta Egbert	George Huggins Cordingley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #49-9787	---	child born Aug. 1, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 29	Ora, Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of school census marshal's report	Fremont County, Idaho	Feb. 21, 1974	Sept., 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep. 11, 1919	---	Arminta Cordingley	George Cordingley

QUALIFYING INFORMATION

Affidavit by mother, Arminta E. Cordingley, signed 2/23/74 gives, birthdate as September 11, 1919 at Ora Idaho to Arminta Egbert Cordingley and George Huggins Cordingley.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	gml Glenda Larson	MAR 13 1974

FORM BH 56067

MAR 1 3 1974
JAN 2 7 1981

249-129.010-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Max LeRoy Smith			2. Date Of Birth (month) April (day) 29 (year) 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ammon Bonneville	b. City or Town of Birth: Ammon, Idaho
FATHER	6. Full Name of Father: George Abraham Smith			7. State or Country of Father's Birth: Ceder City, Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lovina Shurtliff			9. State or Country of Mother's Birth: Downey, Idaho U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Max LeRoy Smith	11. Present Address of Registrant: 16162 Via Owen San Lorenzo, Calif.
NOTARY (Seal) attached	Subscribed and sworn to before me on: February 21 1974		12. Signature of Notary: Doris M. Brack	13. Notary Commission expires: Dec. 13 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #287997	Date Issued: ----	Date Orig. Entry: child born Dec.22,1939
	Date of Birth: Age: 20	Birth Place: Ammon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism & Confirmation		By whom issued and signed: Ammon Ward, Leonard Ball, Bishop, LDS Church	Date Issued: ----	Date Orig. Entry: baptized June 5,1927
	Date of Birth: Apr.29,1919	Birth Place: Bonneville County Ammon, Idaho	Full Name of Mother: Lovina Shurtliff	Name of Father: Goerge A. Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge		By whom issued and signed: U. S. Army, Camp Beale,CA Sep. Center	Date Issued: discharged Apr.8,1946	Date Orig. Entry: inducted May 1,1944
	Date of Birth: Apr.29,1919	Birth Place: Ammon, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	photocopy of LDS Church Membership Certificate gives Max LeRoy Smith born April 29, 1919 in Ammon, Bonneville County, Idaho to Lovina Shurtliff & George A. Smith, blessing date-June 1,1919.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAR 13 1974

FORM BH 56067

STATE OF CALIFORNIA }
County of Alameda } ss.

On this 21 day of February in the year one thousand nine hundred and Seventy-four
before me, Doris M. Brock, a Notary Public in and for the
County of Alameda, State of California, residing therein,
duly commissioned and sworn, personally appeared
Max LeRoy Smith

known to me to be the person whose name is subscribed to the within instrument
and acknowledged to me that he executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal
in the County of Alameda the day and year in this
certificate first above written.

Doris M. Brock

Doris M. Brock
Notary Public in and for the County of Alameda
State of California.
My Commission Expires Dec. 13, 1977

DORIS M. BROCK
OFFICIAL SEAL
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Dec. 13, 1977

THE UTILITY LINE FORM NO. 60-005 —Acknowledgment—General.

MAR 2 3 1976

E- 845-12-007-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-148

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darold D. Hunt			2. Date Of Birth (month) October (day) 21, (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gannett, Idaho — Blaine	b. City or Town of Birth: Gannett, Idaho	
FATHER	6. Full Name of Father: Archibald Earl Hunt			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Dorthila Barker			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Darold D Hunt	11. Present Address of Registrant: 912 Nw 5th Pend. Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1974		12. Signature of Notary: Vida Lewallen	13. Notary Commission expires: April 9 1974	

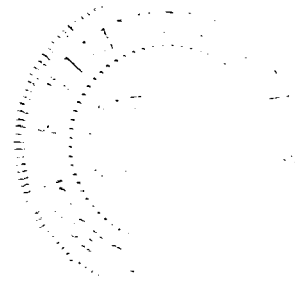
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #544-03-6303	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Nov.9,1945	
	Date of Birth: Oct.21,1919	Birth Place: Blaine County Gannett, Idaho	Full Name of Mother: Dorthila Barker	Name of Father: Archibald Earl Hunt	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #136 58 14477	By whom issued and signed: State of Oregon	Date Issued: Aug.7,1964	Date Orig. Entry: child born June 4,1958	
	Date of Birth: Age: 38	Birth Place: Gannitt, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Honorable discharge photocopy	By whom issued and signed: U.S. Army, Ft. Lewis Separation center, WA	Date Issued: discharged Oct.25,1945	Date Orig. Entry: inducted Feb.14,1942	
	Date of Birth: Oct.21,1919	Birth Place: Gannett, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: MAR 26 1974

FORM BH 56067

MAR 2 7 1974



651-212-021-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 74-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Weaver			2. Date of Birth (month) January (day) 12 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Whitney
FATHER	6. Full Name of Father: Gilbert Daniel Weaver			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Olive Edna Clark			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Weaver Stewart		11. Present Address of Registrant: 689 E. Center St, Kaysville, Utah
NOTARY (Seal)	Subscribed and sworn to before me on March 26 1974	12. Signature of Notary: [signature]		13. Notary Commission expires: MY COMMISSION EXPIRES OCTOBER 6, 1974 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Whitney Ward, James R. Bodily, Clerk	Date issued: ----	Date Orig. Entry: blessed Mar. 2, 1919
	Date of Birth: Jan. 12, 1919	Birth Place: Whitney, Idaho Franklin County	Full Name of Mother: Olive Clark	Name of Father: Gilbert D. Weaver	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Whitney Ward, Alvin C. Hull, Bishop	Date issued: orig. dated Apr. 9, 1927	Date Orig. Entry: baptized March 20, 1927
	Date of Birth: Jan. 12, 1919	Birth Place: Whitney, Idaho Franklin County	Full Name of Mother: Olive Clark	Name of Father: Gilbert D. Weaver	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate 55 18 3973		By whom issued and signed: child born in Salt Lake City Utah	Date issued: ---	Date Orig. Entry: child born May 7, 1955
	Date of Birth: Age: 36	Birth Place: Whitney, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAR 27 1974

FORM BH 56067

1 cP Pd Rec # 02460 3-21-74

MAR 2 7 1974

389-218-003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude Childs
2. Date Of Birth: (month) Sept (day) 18 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Bancroft

FATHER

6. Full Name of Father: William Alonzo Childs
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alta Brown
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertrude C. Stephens
11. Present Address of Registrant: 46 Chase, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on MARCH 8 1974

12. Signature of Notary:
13. Notary Commission expires: JUNE 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother Age;66	B. A. Childs	Feb.27,1974	---
	Date of Birth: Sep.18,1919 / Birth Place: Bancroft, Idaho Bannock County	Full Name of Mother: Alta Brown	Name of Father: William Alonzo Childs	
SUPPORTING RECORD 2.	photocopy of certificate of blessing	LDS Church, Bancroft Ward, John Ries, Clerk	---	blessed Nov.2,1919
	Date of Birth: Sep.18,1919 / Birth Place: Bancroft, Idaho Bannock County	Full Name of Mother: Alta Brown	Name of Father: William A. Childs	
SUPPORTING RECORD 3.	photocopy of certificate of baptism	LDS Church, James H. Gilbert Bishop	orig.dated July 8,1928	baptized June 30,1928
	Date of Birth: Sep.18,1919 / Birth Place: Bancroft, Idaho Bannock County	Full Name of Mother: Alta Brown	Name of Father: William A. Childs	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	MAR 28 1974

FORM BH 56067 nm. 2 22 74 gml

Stephens (nee Childs)

APR 9 1974

666-113-002-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-166

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Thurn Woods		2. Date Of Birth (month) Jan. (day) 13 (year) 1919	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Mesa Orchards Adams	b. City or Town of Birth: Mesa
FATHER	6. Full Name of Father: Homer Blaine Woods		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Cora Lane		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William A Woods	11. Present Address of Registrant: Council, Idaho, Star Rt.	
NOTARY (Seal)	Subscribed and sworn to before me on July 5th - 73 19	12. Signature of Notary: Ford Muller	13. Notary Commission expires: June 4th 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #394636	Date Issued: ---	Date Orig. Entry: child born Aug.15,1944	
	Date of Birth: Age: 25	Birth Place: Mesa, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Woods	Date Issued: July 5,1973	Date Orig. Entry: ---	
	Date of Birth: Jan.13,1919	Birth Place: Mesa, Idaho	Full Name of Mother: Coa Woods	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of school census marshal's report	By whom issued and signed: Adams County, Idaho School Dist. #12	Date Issued: ---	Date Orig. Entry: Sept.1931	
	Date of Birth: Jan.13-Age: 18 yrs.	Birth Place: ---	Full Name of Mother: Cora Woods	Name of Father: Blaine Woods	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: APR 5 1974		

FORM BH 56067

1 cp Pd Rec'd 11541

4-17-13

APR 5 1974

JAN 17 1997

294-202-024-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-182

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mamie Luetta Kimbel
2. Date Of Birth (month) (day) (year): April 2 1919
3. Color or Race: white
4. Sex: Fe.
5. Place of Birth a. County: Hagerman Idaho
b. City or Town of Birth:

FATHER

6. Full Name of Father: James Albert Kimbel
7. State or Country of Father's Birth: Oklahoma

MOTHER

8. Full Maiden Name of Mother: Agnes Reid
9. State or Country of Mother's Birth: Estherville Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mamie Luetta Anson
11. Present Address of Registrant: 7645 S.E Rural Portland Ore

NOTARY (Seal)

Subscribed and sworn to before me on: February 12 1974
12. Signature of Notary: Maxine Cameron
13. Notary Commission expires: April 26 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Agnes Reid Kimbel	Mar.22,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.2,1919 / Hagerman, Idaho	Agnes Reid Kimbel	James Albert Kimbel	
SUPPORTING RECORD 2.	Statement regarding hospital records	Portland Adventist Hospital, OR, Jane Mueller, ART Med.Rec.	Mar.13,1974	July 11,1960
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.2,1919 / ----	Agnes Kimbel (Reid)	James A. Kimbel	
SUPPORTING RECORD 3.	photocopy of application for insurance policy	Beneficiary membership in the Independent Order of Foresters	--	Apr.28,1948
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.2,1919 / Hagerman, Idaho	Agnes Kimbel	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

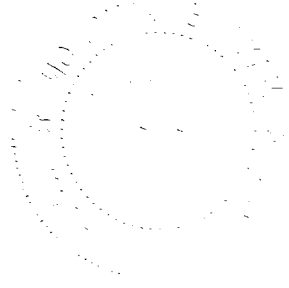
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: APR 10 1974

FORM BH 56067

2-1-76

APR 11 1974



694231-004-899

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTHA MAGDALENA WIDMER			2. Date Of Birth (month) (day) (year): FEBRUARY 21 1919
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: GENEVA, IDAHO
FATHER	6. Full Name of Father: SAMUEL E. WIDMER			7. State or Country of Father's Birth: Geneva, Idaho
MOTHER	8. Full Maiden Name of Mother: NELLIE B. HIRSCHI			9. State or Country of Mother's Birth: Geneva, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha W Hulse		11. Present Address of Registrant: Millville, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1974	12. Signature of Notary: Lurin L. Ferguson		13. Notary Commission expires: 12-8-76 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Geneva Ward, Christian Hirschi, Jr., Clerk	Date Issued: ---	Date Orig. Entry: blessed May 4, 1919
	Date of Birth: Feb.21,1919 / Birth Place: Geneva, Idaho Bear Lake County	Full Name of Mother: Nellie B. Hirschi	Name of Father: Samuel E. Widmer	
SUPPORTING RECORD 2.	Type of Document: patriarchal blessing	By whom issued and signed: Hyrum Oakey, Patriarch LDS Church, Montpelier, Idaho	Date Issued: Mar.2,1941	Date Orig. Entry: Mar.2,1941
	Date of Birth: Feb.21,1919 / Birth Place: Geneva, Idaho	Full Name of Mother: Nellie Hirschi	Name of Father: Samuel E. Widmer	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #389243	Date Issued: ---	Date Orig. Entry: child born April 8,1944
	Date of Birth: Age: 25 / Birth Place: Geneva, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: MAY 16 1974

FORM BH 56067

MAY 17 1974

855-211-001-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Louise Hendrix			2. Date Of Birth (month) (day) (year): May 11, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian (Rural on farm location
FATHER	6. Full Name of Father: William Lester Hendrix			7. State or Country of Father's Birth: Utah (then known as McDermit)
MOTHER	8. Full Maiden Name of Mother: Florence Alice Lindsay			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen L. Duquesnay		11. Present Address of Registrant: Route #5, Box 5656 Nampa, Idaho 83651
NOTARY (Seal)	Subscribed and sworn to before me on: June 3rd 1974	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15th 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #287665	Date Issued: ---	Date Orig. Entry: child born Nov. 20, 1939
	Date of Birth: Age: 20	Birth Place: Meridian	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Baby Book	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: May 11, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 71	By whom issued and signed: Agnes Bush	Date Issued: June 3, 1974	Date Orig. Entry: ------
	Date of Birth: May 11, 1919	Birth Place: Meridian, Idaho	Full Name of Mother: Florence Alice Lindsay	Name of Father: William Lester Hendrix
QUALIFYING INFORMATION				

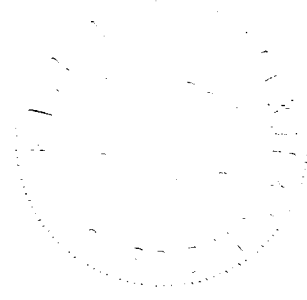
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Florence Curtright	June 3, 1974

FORM BH 56067

JUN 3 1974



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955-26.010-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-288

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy May Reuland			2. Date Of Birth (month) Oct (day) 26 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls Idaho	
FATHER	6. Full Name of Father: Perry John Reuland			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mattie Elizabeth Hart			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy M. Kunsa		11. Present Address of Registrant: 24701-12th Ave So Kent Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1974	12. Signature of Notary: Bernice L. Piske		13. Notary Commission expires: Jan. 5 1976	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #631	By whom issued and signed: child born in Tacoma, Pierce County, Washington		Date Issued: ---	Date Orig. Entry: child born Feb.7,1950
	Date of Birth: Age: 30	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism	By whom issued and signed: Haller Lake Methodist Church Seattle, WA		Date Issued: orig.dated Feb.24,1963	Date Orig. Entry: baptized Feb.24,1963
	Date of Birth: Oct.26,1919	Birth Place: ---	Full Name of Mother: May E. Reuland	Name of Father: Perry J. Reuland	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #D0249464	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: ----	Date Orig. Entry: Aug.22,1939
	Date of Birth: Oct.26,1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Elizabeth May Reuland	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: JUN - 5 1974

FORM BH 56067

reps pd rec # 35266

7-11-68

JUN 6 1974

243-117-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-299

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Freeman BULLOCK			2. Date Of Birth (month) (day) (year): Sept. 17 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: McCammon Bannock	b. City or Town of Birth
FATHER	6. Full Name of Father: Willard Edwin Bullock			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Sarah Barrows			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas F. Bullock		11. Present Address of Registrant: McCammon Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 9 May 1974	12. Signature of Notary: Gary N. Gunter		13. Notary Commission expires: Jan 14 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

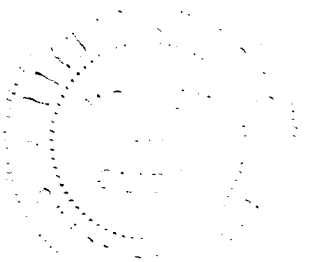
SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: On file Idaho #60-4242	Date Issued: ---	Date Orig. Entry: child born Apr. 16, 1960
	Date of Birth: Age: 40	Birth Place: McCammon, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Merrill Ward, Portneuf Stake, Parley Morris, Bp.	Date Issued: ---	Date Orig. Entry: blessed Nov. 29, 1919
	Date of Birth: Sep. 17, 1919	Birth Place: Merrill Ward McCammon,	Full Name of Mother: Mabel Barrows	Name of Father: Willard E. Bullock	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, H.J. Caterer, Maj. Med. Adm Corps, Exec. Officer	Date Issued: discharged Nov. 8, 1945	Date Orig. Entry: inducted Sept. 28, 1944
	Date of Birth: Sep. 17, 1919	Birth Place: McCammon, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: JUN 10 1974

FORM BH 56067

9-27-73

JUN 13 1974



319-104-006-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-337

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Allan Franklin Larsen			2. Date Of Birth (month) April (day) 4 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Lower Presto*	
FATHER	6. Full Name of Father: James Berkeley Larsen			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Florence Bywater Tingey			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Allan F. Larsen	11. Present Address of Registrant: Rt. 5 Box 33 Blackfoot, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1974		12. Signature of Notary: C Gayle Williams	13. Notary Commission expires: 4-6 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism and confirmation		By whom issued and signed: LDS Church, Peter Monson, Bishop	Date Issued: orig.dated July 3,1927	Date Orig. Entry: baptized July 3,1927
	Date of Birth: Apr.4,1919	Birth Place: Presto, Idaho	Full Name of Mother: Florence Tingey	Name of Father: J. B. Larsen	
SUPPORTING RECORD 2.	Type of Document: photocopy of application		By whom issued and signed: Beneficial Life Ins. Co. 167306	Date Issued: ----	Date Orig. Entry: Apr.22,1937
	Date of Birth: Apr.4,1919	Birth Place: Firth, Idaho*	Full Name of Mother: Florence T. Larsen	Name of Father: J. Berkeley Larsen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #383718	Date Issued: ----	Date Orig. Entry: child born Dec.8,1943
	Date of Birth: Age: 24	Birth Place: Presto, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

*Registrant states that Firth was the nearest town of any size and was the mail route. According to an old map of Idaho, Presto was located approximately 8 miles S.E. of Firth. Presto no longer exists as a town.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	JUN 25 1974

FORM BH 56067

MAY 22 1997

ALLAN F. LARSEN
DISTRICT 26-A
BINGHAM AND BUTTE COUNTIES

HOME ADDRESS
ROUTE 5, BOX 33
BLACKFOOT, IDAHO 83221

COMMITTEES
CHAIRMAN - REVENUE AND TAXATION
AGRICULTURAL AFFAIRS

House of Representatives
State of Idaho

CAPITOL BUILDING
BOISE

Note of explanation of place of birth:

Pusto was the one room school where I went to school. It was a half mile from my father's home where I was born.

Firth is the nearest town of any size, and the mail route.

Yorker is the L.D.S. Ward where we attended church. I hope this information will be helpful to you.

Sincerely,

Allan F. Larsen

JUN 2 6 1974

796-22-003-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-358

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVELYN DONNETTA GROCCIA
2. Date of Birth: October 21 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: POCATELLO BANNOCK
b. City or Town of Birth: POCATELLO

FATHER

6. Full Name of Father: GENNARO GROCCIA
7. State or Country of Father's Birth: ITALY

MOTHER

8. Full Maiden Name of Mother: AMELIA COIA
9. State or Country of Mother's Birth: ITALY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn D. Honas
11. Present Address of Registrant: RFD 1 South Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on June 21 1974

12. Signature of Notary: Ralph C Lacy
13. Notary Commission expires: 1-20 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #376328	---	child born July 31, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 23 / Pocatello, Idaho	----	----	
SUPPORTING RECORD 2.	Certificate of Baptism	St.Joseph's Church, Pocatello, Idaho, Rev. Wm. P. Ondway	May 9, 1974	baptized Dec. 4, 1919
	Oct. 21, 1919 / Pocatello, Idaho	Amelia Covia	Gennaro Groccia	
SUPPORTING RECORD 3.	Affidavit by person who saw child a few hours after birth	Dora Colaianni Age: 84	Apr. 20, 1974	---
	Oct. 21, 1919 / Pocatello, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: JUL - 5 1974

FORM BH 56067

JUL 8 1974

DECEASED

dup of 1919-75390

412-223-0322-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-360

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Ellen Mabbutt
2. Date Of Birth (month) July (day) 23 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lincoln; b. City or Town of Birth: Shoshone

FATHER

6. Full Name of Father: George Mabbutt
7. State or Country of Father's Birth: Shoshone, Idaho

MOTHER

8. Full Maiden Name of Mother: Elsie Erickson
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Ellen Sword
11. Present Address of Registrant: 2001 Longmont

NOTARY (Seal)

Subscribed and sworn to before me on July 10 1974

12. Signature of Notary: "Sue" Nora Lowe
13. Notary Commission expires: Sept. 18 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho # 48-9482	------	Child born Aug. 5, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 29 yrs	Shoshone, Idaho	--------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age 70 yrs	Ellen E. Walker	July 10, 1974	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1919	Shoshone, Idaho	Elsie Erickson	George Mabbutt

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Hospital Record	St. Alphonsus Hospital Mary E. Dorsey R. R. A.	July 10, 1974	Dec. 15, 1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1919	Idaho	---------	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl "Sue" Nora Lowe	July 10, 1974

FORM BH 56067

JUL 1 0 1974

652-22-001-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: DE74-417

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Betty Jane Weston
2. Date Of Birth: (month) 5 (day) 29 (year) 19
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Boise, Idaho Ada Co.
b. City or Town of Birth: St Luke's Hospital Boise

FATHER

6. Full Name of Father: Frank Horace Weston
7. State or Country of Father's Birth: Salem Indiana

MOTHER

8. Full Maiden Name of Mother: Ethel Eula Richardson
9. State or Country of Mother's Birth: Macon County - Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Betty Veseys.
11. Present Address of Registrant: 3980 Fremont Blvd. #128

NOTARY (Seal)

Subscribed and sworn to before me on: MARVIN L. COKER NOTARY PUBLIC, CALIFORNIA ALAMEDA COUNTY My Commission Expires [illegible] 1974 — 19 74

12. Signature of Notary: Marvin L. Coker
13. Notary Commission expires: August 4, 19 74

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of page from baby book	family records/Marvin Coker, Notary	---	old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	at 6:00 AM May 29,1919 / St.Luke's Hosp.	Mrs. H. F. Weston	Mr. H. F. Weston	
SUPPORTING RECORD 2.	photocopy of application for insurance policy M 95 157 909	The Prudential Ins. Co. of America	---	Jan.23,1950
	May 29,1919 / ---	---	---	
SUPPORTING RECORD 3.	Affidavit by Maternal Aunt Age 71Yrs	Lela M. Richardson Long	July 16,1974	--------
	May 29, 1919 / Boise, Idaho	Ethel Eula Richardson Weston	Horace Frank Weston	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	gml Sue Lowe	August 23, 1974

FORM BH 56067

Certified para 13102

6-21-6[illegible]

AUG 2 3 1974

697-23-022-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-449

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Orgill			2. Date Of Birth (month) (day) (year): July 13, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Egin (mail St. Anthony)
FATHER	6. Full Name of Father: Glen Orgill			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Minnie Pernina Fisher			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Marshall (Orgill)		11. Present Address of Registrant: Ashton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 4 1970	12. Signature of Notary: [illegible]		13. Notary Commission expires: 7/31 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Glen Orgill		Date Issued: Feb.2,1969	Date Orig. Entry: ----
	Date of Birth: July 13,1919	Birth Place: St.Anthony, Idaho Fremont County	Full Name of Mother: Minnie Pernina Fisher Orgill	Name of Father: Glen Orgill	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Egin Ward, Joseph Orr, Bishop, Yellowstone Stake		Date Issued: ----	Date Orig. Entry: blessed Sept.6,1919
	Date of Birth: July 13,1919	Birth Place: Egin, Idaho Fremont County	Full Name of Mother: Minnie Fisher	Name of Father: Glen Orgill	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho # 52-3180		Date Issued: ------	Date Orig. Entry: Child born Mar.13.1952
	Date of Birth: Age 32 yrs	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Sue Lowe	9/12/74

FORM BH 56067

SEP 12 1974

259-228-032-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-481

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Mariam Kershner		2. Date Of Birth (month) Jan. (day) 28 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Dietrich
FATHER	6. Full Name of Father: Glen Loren Kershner		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Mariam Josephine Dooley		9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Mariam McDonald	11. Present Address of Registrant: 5771 Royal Lane, Eugene, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on July 22 1974	12. Signature of Notary: Michael J. Jon	13. Notary Commission expires: My Commission Expires Sept. 18, 1976 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt who was present in the home at time of birth	By whom issued and signed: Alice M. Dooley (bd.8/23/1897)	Date Issued: July 11,1974	Date Orig. Entry: ---	
	Date of Birth: Jan.28,1919	Birth Place: Deitrich, Idaho	Full Name of Mother: Mariam Josephine (Dooley) Kershner	Name of Father: Glen Loren Kershner	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Lincoln County, Idaho	By whom issued and signed: U.S.Department of Commerce Bureau of the Census	Date Issued: Sep.10,1974	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age: 11 mos.	Birth Place: Idaho	Full Name of Mother: Josephine M. Kershner	Name of Father: Glen L. Kershner	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life & Casualty Co.	Date Issued: ---	Date Orig. Entry: Nov.7,1955	
	Date of Birth: Jan.28,1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	gml Glenda Larson	SEP 23 1974

FORM BH 56067

SEP 23 1974

632-223-010-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-495

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marguerite Olsen
2. Date Of Birth: (month) 1 (day) 23 (year) 1919
3. Color or Race: Cauc
4. Sex: F
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Theodore Eugene Olsen
7. State or Country of Father's Birth: Iona, Idaho

MOTHER

8. Full Maiden Name of Mother: Nina Joanna Clapp
9. State or Country of Mother's Birth: Sanford, Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marguerite McNamara
11. Present Address of Registrant: Iona Idaho 83427

NOTARY (Seal)

Subscribed and sworn to before me on 2nd September 1974

12. Signature of Notary: Harlow J. McNeman
13. Notary Commission expires: 10-1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #265921	----	child born Apr.22,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 19 / Iona, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of certificate of membership	LDS Church, Iona, Idaho	---	blessed Apr.6,1919
	Jan.23,1919 / Iona, Bonneville County, Idaho	Nina Johanna Clapp	Theodore Eugene Olsen	
SUPPORTING RECORD 3.	Affidavit by mother	Nina C. Olsen	Dec.22,1973	---
	Jan.23,1919 / Iona, Idaho	Nina C. Olsen	Theodore Eugene Olsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: OCT 1 1974

FORM BH 56067

10-22-62

OCT 2 1974

DECEASED

783-225-007-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-601

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Arlene Pyle			2. Date Of Birth (month) July (day) 25 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ketchum, Idaho — Blaine	b. City or Town of Birth: Ketchum, Idaho
FATHER	6. Full Name of Father: Arthur Learoux Pyle			7. State or Country of Father's Birth: Pennsylvania, Somerset County
MOTHER	8. Full Maiden Name of Mother: Sarah Blanche Randolph			9. State or Country of Mother's Birth: Kansas, Marysville County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Pyle Rock		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 16 1974	12. Signature of Notary: Madelyn A. Gruntz		13. Notary Commission expires: MARCH 31, 1977 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: Jerome Public Schools (Lincoln School)		Date Issued: ---	Date Orig. Entry: Sep.14,1925
	Date of Birth: July 25,1919	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: A. L. Pyle	
SUPPORTING RECORD 2.	Type of Document: Better Babies Standard Score Card	By whom issued and signed: Better Babies Bureau, contest at Jerome, ID by Red Cross		Date Issued: Sep.22,1920	Date Orig. Entry: Sep.22,1920
	Date of Birth: Age: 14 mos	Birth Place: ---	Full Name of Mother: Sallie Randolph	Name of Father: Arthur L. Pyle	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age:75	By whom issued and signed: W. B. Churchman		Date Issued: Dec.5,1974	Date Orig. Entry: ----
	Date of Birth: July 25,1919	Birth Place: Ketchum, Idaho	Full Name of Mother: Sarah Blanche Randolph	Name of Father: Arthur Learoux Pyle	
QUALIFYING INFORMATION					

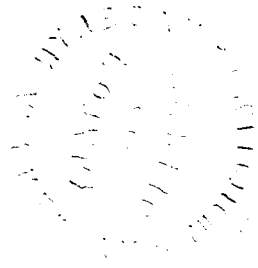
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 6 1974

FORM BH 56067

DEC 6 1974



766-102-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-608

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Cyrus Gooch
2. Date Of Birth: (month) March (day) 2 (year) 1919
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: George Melvin Gooch
7. State or Country of Father's Birth: Richmond Cache Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Lovenia Tolman
9. State or Country of Mother's Birth: Bountiful Davis, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: John C. Gooch
11. Present Address of Registrant: 839 So. 350 W. Bountiful Utah

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 2 19 74
12. Signature of Notary: John C. Allen
13. Notary Commission expires: Sept. 1 19 77

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of notice of separation from U. S. Naval Service
By whom issued and signed: J.J.Leineweber,Lt.,D(L),USNR Clearfield, Utah
Date Issued: separated Nov.6,1945
Date Orig. Entry: enlisted June 14,1944
Date of Birth: Mar.2,1919
Birth Place: Preston, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: photocopy of Certificate of Ordination as a Teacher
By whom issued and signed: LDS Church, Wilson Ward,No. Weber Stake,John Holmes,Ward Clk.
Date Issued: ---
Date Orig. Entry: ordained Jan.6,1935
Date of Birth: Mar.2,1919
Birth Place: Preston, Idaho
Full Name of Mother: Sarah L. Tolman
Name of Father: George M. Gooch

SUPPORTING RECORD 3.

Type of Document: Carbon copy of statement of Personal History
By whom issued and signed: Bountiful, Utah (employed at Ft.Douglas)
Date Issued: ---
Date Orig. Entry: Aug.12,1965
Date of Birth: Mar.2,1919
Birth Place: Preston, Idaho Bannock County
Full Name of Mother: Sarah Lovenia Tolman
Name of Father: George Melvon Gooch

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

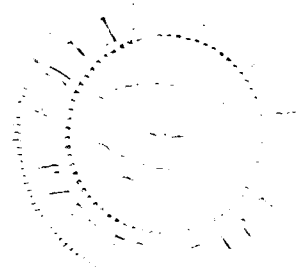
State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: DEC 6 1974

FORM BH 56067

8/29/74

Gooch

DEC 9 1974



433-218-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-610

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby May McCurdy
2. Date Of Birth (month) (day) (year): May 18 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Home Bingham
b. City or Town of Birth: Basalt Idaho

FATHER

6. Full Name of Father: Winifred Ward McCurdy
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elva May Lyon
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby M. Mickelsen
11. Present Address of Registrant: Route 4 Rupert Id. 83350

NOTARY (Seal)

Subscribed and sworn to before me on: November 1 1974
12. Signature of Notary: Carmen Palmer
13. Notary Commission expires: May 1 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Iona Ward, A. W. Schnieder, Bishop	Date Issued: June 3, 1934	Date Orig. Entry: baptized June 3, 1934	
	Date of Birth: May 18, 1919	Birth Place: Basalt, Idaho	Full Name of Mother: Elva Lyon	Name of Father: W. W. McCurdy	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Cache County, Utah	Date Issued: Oct. 25, 1974	Date Orig. Entry: Nov. 14, 1938	
	Date of Birth: May 18, 1919	Birth Place: Basalt, Idaho	Full Name of Mother: Elva May Lyon	Name of Father: W. W. McCurdy	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #17 226 889	By whom issued and signed: New York Life Ins. Co.	Date Issued: Dec. 6, 1938	Date Orig. Entry: Nov. 17, 1938	
	Date of Birth: May 18, 1919	Birth Place: Basalt, Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 6 1974

FORM BH 56067

1 C/- Pd Rec # 05258

DEC 9 1974

655-215-010-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-641

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Sadona Weeks			2. Date Of Birth (month) 1 (day) 15 (year) 19	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Charles Arthur Weeks			7. State or Country of Father's Birth: USA	
MOTHER	8. Full Maiden Name of Mother: Louisa Ann ~~Weeks~~ Clark			9. State or Country of Mother's Birth: USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Cora S. Jones	11. Present Address of Registrant: 4024 Camellia, Springfield Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1974		12. Signature of Notary: H. Aline Tipton	13. Notary Commission expires: MY COMMISSION EXPIRES APR. 5, 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

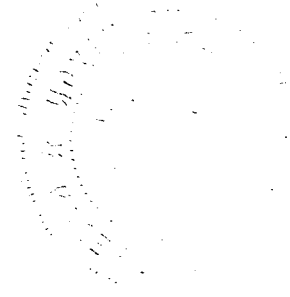
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #411253	Date Issued: ----	Date Orig. Entry: child born Aug. 31, 1945
	Date of Birth: Age: 26	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of operator's license #249782		By whom issued and signed: State of Idaho	Date Issued: ---	Date Orig. Entry: Apr. 19, 1948
	Date of Birth: Jan. 15, 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Louisa A. Weeks Newman	Date Issued: Nov. 22, 1974	Date Orig. Entry: ---
	Date of Birth: Jan. 15, 1919	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Louisa Ann Weeks	Name of Father: Charles Arthur Weeks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: DEC 23 1974

FORM BH 56067 1 CP Pd Rec # C6202

5-17-74

DEC 24 1974



168-125-006-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-651

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Boyd VIRGIL JOHNSON		2. Date Of Birth (month) 11 (day) 25 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Firth, Idaho
FATHER	6. Full Name of Father: William EZRA Johnson		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ada Adelaide Dye		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Boyd Virgil Johnson	11. Present Address of Registrant: 6452 Rochelle Ave. Westminster, Cal. 92683	
NOTARY (Seal)	Subscribed and sworn to before me on: December 12 1974	12. Signature of Notary: Kathryn C. Bernard	13. Notary Commission expires: June 22 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate of Certificate of Blessing	By whom issued and signed: LDS Church, Westminster 1st Ward, Huntington Beach, CA	Date Issued: Dec. 8, 1974	Date Orig. Entry: blessed Jan. 22, 1920
	Date of Birth: Nov. 25, 1919 / Birth Place: Firth, Idaho	Full Name of Mother: Ada Adelaide Dye	Name of Father: William Ezra Johnson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #426489	Date Issued: ---	Date Orig. Entry: child born Oct. 7, 1946
	Date of Birth: Age: 26 / Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: honorable military discharge	By whom issued and signed: U.S. Army, Earl G. Linhart, Major Ord Dept., Ft. Douglas, UT	Date Issued: discharged Oct. 21, 1945	Date Orig. Entry: enlisted Jan. 21, 1941
	Date of Birth: Nov. 25, 1919 / Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 30 1974

FORM BH 56067

JAN 3 1975

DEC 3 0 1974

STATE OF CALIFORNIA
COUNTY OF Orange } ss.

On December 12, 1974, before me, the undersigned, a Notary Public in and for said State, personally appeared Boyd Virgil Johnson

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

WITNESS my hand and official seal.

Signature Kathryn A. Normand

Kathryn A. Normand
Name (Typed or Printed)

OFFICIAL SEAL
KATHRYN A. NORMAND
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 22, 1975

(This area for official notarial seal)

Form 3001—(Individual) First American Title Company

693-014-034 - 951

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1919 DE75-0019

RECEIVED BUREAU OF VITAL STATISTICS DEC 23 1 21 PM '74

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beth Wilkins
2. Date Of Birth: (month) Oct. (day) 14 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Home b. City or Town of Birth Rupert

FATHER

6. Full Name of Father: William Franklin Wilkins
7. State or Country of Father's Birth: Coffee County Alabama

MOTHER

8. Full Maiden Name of Mother: Louise Catherine Reading
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beth Clark
11. Present Address of Registrant: 4038 Camellia St.

NOTARY (Seal)

Subscribed and sworn to before me on DECEMBER 18 1974

12. Signature of Notary: Jack C Penn
13. Notary Commission expires: Apr. 14 1978

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo Copy of Medical Record Bend Oregon	Dr. Stenstrom	---	May 13,1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10-14-19	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of own child's birth certificate	On file State of California #26757	June 27,1960	November 21, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age:81	Sarah Wilkins	12 Dec.1974	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.14,1919	Rupert,Idaho	Louise Catherine Reading	William Franklin Wilkins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

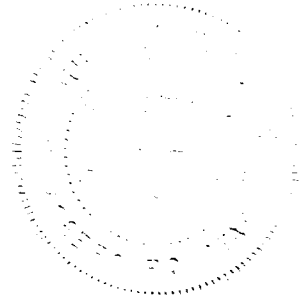
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: JAN 8 1975

FORM BH 56067

FILE # CHANGED FROM D-019 ON 5/12/08 KMC

JAN 9 1975



818-122-0.25-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Ronald Yahraus			2. Date Of Birth (month) (day) (year): May 22, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Joseph
FATHER	6. Full Name of Father: Fred Andrew Yahraus			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Emma Claire Hertlein			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George R. Yahraus		11. Present Address of Registrant: 6819 Ripley Lane Renton, Wash. 98055
NOTARY (Seal)	Subscribed and sworn to before me on: November 11 1974	12. Signature of Notary: Marian E. Day		13. Notary Commission expires: Jul-25 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Honorable discharge & Army Separation Qualification Record	By whom issued and signed: U.S.Army, Ft.Lewis, WA Separation Center	Date Issued: discharged July 24, 1945	Date Orig. Entry: inducted Aug. 5, 1941
	Date of Birth: May 22, 1919 / Birth Place: Joseph, Idaho	Full Name of Mother: Emma H. Yahraus	Name of Father: Fred A. Yahraus	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Asotin County Memorial, Clarkston, WA	Date Issued: ---	Date Orig. Entry: child born Apr. 11, 1951
	Date of Birth: May 22, 1919 / Birth Place: Joseph, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Photocopy of employment retirement records of wife.	By whom issued and signed: Safeway Stores, Inc. Oakland Patrick R. Byrne, Plant Mgr.	Date Issued: Jan. 1, 1967	Date Orig. Entry: Nov. 7, 1966
	Date of Birth: May 22, 1919 / Birth Place: --	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Margaret Davis	Date Filed: JAN 10 1975

FORM BH 56067

JAN 15 1975

393-130-005-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-042

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Walter William Titus
2. Date Of Birth (month) (day) (year): January 30 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Benewah
b. City or Town of Birth: St. Maries Idaho

FATHER

6. Full Name of Father: William Haselette Titus
7. State or Country of Father's Birth: Adrian Minnesota

MOTHER

8. Full Maiden Name of Mother: Etta May Titus
9. State or Country of Mother's Birth: Linton North Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter W Titus
11. Present Address of Registrant: 220 E Columbia DR

NOTARY (Seal)

Subscribed and sworn to before me on: 1-7- 1975
12. Signature of Notary: [illegible]
13. Notary Commission expires: 3-15 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Personnel Security Questionnaire	U.S. Atomic Energy Commission Washington, D.C.	---	11-5-1953
	Date of Birth 30Jan.19	**Birth Place** St.Mary's	**Full Name of Mother** Etta Wescott Titus	**Name of Father** William Hazelette Titus
SUPPORTING RECORD 2.	Photocopy of Union Records	I B of T Local #556, Kenne., Wn.	---	1948
	Date of Birth Jan.30,1919	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ---
SUPPORTING RECORD 3.	Affidavit by Father:Age 88	/William Titus	7 Jan.1975	---
	Date of Birth Jan.30,1919	**Birth Place** St.Maries, ID.	**Full Name of Mother** Etta May Titus	**Name of Father** William Hazelette Titus

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: JAN 22 1975

FORM BH 56067 NM

JAN 23 1975

795-211-010-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-065

OFFICIAL SEAL — ARTHUR SHELLEY — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN LOS ANGELES COUNTY — My Commission Expires

REGISTRANT (Person whose Birth is Being Registered)

1. Registrant's Full Name at Birth: VIRGINIA MAY GINN
2. Date Of Birth: (month) 5 - (day) 11 - (year) 1919
3. Color or Race: CHINESE
4. Sex: F
5. Place of Birth: a. County: IDAHO FALLS; b. City or Town of Birth:

FATHER

6. Full Name of Father: GEORGE GINN
7. State or Country of Father's Birth: CHINA

MOTHER

8. Full Maiden Name of Mother: HELEN CHAN
9. State or Country of Mother's Birth: SAN FRANCISCO, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia May Ginn
11. Present Address of Registrant: 829 S. SAN JULIAN ST. APT 2 LOS ANGELES, CA. 90014

NOTARY (Seal)

Subscribed and sworn to before me on Dec 20 1974

12. Signature of Notary: Ruth Faudutrai
13. Notary Commission expires: Nov 1 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother Age 73 yrs	Helen Ginn	Nov. 26, 1974	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 11, 1919	Idaho Falls, Idaho	Helen Ginn	George Ginn

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of (Number) Application for Social Security	US Treasury Dept.-Dept. of Internal Revenue	Nov. 6, 1974	April 27, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 11, 1919	Idaho Falls, Idaho	Helen Chan	George Ginn

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Own childs birth certificate	File # 17676 State of California	------	Child born July 20, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24 yrs	Idaho	----------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Sue Lowe	Jan. 28, 1975

FORM BH 56067

JAN 2 8 1975

231-216-042-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-073

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ina Louise Stanger
2. Date Of Birth: (month) July (day) 16 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Hansen, Ida.

FATHER

6. Full Name of Father: William Barton Stanger
7. State or Country of Father's Birth: Utah, Ogden, Weber Co.

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Bingham
9. State or Country of Mother's Birth: Utah Denton Cache Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ina Louise Hebeker
11. Present Address of Registrant: Rt 2 Hansen, Ida. 83334

NOTARY (Seal)

Subscribed and sworn to before me on JANUARY 29 19 75

12. Signature of Notary: Mabel K. Toller
13. Notary Commission expires: July 1 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Mary Elizabeth Stanger	1-29-75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16,1919	---	Mary Elizabeth Stanger	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Certificate of Baptism & Confirmation	LDS Church Niels A. Olsen, Bishop	---	Aug.6,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16,1919	Hansen,Idaho	Elizabeth Bingham	William B. Stanger

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Certificate of Blessing	Joseph H. Sudwick, Bishop Kimberly Ward,LDS church	---	/Aug.3, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16,1919	Hansen, Twin Falls,Idaho	Elizabeth Bingham	Wm.B. Stanger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

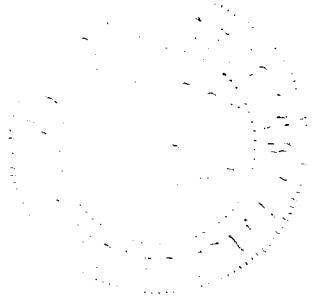
State Registrar	Evidence reviewed by	Date Filed
Jean M. Ellis	Margaret Davis	JAN 30 1975

FORM BH 56067

1-22-75

Nebeker

FEB 3 1975



362-209-001-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maria Asumpcion (Susan M.) Coscorrosa
2. Date Of Birth: (month) 4- (day) 9- (year) 1919
3. Color or Race: Caucasian
4. Sex: F.
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Alejo Coscorrosa
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Juanna Inchausti
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Susan M. Coscorrosa
11. Present Address of Registrant: 4225 E. Overland Rd.

NOTARY (Seal)

Subscribed and sworn to before me on March 4 19 75

12. Signature of Notary: Mary Jane Brandon
13. Notary Commission expires: April 18 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of Boise High School Record	Supervisor or Records Loyle V. Washam-Boise, Idaho	Mar.3,1975	1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apri.9,1919 / ---	---	---	
SUPPORTING RECORD 2.	Certificate of Baptism	St. Johns Cathedral-Boise, Idaho Andrew J. Schumacher		Baptized April 20,1919
	April 9,1919 / ---	Juanna Inchausti	Alexio Coscorrosa	
SUPPORTING RECORD 3.	Own childs birth certificate	State of Idaho File # 389094	---	Child born Apr.11,1944
	Age 25 yrs / Boise, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Sue Lowe
Date Filed: Mar. 4, 1975

FORM BH 56067

MAR 4 1975

693-21-034-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-163

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Barbara Elizabeth Wilson
2. Date Of Birth: (month) July (day) 11 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Minidoka; b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: Albert Wilson
7. State or Country of Father's Birth: Pierce City, Missouri

MOTHER

8. Full Maiden Name of Mother: Pearl Bonewits
9. State or Country of Mother's Birth: Monroe City, Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara Elizabeth Zink
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on 3-10 1975
12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Pearl Wilson	Jul.21,1966	--------
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July,11,1919 Rupert,Idaho	Pearl Bonewits	Albert Wilson	
SUPPORTING RECORD 2.	Patriarchal Blessing	William Thomas Borup -Patriarch LDS Church	Feb/14/50	--------
	July 11, 1919 Rupert,Idaho	Pearl Bonewits	Albert Wilson	
SUPPORTING RECORD 3.	Insurance Policy # 4,236,098	The Mutual Life Insurance Co. of New York	Oct.25,1929	-------
	July 11, 1919 Idaho	--------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	March 10,1975

FORM BH 56067

MAR 1 0 1975

DELAYED

DELAYED

DUP OF 1919-71723

815-210-022-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-175

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dee Laura Satira Hancock
2. Date Of Birth (month) (day) (year): Nov. 10 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Fremont
b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: Leo Vernon Hancock
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Allie Satira Christensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dee Laura Lendahl
11. Present Address of Registrant: 1581 Waterbury Drive Apt. G Salt Lake City, Utah 84121

NOTARY (Seal)

Subscribed and sworn to before me on: March 13, 1975

12. Signature of Notary: Koko T. Sutow
13. Notary Commission expires: March 25, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Roosevelt Ward Ray E. Dillman	---	Baptised Nov.1,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.10,1919	marysville, Idaho	Allie Christensen	Leo V. Hancock

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Marriage	Revel Walton, Justice of the Peace State of Wyo.	---	12 April 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 Years.	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of page from Family Bible	Koko T. Sutow, Notary	Mar.17,1975	Document is Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.10,1919	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

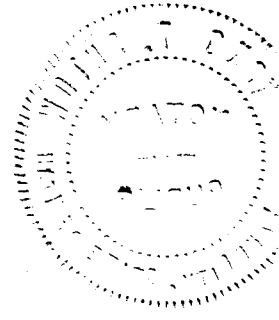
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 17 1975

FORM BH 56067

3-1-75

MAR 1 7 1975



867-106-021-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-187

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorin Williams Hogan			2. Date Of Birth (month) (day) (year): March 6 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Thatcher Bannock(Caribou)	b. City or Town of Birth: Thatcher Idaho
FATHER	6. Full Name of Father: Ira Harris Hogan			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Harriet P. Williams			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorin Williams Hogan		11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1975	12. Signature of Notary: Kenneth L Lloyd.		13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 23, 1977 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Neighbor Age:80	By whom issued and signed: Jane Smith		Date Issued: Mar.20,75	Date Orig. Entry: ---
	Date of Birth: Mar.6,1919	Birth Place: Thatcher,Idaho	Full Name of Mother Father: Ira Harris Hogan	Name of Father Mother: Harriet Pamelia Williams	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Application for Insurance	By whom issued and signed: Pacific Western Insurance No.24531		Date Issued: ---	Date Orig. Entry: 8 April 1959
	Date of Birth: Mar.6,1919	Birth Place: Thatcher, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Membership in Society of Daughters of Utah Pioneers.	By whom issued and signed: Society of Daughters of Utah Pioneers #25855		Date Issued: ---	Date Orig. Entry: Feb. 21,1955
	Date of Birth: Mar,6,1919	Birth Place: Thatcher, Id.	Full Name of Mother: Harriet Pamiela Williams Hogan	Name of Father: Ira H. Hogan	
QUALIFYING INFORMATION					

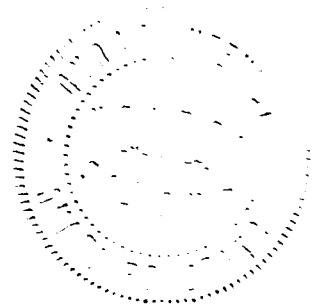
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: MAR 21 1975

FORM BH 56067

1 copy Ad. Receipt #00932

3-4-75

MAR 2 1 1975



538412002-717

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANDRES JOSE ECHANIS		2. Date Of Birth (month) (day) (year): JUNE 12 1919
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: ADA; b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: YGNATIO ECHANIS		7. State or Country of Father's Birth: SPAIN
MOTHER	8. Full Maiden Name of Mother: MARIA [redacted] PAGOAGA		9. State or Country of Mother's Birth: SPAIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Andres Jose Echanis	11. Present Address of Registrant: PENDLETON, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: April 16th 19 75	12. Signature of Notary: Marie Courtright	13. Notary Commission expires: NOV. 15, 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

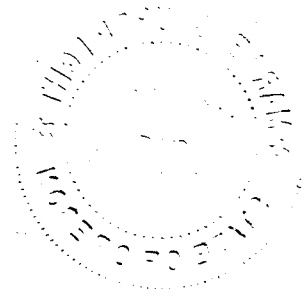
SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: St. John's Cathedral Boise, Idaho Rev.-Bernardo Arregui	Date Issued: -----	Date Orig. Entry: Baptized July 26,1919
	Date of Birth: June 12,1919	Birth Place: -----	Full Name of Mother: Maria Pagoaga	Name of Father: Andres Echaniz
SUPPORTING RECORD 2.	Type of Document: US Marine Corps Discharge	By whom issued and signed: Major J. G. Hopper	Date Issued: Enlisted Apri.14,1942	Date Orig. Entry: Discharged Nov.27,1945
	Date of Birth: June 12,1919	Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 64 287 231	By whom issued and signed: Equitable Life Assurance Society	Date Issued: Jun.1,1964	Date Orig. Entry: -------
	Date of Birth: June 12,1919	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: April 25, 1975

FORM BH 56067

11-10-75

Polaroid



369-208-006-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-276

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WANDA MAXINE LORDS
2. Date Of Birth: January 8 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Firth, Idaho

FATHER

6. Full Name of Father: Henry Joseph Lords
7. State or Country of Father's Birth: Richfield, Sevier, Utah

MOTHER

8. Full Maiden Name of Mother: Thressa Lolene Farnsworth
9. State or Country of Mother's Birth: Monroe, Sevier, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Maxine Lords
11. Present Address of Registrant: 4757 N.E. COLLY BLVD Portland, Oreg. 97218

NOTARY (Seal)

Subscribed and sworn to before me on March 31 1975

12. Signature of Notary: Josephine Young
13. Notary Commission expires: My Commission Expires Oct. 21, 1977 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriage License Affidavit.	State of Idaho, Bonneville	---	13 June 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
19 years	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #302150	Nov.2,1940	child born Oct.4,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 years.	Firth, Idaho.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age 76	Gladys T. Yockim	15 Apr.1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.8,1919	Firth, Idaho	Thressa Lolene Farnsworth	Henry Joseph Lords

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: MAY 2 1975

FORM BH 56067

9/9/74

Pittsburgh

MAY 5 1975

255-20-4022-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-280

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA BENSON			2. Date Of Birth (month) APRIL (day) 4 (year) 1919	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO FREMONT	b. City or Town of Birth: DRUMMOND	
FATHER	6. Full Name of Father: HARRY LORENZO BENSON			7. State or Country of Father's Birth: IDAHO U.S.A	
MOTHER	8. Full Maiden Name of Mother: ANNA AMELIA CHERRY			9. State or Country of Mother's Birth: IDAHO - U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva B. Howell	11. Present Address of Registrant: RT-1- THORNTON-IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on 3-20 1975		12. Signature of Notary: Ruby A. Robin	13. Notary Commission expires Does not 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Harry E/ Anderson, Bishop LDS church	Date Issued: ---	Date Orig. Entry: Blessed Aug. 3, 1919
	Date of Birth: Apr.4,1919	Birth Place: Drummond, Fremont	Full Name of Mother: Anna Cherry	Name of Father: Harry Benson	
SUPPORTING RECORD 2.	Type of Document: Photocopy of School Census Report		By whom issued and signed: Margaret Stanford, Deputy Fremont, County, Idaho	Date Issued: 1-28-74	Date Orig. Entry: Sept. 3, 1925
	Date of Birth: 6 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: Harry Benson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Anna Benson	Date Issued: 29 Apr.75	Date Orig. Entry: ---
	Date of Birth: Apr.4,1919	Birth Place: Drummond, Idaho	Full Name of Mother: Anna Amelia Cherry	Name of Father: Harry Lorenzo Benson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	md Margaret Davis	MAY 2 1975

K

FORM BH 56067

MAY 5 1975

533-206-003-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viviet Ellsworth			2. Date Of Birth (month) June (day) 6 (year) 1919	
	3. Color or Race	4. Sex: F.	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: Pocatello, Idaho	
FATHER	6. Full Name of Father: Curtis Melnot Ellsworth			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Celeste Dina Poulsen			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Viviet Rennhart	11. Present Address of Registrant: 695 S. Ash, Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on May 8 1975		12. Signature of Notary: Mary L. Walton	13. Notary Commission expires: August 10 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Blessing		By whom issued and signed: Pocatello Ward, Pocatello Stake, LDS church Davis Sutton, Bishop	Date Issued: --	Date Orig. Entry: Aug.3, 1919
	Date of Birth: June 6,1919	Birth Place: Pocatello, ID.	Full Name of Mother: Celesta Poulsen	Name of Father: Curtis Ellsworth	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Certificate of Baptism & Confirmation		By whom issued and signed: Pocatello 3rd Ward LDS church E.P. Horsfall, Bishop	Date Issued: --	Date Orig. Entry: Oct.2,1927
	Date of Birth: June 6,1919	Birth Place: Pocatello. Bannock, Idaho	Full Name of Mother: Celeste Dina Poulsen	Name of Father: Curtis M. Ellsworth	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Insurance Application		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ---	Date Orig. Entry: 13 Oct.1967
	Date of Birth: June 6, 1919	Birth Place: Pocatello, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: MAY 12 1975

FORM BH 56067

1-11-75

MAY 12 1975

Reinhart

619-228-006-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-297
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Mo[illegible] Farrar		2. Date Of Birth (month) October (day) 28 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: James Joseph Farrar		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Edith Pearl McMillan		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith M. Olsen	11. Present Address of Registrant: 502 S. 2nd Othello, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: 25th Sept. 1959	12. Signature of Notary: D. Mercer	13. Notary Commission expires: Sept 6, 1963

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of School Record	By whom issued and signed: George H. Hunt, Principal Firth High School	Date Issued: May 18, 1956	Date Orig. Entry: Sept. 1932	
Class*_____	Date of Birth: Oct.28,1919	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #317907	Date Issued: 4/25/66	Date Orig. Entry: child born July 16,1941	
Class_____	Date of Birth: 21 years.	Birth Place: Shelly, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Page from Family Records.	By whom issued and signed: Farrar family Records.	Date Issued: ---	Date Orig. Entry: Document is Obviously old.	
Class_____	Date of Birth: Oct. 28,1919	Birth Place: Shelley	Full Name of Mother: Edith Pearl Farrar	Name of Father: James Joseph Farrar	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Margaret Davis	Date Filed: MAY 12 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 1 9 1975

258-218-010-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-301

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charlotte Dorothea Beyer
2. Date Of Birth: (month) 5 (day) 18 (year) 1919
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Idaho Falls Ida. Bonneville; b. City or Town of Birth: Maternity Hospital

FATHER

6. Full Name of Father: Otto Julius Beyer
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Marie M. Hoffman
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charlotte D. Fouts
11. Present Address of Registrant: 459 7th Street Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on: May 9th 19 75
12. Signature of Notary: Andrea J. Leavitt
13. Notary Commission expires: Dec. 20 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal certificate	St. John Lutheran Church, Idaho Falls, Idaho	---	baptised 31 Aug. 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 18, 1919	Idaho Falls, ID	Marie Hoffman	O, J. Beyers

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child' birth certificate	State of Idaho	---	child born May 31, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
19 years	Idaho Falls, ID.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #500 482 967M	Metropolitan Life Insurance	--	Apr. 1, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
31 years (~~age at nextbirthday~~)	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAY 13 1975

FORM BH 56067

4-15-75

MAY 1 3 1975

DECEASED

526-204-004-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-321

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE LUCILLE EBORN
2. Date Of Birth (month) (day) (year): 2 4 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: LANARK BEAR LAKE
b. City or Town of Birth: Lanark Idaho

FATHER

6. Full Name of Father: ARTHUR PHIPP EBORN
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: NINA LOUISE PASSEY
9. State or Country of Mother's Birth: Idaho Bear Lake

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice E Masser
11. Present Address of Registrant: 838 Hillcrest Logan Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 7 1975
12. Signature of Notary: Thurl V Bushop
13. Notary Commission expires: July 8 197

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho #267976	----	child born June 4, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	19 years / Lanark, Idaho	---	---	
SUPPORTING RECORD 2.	Marriage Application	State of Idaho, County of Bear Lake	30 Apr.73	4 Oct.1937
	Feb.4,1919 / Lanark Idaho	Nina Passey	Arthur Eborn	
SUPPORTING RECORD 3.	Affidavit by Father	Arthur Eborn		20 May 1975
	Feb.4,1919 / Lanark,Bear County	Nina Louise Passey Eborn	Arthur Phipp Eborn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulich	md Margaret Davis	MAY 29 1975

FORM BH 56067

MAY 3 0 1975

133-105-035-657

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-329

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest J. Altmiller			2. Date Of Birth (month) (day) (year): Feb. 5 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Agatha Nezperce	b. City or Town of Birth: Agatha, Idaho
FATHER	6. Full Name of Father: Frank Altmiller, S.R.			7. State or Country of Father's Birth: ~~Austria~~ AUSTRIA
MOTHER	8. Full Maiden Name of Mother: Alvina Wegner			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Altmiller		11. Present Address of Registrant: Route #1 Orofino, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 10 1975	12. Signature of Notary: Joellen Duschkoff		13. Notary Commission expires: 7-1 1978

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of School Record	By whom issued and signed: Gayle Hayden, Clerk of Dist. Ct. Clearwater County, Idaho	Date Issued: 25 Mar. 75	Date Orig. Entry: Sept. 23, 1924	
	Date of Birth: age 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of own childs' Birth certificate	By whom issued and signed: State of Idaho #58-14500	Date Issued: ---	Date Orig. Entry: child born Nov. 12, 1958	
	Date of Birth: 39 years.	Birth Place: Idaho, Agatha	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother Age. 66	By whom issued and signed: Frank D. Altmiller	Date Issued: 28 May 75	Date Orig. Entry: ---	
	Date of Birth: Feb. 5, 1919	Birth Place: Agatha, Idaho	Full Name of Mother: Alvina Wegner	Name of Father: Frank Altmiller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	M.D.S. Margaret Davis	MAY 30 1975

FORM BH 56067

MAY 3 0 1975

858-202-010-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET JE NEIL HEYREND		2. Date Of Birth (month) DEC. (day) 2 (year) 1919
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDA. BONN. b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: THOMAS William HEYREND		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ANNIE ELIZA TAYLOR		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Anderson	11. Present Address of Registrant: 178 West Elm Shelley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on 1-28-1975	12. Signature of Notary: Carl A Hall	13. Notary Commission expires 3-26 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Marriage License #5645		By whom issued and signed: State of Montana, County of Beaverhead	Date Issued: 16 May 74	Date Orig. Entry: 17 Sept 1946
	Date of Birth: 26 Years	Birth Place: Idaho Falls, Id.	Full Name of Mother: Annie Taylor	Name of Father: T.W. Heyrend	
SUPPORTING RECORD 2.	Type of Document: Photocopy of own child's Birth certificate		By whom issued and signed: State of Idaho File #49-06846	Date Issued: ---	Date Orig. Entry: Child Born June 25, 1949
	Date of Birth: 25 years.	Birth Place: Idaho Falls, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother Age: 68		By whom issued and signed: Floyd S. Hayrend	Date Issued: 9 May 75	Date Orig. Entry: ---
	Date of Birth: Dec.2,1919	Birth Place: Idaho Falls, ID.	Full Name of Mother: Annie Eliza Taylor Hayrend	Name of Father: Thomas W. Heyrend	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 2 1975

FORM BH 56067

JUN 3 1975

863205-033-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORA Lucy Holley (BLACKBURN)			2. Date Of Birth (month) 4 (day) 5 (year) 19	
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth a. County: REXBURG MADISON	b. City or Town of Birth: Redlands Idaho	
FATHER	6. Full Name of Father: WILLIAM I Holley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: LOTTIE Nichols Holley			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dora L Blackburn	11. Present Address of Registrant: 368 7 Street Idaho Falls Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1975		12. Signature of Notary: Lujin Hunting	13. Notary Commission expires: 4/1/78 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Hugh A. Wright, Bishop L.D.S.Church	Date Issued: 1 May 1927	Date Orig. Entry: baptised 1 May 1927
	Date of Birth: 5 Apr.1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Lottie V. Nichols	Name of Father: William I. Holley	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #60-3616	Date Issued: ---	Date Orig. Entry: child born Mar.24,1960
	Date of Birth: 40 years.	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Beneficial Life Insurance Ins.	Date Issued: ---	Date Orig. Entry: 5 July 40
	Date of Birth: Apr.5,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Lottie Verna Holley	Name of Father: William Ingram Holley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick.	Margaret Davis	JUN 6 1975

FORM BH 56067

Ck. Pd. Rec # 04889

5-15-75

JUN 6 1975

351-15-025-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-365

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cloyd Eli Leach		2. Date of Birth (month) August (day) 15 (year) 1919
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Idaho; b. City or Town of Birth: CRAIGMONT
FATHER	6. Full Name of Father: Cloyd Robert Leach		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jessie Mae Kohler		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cloyd E. Leach	11. Present Address of Registrant: 1012 Longstaff Missoula, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 23, 1975	12. Signature of Notary: P. Diane Schwehr	13. Notary Commission expires: 2/28 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Joint Affidavit of Marriage	By whom issued and signed: State of Idaho, Kootenai Ct.	Date Issued: 5/27/75	Date Orig. Entry: 28 Dec. 1963
	Date of Birth: Aug. 15, 1919 / Birth Place: Craigmont, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Discharge papers	By whom issued and signed: US Army, Separation Center Ft. Lewis, Washington	Date Issued: inducted 16 Sep 40	Date Orig. Entry: Discharged 7 Jul 45
	Date of Birth: 15 Aug 1919 / Birth Place: Craigmont, ID.	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Person present at birth	By whom issued and signed: Edith R. Osburn Age 81	Date Issued: 12 June 75	Date Orig. Entry: ---
	Date of Birth: 8-15, 1919 / Birth Place: Craigmont, Idaho	Full Name of Mother: Jessie Mae Kohler Leach	Name of Father: Cloyd Robert Leach	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: md Margaret Davis	Date Filed: JUN 17 1975

FORM BH 56067

JUN 2 5 1975

791-24,022-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-417
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Graham
2. Date Of Birth (month) April (day) 14 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Newdale, Ida. Fremont
b. City or Town of Birth: Newdale

FATHER

6. Full Name of Father: Graham, Harry Vane
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Butt, Violet Irene
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie Graham Peeples
11. Present Address of Registrant: 1243 So 20th E, SLC Utah 84108

NOTARY (Seal)

Subscribed and sworn to before me on April 1 1975
12. Signature of Notary: Joyce M. Madsen
13. Notary Commission expires: Aug. 15 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Mother
By whom issued and signed: Violet Butt Graham
Date Issued: April 1,1975
Date Orig. Entry: ---

Class*
Date of Birth: Apr.14,1919
Birth Place: Newdale, Idaho
Full Name of Mother: Violet Butt Graham
Name of Father: Harry Vane Graham

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing
By whom issued and signed: Newdale Ward,Fremont Stake
Date Issued: June 1,1919
Date Orig. Entry: Blessed June 1,1919

Class
Date of Birth: Apr.14,1919
Birth Place: Newdale, ID.
Full Name of Mother: Violet Irene Butt
Name of Father: Harry Vane Graham

SUPPORTING RECORD 3.

Type of Document: Certificate of Baptism and Confirmation
By whom issued and signed: LDS Church, John W. Huskinson Bishop
Date Issued: 1 May 1927
Date Orig. Entry: Baptised 29 Apr.1927

Class
Date of Birth: 14 Apr.1919
Birth Place: Newdale,ID.
Full Name of Mother: Violet Irene Butt
Name of Father: Harry Vane Graham

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed*: JUL 8 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 9 1975

114-213-003-538

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Jauregui			2. Date Of Birth (month) Jan. (day) 13, (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Esequiel Jauregui (Joe)			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Nicolasa Echevarria			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Louise J. Smith	11. Present Address of Registrant: 2871 So. 8750 West	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1975		12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept. 18 1975 (Notary Public, Utah)	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father Age 86 yrs	By whom issued and signed: Joe Jauregui		Date Issued: July 7,1975	Date Orig. Entry: ---------
	Date of Birth: Jan.13,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: --------	Name of Father: Joe Jauregui	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance Policy # 690,881,491 MS	By whom issued and signed: Metropolitan Life Insurance Co		Date Issued: Aug.1,1969	Date Orig. Entry: --------
	Date of Birth: Jan.13, 1919	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: St. Joseph's Pro-Cathedral Pocatello, Idaho-James Dolan, Pastor		Date Issued: --------	Date Orig. Entry: Baptized July 30, 1921
	Date of Birth: Jan.13,1919	Birth Place: -------	Full Name of Mother: Nicolasa Ecchvarria	Name of Father: Esequial Jauregui	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: "Sue" Nora Lowe		Date Filed: July 28, 1975	

FORM BH 56067 [illegible] #10262

6-16-75

Smith

JUL 2 8 1975

191-205-025-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-472

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Narcie Elizabeth Aram
2. Date Of Birth (month) (day) (year): January 5 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Joseph

FATHER

6. Full Name of Father: James Henry Aram
7. State or Country of Father's Birth: Portland, Oregon

MOTHER

8. Full Maiden Name of Mother: Phebe Lucinda Smith
9. State or Country of Mother's Birth: Cedar Creek, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Narcie Elizabeth Aram
11. Present Address of Registrant: 1202 N.137th, Seattle, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 1 1975

12. Signature of Notary: [signature]
13. Notary Commission expires: 4-5 1977

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	James Henry Aram	5 July 48	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.5,1919 / Joseph, Idaho	Phebe Lucinda Smith	James Henry Aram	
SUPPORTING RECORD 2.	Discharge Papers	Separation Center Camp Beale, California	Inducted 4 Jan 44	Separation 3 May 46
	5 Jan.1919 / Joseph, Id.	---	---	
SUPPORTING RECORD 3.	Photocopy of Marriage Appl.	State of Washington Gladys Kennedy, Deputy	6/16/75	7 Feb.1958
	39 Years. / Joseph, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: AUG 6 1975

FORM BH 56067 1 cp. Pd Rec # 1111 14

AUG 7 1975

DECEASED

381-24-006-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-510

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Ellen Thatcher
2. Date of Birth: January 24 1919
3. Color or Race: Caucasion
4. Sex: F
5. Place of Birth a. County: Shelley, Idaho
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: John Bethuel Thatcher
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Clara Elizabeth Long
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen J. Christensen
11. Present Address of Registrant: Salt Lake City, Utah 84117 5077 El Amador Circle

NOTARY (Seal)

Subscribed and sworn to before me on 16th day of July 1975

12. Signature of Notary: Georgie E Bond
13. Notary Commission expires: Dec. 11 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family at time of the birth	Age 70 Leon Woodhouse Anderson	5 June 1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.24,1919	Shelley,ID.	Clara Elizabeth Long	John Bethuel Thatcher

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of birth from church	Historical Dept. LDS church	20 Nov.72	2 March 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24 Jan.1919	Shelley, Idaho	Clara E. Long	John B. Thatcher

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of Application for Marriage License	State of Nevada #693021	8/14/75	11 July 67

Date of Birth	Birth Place	Full Name of Mother	Name of Father
48 years.	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	AUG 27 1975

FORM BH 56067 NM.

7-7-76 mk

[illegible] ([illegible])

AUG 28 1975

385-111-016-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyle Rue Cheney			2. Date Of Birth (month) Sept. (day) 11 (year) 1919	
	3. Color or Race	4. Sex: M	5. Place of Birth a. County: Idaho Cassia	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: Francis LeRoy Cheney			7. State or Country of Father's Birth: Arizona	
MOTHER	8. Full Maiden Name of Mother: Edith LaVinnie Cheney			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyle Rue Cheney		11. Present Address of Registrant: 1642 Nilda Ave. Mt. View, CA. 94040	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 29, 1975	12. Signature of Notary: Lida C. Hatton		13. Notary Commission expires: Aug 10, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Elmhurst Ward, LDS church	Date Issued: 11/5/27	Date Orig. Entry: Baptised 11/5/27
	Date of Birth: 11 Sept. 1919 / Birth Place: Burley	Full Name of Mother: Edith L. Cheney	Name of Father: Francis LeRoy Cheney	
SUPPORTING RECORD 2.	Type of Document: Discharge papers. United States Army	By whom issued and signed: McClellan Field,CA.	Date Issued: inducted 24 Mar.44	Date Orig. Entry: Discharged 19 Oct.45
	Date of Birth: 11 Sep.19 / Birth Place: Burley, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Veterans Administration Certificate of Eligibility	By whom issued and signed: U.S.Veterans Administration	Date Issued: 3/22/56	Date Orig. Entry: 3/22/56
	Date of Birth: 9/11/19 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: SEP 4 1975	

FORM BH 56067

SEP 5 1975

893-202-1024-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-569

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Elizabeth Hitchcock		2. Date Of Birth (month) (day) (year): August 2 1919	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding
FATHER	6. Full Name of mother: Mae Lillian Smith		7. State or Country of Birth mother: Webster City, Iowa	
MOTHER	8. Full Maiden Name of father: Douglas Ewing Hitchcock		9. State or Country of Birth father: Berlin, Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret E. Walker	11. Present Address of Registrant: 440 Scenic Way. Kent	
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1975	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mae S. Hitchcock	Date Issued: Sept.18,1966	Date Orig. Entry: ------	
	Date of Birth: Aug.2,1919	Birth Place: Gooding, Idaho	Full Name of Mother: Mae Lillian Smith	Name of Father: Douglas Ewing Hitchcock	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file-Washington	Date Issued: Jan.13,1945	Date Orig. Entry: child born Jan. 13, 1945	
	Date of Birth: Aug.2,1919	Birth Place: Gooding, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Transcript - College	By whom issued and signed: University of Washington	Date Issued: -----	Date Orig. Entry: Entered Oct. 4, 1937	
	Date of Birth: Aug 2,1919	Birth Place: Gooding, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept. 19, 1975

FORM BH 56067

SEP 19 1975

455-12-5028-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-594

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harvey Tinsely Dennis, Jr.
2. Date of Birth (month) Oct. (day) 25 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Rockfort Bay

FATHER

6. Full Name of Father: Harvey Tinsely Denis
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Stella Ann Owen
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harvey Tinsely Dennis Jr.
11. Present Address of Registrant: P.O.Box 5, Potrero, California

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 15 1975
12. Signature of Notary: Mary Aplonia Lopez
13. Notary Commission expires: [illegible] 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother and Sister	Stella Ann Dennis and Pauline Dennis	8/18/75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.25,1919 / Rockford Bay	Stella Ann Dennis	---	
SUPPORTING RECORD 2.	Own child's birth certificate	Springfield Baptist Hosp.	16/Sep/44	child born 16/9/44
	Oct.25,1919 / Rockfort Bay	---	---	
SUPPORTING RECORD 3.	Page from Family Bible	Family Record	3/Sep/75	Document obviously old.
	Oct.25,1919 / ---	---	---	

QUALIFYING INFORMATION

Photocopy of Newspaper clipping dated Feb,19,1960 lists Harvey T. Dennis as a surviving son of Harve T. Dennis who died on February 19, 1960 in Alpine.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: SEP 30 1975

FORM BH 56067

SEP 30 1975

619-207-044-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-603

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLORETA FARNSWORTH
2. Date Of Birth (month) (day) (year): 3 - 9 - 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: WEISER, IDAHO WASHINGTON
b. City or Town of Birth: WEISER, IDAHO

FATHER

6. Full Name of Father: PARLEY ELROY FARNSWORTH
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ALICE LEVINA HIGGINS
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floreta Farnsworth York
11. Present Address of Registrant: 1634 P St. FIREBAUGH, Ca.

OFFICIAL SEAL J. L. AMBROSIO NOTARY PUBLIC - CALIFORNIA MERCED COUNTY My comm. expires SEP 11, 1979

Subscribed and sworn to before me on 9/30/ 1975

12. Signature of Notary: J. L. Ambrosio
13. Notary Commission expires: 9-11- 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother born 1909		By whom issued and signed: Erving E. Farnsworth	Date Issued: 27 Aug.75	Date Orig. Entry: ---
	Date of Birth: Mar.9,1919	Birth Place: Weiser, ID.	Full Name of Mother: Levina Higgins	Name of Father: Parley Elroy Farnsworth	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: State of California	Date Issued: 3 Sept.75	Date Orig. Entry: 1 Aug. 1938
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: San Jose High School	Date Issued: 8/28/75	Date Orig. Entry: 1/3/36
	Date of Birth: Mar.9.1919	Birth Place: Weiser, ID.	Full Name of Mother: ---	Name of Father: Parl Farnsworth	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	OCT 8 1975

FORM BH 56067

7-21-75

OCT 8 1975

363-22-4022-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Colson			2. Date Of Birth (month) (day) (year): April 24 1919
	3. Color or Race: White	4. Sex: Femal	5. Place of Birth: Idaho; a. County: Freemont	b. City or Town of Birth: Chester Idaho
FATHER	6. Full Name of Father: Alton Peay Colson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Pearl Howard			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Ingram		11. Present Address of Registrant: Rt. 2 Box 3190 Brinnon, Wa.
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1975	12. Signature of Notary: M Clarke		13. Notary Commission expires: 11-1 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Emma Pearl Hammond		Date Issued: 25 May 74	Date Orig. Entry: ---
	Date of Birth: Apr.24,1919	Birth Place: Chester, Idaho	Full Name of Mother: Emma Pearl Hammond	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Membership Information Record	By whom issued and signed: LDS Church File #16585828		Date Issued: 1 Dec.73	Date Orig. Entry: Baptised 6 Aug 27
	Date of Birth: 24 Apr.1919	Birth Place: Chester, Idaho	Full Name of Mother: Emma Pearl Howard	Name of Father: Alton Peay Colson	
SUPPORTING RECORD 3.	Type of Document: School Transcript	By whom issued and signed: Ellensburg High School G. Thayer		Date Issued: 10/6/75	Date Orig. Entry: Sept. 24, 1934
	Date of Birth: Apr. 24, 1919.	Birth Place:	Full Name of Mother: ---	Name of Father: Paey Colson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

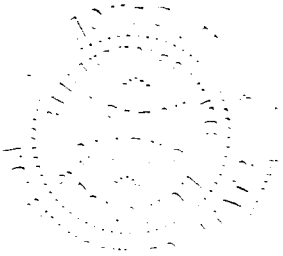
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	OCT 15 1975

FORM BH 56067

14 MA rec'd 11/18

OCT 1 5 1975



168-211-021-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-642

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucile Johnson
2. Date Of Birth (month) (day) (year): September 11 1919
3. Color or Race:
4. Sex: female
5. Place of Birth a. County: Idaho — Franklin
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Leslie L. Johnson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Emma Swensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille J. Merrill
11. Present Address of Registrant: Ketchum, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 30 1975
12. Signature of Notary: Geraldine P. Olson
13. Notary Commission expires: 5-1- 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism and Confirmation
By whom issued and signed: Lorenzo E. Hansen, Bishop
Date Issued: 19 Feb. 1928
Date Orig. Entry: Baptised 19 Feb. 1928
Date of Birth: 11 Sep. 1919
Birth Place: Preston
Full Name of Mother: Emma Swenson
Name of Father: Leslie Johnson

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing
By whom issued and signed: Preston 5th Ward Oneida Stake E.J. Alder, Clerk
Date Issued: 10/31/75
Date Orig. Entry: Blessed 10/5/19
Date of Birth: Sept. 11, 1911
Birth Place: Preston
Full Name of Mother: Emma Swensen
Name of Father: Leslie L. Johnson

SUPPORTING RECORD 3.

Type of Document: Insurance Application
By whom issued and signed: National Western Life Ins.
Date Issued: 18 Jan. 61
Date Orig. Entry: 18 Jan. 1961
Date of Birth: 41 yrs.
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: NOV 3 1975

FORM BH 56067

14c Pd. Rec #14185

10 22 75

NOV 4 1975

168-22-5040-512

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-650

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geraldine Josephine Johnson			2. Date Of Birth (month) (day) (year): April 25, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Warshaw Hospital a. County: Shoshone	b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Elijah Franklin Johnson			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Josephine Rauhala Nassi			9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geraldine J Hogan		11. Present Address of Registrant: 1820 E. Thomas Seattle, Wash 98102
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 22 1969	12. Signature of Notary: Sharon A. Pilmore		13. Notary Commission expires: April 28 1973

((APPLICANT -- DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Josephine Johnson Mclanger	Date Issued: 22 Dec.73	Date Orig. Entry: ---
	Date of Birth: Apr.25,1919 / Birth Place: Kellogg	Full Name of Mother: Josephini Rauhala Nassi	Name of Father: Elijah Frnaklin Johnson	
SUPPORTING RECORD 2.	Type of Document: The Holy Sacrament of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Dec.20,1969	Date Orig. Entry: baptised 24 May 1953
	Date of Birth: 25 Apr.1919 / Birth Place: Kellogg	Full Name of Mother: Josephine Johnson	Name of Father: Elijah Johnson	
SUPPORTING RECORD 3.	Type of Document: Driver's license	By whom issued and signed: State of Idaho	Date Issued: 5/1/70	Date Orig. Entry: 5/1/70
	Date of Birth: 4/25/19 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	mjd Margaret Davis	NOV 7 1975

FORM BH 56067

K

last form sent 12-2-69 gml (1)

NOV 7 1975

DECEASED

766-219.028-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-654

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Celestine Letta Powell ~~Berges~~
2. Date Of Birth (month) (day) (year): October 19 - 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Rathdrum Kootenai
b. City or Town of Birth: Rathdrum, Idaho

FATHER

6. Full Name of Father: James Henry Powell
7. State or Country of Father's Birth: Hannibal - Ill.

MOTHER

8. Full Maiden Name of Mother: Ella Dillon
9. State or Country of Mother's Birth: Hardin - Ill. 99027

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celestine L. Berges / Celestine L. Berges
11. Present Address of Registrant: Post Orchard, Wash. 21725 E. Wellesley

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 24 1975
12. Signature of Notary: Hazel M. Burg
13. Notary Commission expires: Oct. 1 1977 ~~1977~~

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho 314241	10/29/75	child born May 23, 1941
	Date of Birth / Birth Place: Age 21 yrs. / Rathdrum	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Page from Family Bible	Bible Record of Family	10/29/75	Doc. obviously old.
	Date of Birth / Birth Place: 10/19/19 / ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Affidavit by Brother Age 79	Howard Powell	7/11/75	---
	Date of Birth / Birth Place: Oct. 19, 1919 / Rathdrum	Full Name of Mother: Ella Dillon	Name of Father: James Henry Powell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

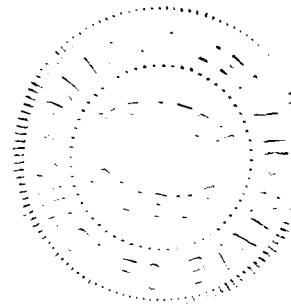
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: md Margaret Davis
Date Filed: NOV 3 0 1975

FORM BH 56067

Berger

NOV 1 2 1975



556-22-034-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-661

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Sylvia Newell
2. Date Of Birth: (month) Oct. (day) 22 (year) 1919
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Minidoka; b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: John Earl Newell
7. State or Country of Father's Birth: Orem, Utah

MOTHER

8. Full Maiden Name of Mother: Laura Ann Richen
9. State or Country of Mother's Birth: Pleasant Grove, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Sylvia Spence
11. Present Address of Registrant: P.O. Box 427 Casa Grande Arizona 85222

NOTARY (Seal)

Subscribed and sworn to before me on ____ 1975

State of Arizona
County of Pinal Ruth Sylvia Spence

12. Signature of Notary: Dorothy Marcley
13. Notary Commission expires: 6-8 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Defense Identification Card	Doak Aircraft Company, Inc. Torrance, California	6-28-43	6-28-43
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	10-22-1919 / ---	---	---	
SUPPORTING RECORD 2.	Operator's license	Utah State Department of Public Safety.	11-29-56	11-29-56
	10-22-19 / ---	---	---	
SUPPORTING RECORD 3.	Certificate of Blessing	D.J. Borup, Bishop Rupert Ward, Blain Stake	11/14/75	Blessed May 2, 1920
	Oct.22,1919 / Rupert	Laura Ann Richen	John Earl Newell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

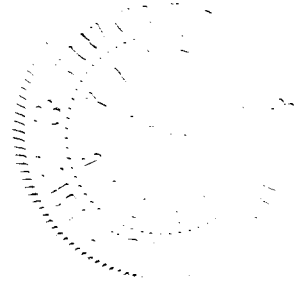
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: md Margaret Davis
Date Filed: NOV 14 1975

FORM BH 56067

NOV 17 1975

Spruce



44512-015-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-670

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilburn Hyrum Munro
2. Date Of Birth: (month) June (day) 29 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Caribou; b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Orren Munro
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Jannett Skinner
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilburn H Munro
11. Present Address of Registrant: Sta 135 Onward Nev

NOTARY (Seal)

Subscribed and sworn to before me on Nov 12 19 75

12. Signature of Notary: Jane Pettie Mackey
13. Notary Commission expires: May 2 19 78

Notary Public — State of Nevada, Humboldt County
My Commission Expires May 2, 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	-------	Baptized Sept. 2, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1919	Idaho	Janet Skinner	Orren Munro

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	Bonnie Jean Munro	--------	Child born Sept. 15, 1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 37 years	Soda Springs, Idaho	-------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 215806	Beneficial Life Ins. Co.	Aug. 25, 1941	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1919	Soda Springs, Idaho	Janett Munro	Orren Munro

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	11 18 75

FORM BH 56067

NOV 1 8 1975

29612 8·022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-674

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darrell Vernon Brown			2. Date Of Birth (month) August (day) 28 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer Idaho Fremont	b. City or Town of Birth: Chester	
FATHER	6. Full Name of Father: Raymond N. Brown			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Lottie Clark			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Darrell V Brown		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on November 14 1975	12. Signature of Notary: Sandra L Brown		13. Notary Commission expires 1/17 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

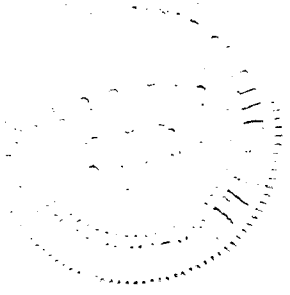
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah #2793		Date Issued: 9/28/66	Date Orig. Entry: child born 4/28/48
	Date of Birth: Age 28	Birth Place: Chester	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church certificate of Birth	By whom issued and signed: Yellowstone Stake, Chester Ward		Date Issued: 10 June 75	Date Orig. Entry: 17 Nov. 1919
	Date of Birth: 28 Aug. 1919	Birth Place: Chester	Full Name of Mother: Lottie Clark	Name of Father: Raymond N. Brown	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S.Army, Fort Lewis, Wash.		Date Issued: Discharged 19 Mar. 46	Date Orig. Entry: Inducted 22 Sep. 44
	Date of Birth: 28 Aug. 19	Birth Place: Chester	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: NOV 19 1975

FORM BH 56067

3-10-75

NOV 2 0 1975



846-119-010-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyle Lloyd Huffaker			2. Date Of Birth (month) (day) (year): November 19, 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Stephen Lloyd Huffaker			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Estelle Munsee			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyle L. Huffaker		11. Present Address of Registrant: 575 25th S.E. Salem, Oregon 97301
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 19 1919	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

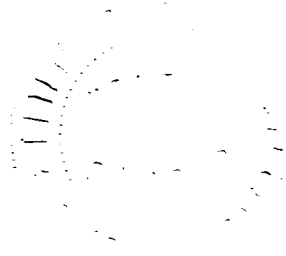
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: L. D. S. Church	Date Issued: Jun.20,1972	Date Orig. Entry: Recorded Dec. 10, 1931
	Date of Birth: Nov.19,1919 / Birth Place: Idaho Falls, Ida	Full Name of Mother: Alice Estelle Munsee	Name of Father: Stephen Lloyd Huffaker	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the U. S.	Date Issued: Oct.11,1945	Date Orig. Entry: Inducted Dec.22,1941
	Date of Birth: Nov.19,1919 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: W. A. Leatham, Elder L.D.S.	Date Issued: Dec.13,1931	Date Orig. Entry: Baptized Dec. 10, 1931
	Date of Birth: Nov. 19,1919 / Birth Place: Idaho Falls	Full Name of Mother: Alice Estelle Munsee	Name of Father: Stephen L. Huffaker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: November 28,1975

FORM BH 56067

NOV 28 1975



254-207-628-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRENE MAY KEMP			2. Date Of Birth (month) 2 (day) 7 (year) 1919	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: DUDLEY IDAHO Kootenai	b. City or Town of Birth: DUDLEY IDAHO	
FATHER	6. Full Name of Father: THOMAS ROBERT KEMP			7. State or Country of Father's Birth: UNKNOWN USA	
MOTHER	8. Full Maiden Name of Mother: IRENE MAY WARMATH			9. State or Country of Mother's Birth: USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Mae Zessler		11. Present Address of Registrant: 3533 Redding ST Oakland, Calif. 94619	
NOTARY (Seal)	Subscribed and sworn to before me on: December 9, 1975	12. Signature of Notary: Richard L. Abeyta		13. Notary Commission expires: Feb. 2, 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Order of Adoption	By whom issued and signed: State of Idaho	Date Issued: 12/11/75	Date Orig. Entry: 14 Oct. 27	
	Date of Birth: 7 Feb. 1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: State of California	Date Issued: 30 Nov. 46	Date Orig. Entry: 26 Nov. 46	
	Date of Birth: 27 Years.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Employment	By whom issued and signed: Railway Express Agency	Date Issued: 3/30/44	Date Orig. Entry: 3/30/44	
	Date of Birth: Feb. 7, 1919	Birth Place: Dudley, ID.	Full Name of Mother: Irene Mae Kemp	Name of Father: Thomas R. Kemp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hill	Margaret Davis	DEC 11 1975

FORM BH 56067

12-2-75

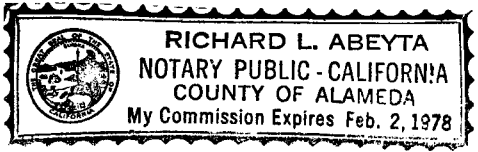
Zissler

DEC 1 1 1975

State of California
County of Alameda } ss

— ACKNOWLEDGMENT—General —

On this 9th day of December A. D. 19 75 before me,
The Under-signed a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared Irene Mae Zissler



known to me to be the person whose name is subscribed to the within Instrument, and acknowledged to me that She executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

Richard L. Abeyta
Notary Public in and for said County and State of California

My Commission Expires Feb. 2, 1978

Form GA — Sam Hopkins Legal Forms Printing Service, 2328 Fruitvale Ave., Oakland, Calif.

25 1-212-009-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-016

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Margaret Knapp
2. Date Of Birth (month) (day) (year): March 12 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Newport, Ida Bonner
   b. City or Town of Birth: Newport Idaho side

FATHER

6. Full Name of Father: Chester Arthur Knapp
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Bessie M. Knapp
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna Margaret Perkins
11. Present Address of Registrant: 627 Steele St

NOTARY (Seal)

Subscribed and sworn to before me on: DEC 22 19 75

12. Signature of Notary: Donald C Bauer

13. Notary Commission expires: Donald C. Bauer, Notary Public My Commission Expires Sept. 1, 19 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 77	By whom issued and signed: Margaret Mains	Date Issued: Dec.13,1975	Date Orig. Entry: ---	
	Date of Birth: Mar.12,1919	Birth Place: Newport	Full Name of Mother: Bessie M. Knapp	Name of Father: Chester A. Knapp	
SUPPORTING RECORD 2.	Type of Document: Page from Family Bible	By whom issued and signed: Family Record, Viewed by Linda Paulus Notary Public	Date Issued: 11 Feb.75	Date Orig. Entry: document is obviously old	
	Date of Birth: Mar.12,1919	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: The National Life & Accident Insurance Co.	Date Issued: 8/15/55	Date Orig. Entry: 8/15/55	
	Date of Birth: Mar.12,1919	Birth Place: Newport, ID.	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	MD Margaret Davis	JAN 12 1976

FORM BH 56067

10-7-75

Perkowski

JAN 12 1976

343-201-014-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76=018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Gertrude Cullen
2. Date Of Birth (month) (day) (year): January 1, 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: ~~Huston~~
a. County: Canyon
b. City or Town of Birth: Huston

FATHER

6. Full Name of Father: George Marion Cullen
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Susie May Berry
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary G Cullen Shockley
11. Present Address of Registrant: Rt. 1, Sunnyside, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: July 6 1964
12. Signature of Notary: Bernice Burger
13. Notary Commission expires: 10/15 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class*____	Census Record	1 year	Idaho	U.S. Department of Commerce Bureau of the Census	Susie M. Cullen	12/16/75	1 Jan. 1920	George M. Cullen
SUPPORTING RECORD 2. Class____	School Record	Jan. 1,1919	Huston, Idaho	Outlook High School, Wash.	---	9/1/33	9/1/1933	G.M. Cullen
SUPPORTING RECORD 3. Class____	Marriage Affidavit Record	18 years.	---	Yakima County Auditor, Wash.	---	8 Mar.74	8 Jan. 1937	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wilds	Margaret Davis	JAN 1 6 1976

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy issued

Form DPH 49067

JAN 13 1976

434-213-009-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Drew Merle McMahon
2. Date Of Birth (month) (day) (year): March 13 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Sandpoint, Idaho
b. City or Town of Birth: Sandpoint, Idaho

FATHER

6. Full Name of Father: Ardle McMahon
7. State or Country of Father's Birth: Ottawa, Ill

MOTHER

8. Full Maiden Name of Mother: Louella May Holmes
9. State or Country of Mother's Birth: Neb.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Drew M. McMahon Gunderson
11. Present Address of Registrant: 3224 6th Ave Tacoma, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 17 19 75
12. Signature of Notary: Frederick G. Dean
13. Notary Commission expires: Dec 23 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Transcript	R.E. Cowan, Counselor Leavenworth, High School	11/21/75	Sept. 1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	3/13/1919 Sandpoint, ID.	---	Ardle McMahon	
SUPPORTING RECORD 2.	Affidavit by Brother Age 73	John O. McMahon	12 Jan.76	---
	Mar. 13,1919 Sandpoint	Luella May Holmes	Ardle McMahon	
SUPPORTING RECORD 3.	Copy of Page from Family Bible	Frederick G. Dean, Notary State of Washington	11/24/75	Document is obviously old
	Mar.13,1919 Sandpoint	---	---	

QUALIFYING INFORMATION

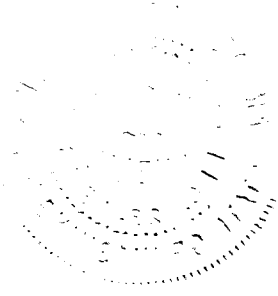
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	md Margaret Davis	JAN 20 1976

FORM BH 56067 (illegible)

JAN 2 0 1976



386-21-7041-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma C Thomas		2. Date Of Birth (month) (day) (year): April 17 1919
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Tetonia Teton; b. City or Town of Birth: Tetonia, Ida.
FATHER	6. Full Name of Father: Richard E Thomas		7. State or Country of Father's Birth: Malad, Idaho
MOTHER	8. Full Maiden Name of Mother: Lucy Christina Hansen		9. State or Country of Mother's Birth: Cache County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Jackson	11. Present Address of Registrant: Driggs, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 1975	12. Signature of Notary: Dorothy C. Douglas	13. Notary Commission expires: 9-20 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Rural High School Dist.#3 Driggs, Idaho	Date Issued: 5/19/38	Date Orig. Entry: 9/23/35
	Date of Birth: 4/17/19	Birth Place: ---	Full Name of Mother: ---	Name of Father: R.E. Thomas	
SUPPORTING RECORD 2.	Type of Document: Genealogy Record		By whom issued and signed: L.D. Church Salt Lake City	Date Issued: 1/27/76	Date Orig. Entry: Jan.13,1904
	Date of Birth: 17 Ap. 1919	Birth Place: Clawson*	Full Name of Mother: Lucile C. Hansen	Name of Father: Richard E. Thomas	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: 1/27/76	Date Orig. Entry: child born 2/1/39
	Date of Birth: 19 yrs.	Birth Place: Clawson*	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Clawson Mailing address is Tetonia				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JAN 27 1976

FORM BH 56067

12-19-75

JAN 2 7 1976

799-219-004-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-055

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JUNE ELAINE PRICE
2. Date Of Birth (month) JULY (day) 19 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: GENEVA. Idaho. BEAR LAKE Co
b. City or Town of Birth: GENEVA. Idaho.

FATHER

6. Full Name of Father: ALBERT THOMAS PRICE
7. State or Country of Father's Birth: PENNSYLVANIA.

MOTHER

8. Full Maiden Name of Mother: FREIDA BERTHA. Boehme.
9. State or Country of Mother's Birth: GERMANY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: June Price Buhler
11. Present Address of Registrant: BX 122 - LIMA MONT 59739

NOTARY (Seal)

Subscribed and sworn to before me on 22 January 19 76

12. Signature of Notary: Anna L. Guerin
13. Notary Commission expires: 1-25 19 79

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Henry Tenscher, Bishop Geneva Ward	8/3/1919	Blessed Aug. 3, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 19, 1919	Geneva	Freda Boehme	Albert T. Price

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Registration	State of Montana	Oct. 1966	Apr. 4, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
29 years.	Idaho.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #369922	1/28/76	child born Feb. 5, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 years.	Geneva, Id.	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Margaret Davis	JAN 28 1976

FORM BH 56067 1 yr Pol Rec # 01827

12-19-71

JAN 2 9 1976

MAY 1 2 2000

319-131-026-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eric Mathew Larsen		2. Date Of Birth (month) (day) (year): July 31 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Ephraim Larsen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Irene Pearl Call		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eric Mathew Larsen	11. Present Address of Registrant: Route 3 Box 334 Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 4 1976	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: IreneC. Larsen	Date Issued: Jan.27,1976	Date Orig. Entry: ------
	Date of Birth: July 31,1919 Birth Place: Rigby, Idaho	Full Name of Mother: Irene Pearl Call	Name of Father: Ephraim Larsen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: ---	Date Orig. Entry: Blessed Sept.7,1919
	Date of Birth: July 31,1919 Birth Place: Rigby, Idaho	Full Name of Mother: Irene Call	Name of Father: Ephraim Larsen	
SUPPORTING RECORD 3.	Type of Document: Notice of Separation Navy	By whom issued and signed: U. S. Naval Service	Date Issued: Oct.20,1945	Date Orig. Entry: Inducted Mar.25,1942
	Date of Birth: July 31,1919 Birth Place: Rigby,Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION				

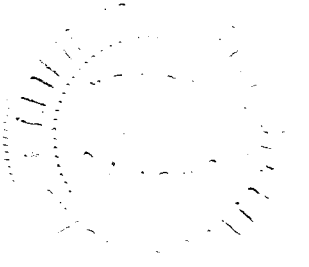
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	Florence Curtright	Feb. 4, 1976

FORM BH 56067

FEB 4 1976



652-226-006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-127

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DORIS JANE WEBB
2. Date of Birth (month) (day) (year): Feb. 26 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Firth

FATHER

6. Full Name of Father: ALMA WEBB
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: CORAL DEAN KELSEY
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Doris J. Webb Brown
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: February 20, 1976
12. Signature of Notary: Elaine Burch
13. Notary Commission expires: 12-21 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt Age 78	Daphne Webb Jemmett	2/25/76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.26,1919 / Firth	Coral Kelsey	William Alma Webb	
SUPPORTING RECORD 2.	School Record	Eleanor Aldous, Clerk of District Court, Lemhi County	2/19/76	2 Oct.1934
	15 years. / ---	---	Alma Webb	
SUPPORTING RECORD 3.	Membership Information Record	Salmon 3rd Ward Salmon Stake	11 July 75	Blessed 4 Aug. 28
	26 Feb.19 / Firth	Coral D. Kelsey	Alma Webb.	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 1 1976

FORM BH 56067

MAR 1 1976

DECEASED

662-209-001-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes May Foster			2. Date Of Birth (month) January (day) 9 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Charles Joseph Foster			7. State or Country of Father's Birth: U.S.
MOTHER	8. Full Maiden Name of Mother: Mary Etta Moss			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Agnes May Schaus [illegible]		11. Present Address of Registrant: 1210 S. Owyhee Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1976	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Mary Foster		Date Issued: 3/3/76	Date Orig. Entry: Document obv. old
	Date of Birth: Jan.9,1919	Birth Place: ---	Full Name of Mother: Mary E. Moss		Name of Father: Charles J. Foster
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #280539		Date Issued: 3/3/76	Date Orig. Entry: child born May 2, 1939
	Date of Birth: 20 years.	Birth Place: Boise, Id.	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: School Transcript	By whom issued and signed: Loyle V. Washam, Supervisor of Records		Date Issued: 2/5/76	Date Orig. Entry: Sept. 1933
	Date of Birth: 1/9/19	Birth Place: ---	Full Name of Mother: Mary Foster		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 3 1976

FORM BH 56067

MAR 3 1976

843-106-006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MERVIN LAVAR Hult		2. Date Of Birth (month) July (day) 6 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: SHELLEY, IDA. BINGHAM	b. City or Town of Birth: SHELLEY
FATHER	6. Full Name of Father: PETER HULT		7. State or Country of Father's Birth: SWEDEN	
MOTHER	8. Full Maiden Name of Mother: HELEN MARR Mitchell		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mervin Lavar Hult	11. Present Address of Registrant: RT 1, SHELLEY, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 23 1976	12. Signature of Notary: Carl A Hall	13. Notary Commission expires: March 26 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: F.M.Davis, Bishop Shelley First Ward	Date Issued: 9/7/19	Date Orig. Entry: 9/7/19
	Date of Birth: July 6,1919 / Birth Place: Shelley	Full Name of Mother: Nellie Mitchell	Name of Father: Peter Hult	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Shelley first ward Marion Esplin, Bishop	Date Issued: 7/7/29	Date Orig. Entry: Baptised July 6,1929
	Date of Birth: July 6,1919 / Birth Place: Shelley	Full Name of Mother: Nellie Mitchell	Name of Father: Peter Hult	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S.Army, Fort Douglas,Utah	Date Issued: Discharged 2 Dec.45	Date Orig. Entry: Enlisted 15 Dec.42
	Date of Birth: 6 July 19 / Birth Place: Shelley, ID.	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: MAR 8 1976

FORM BH 56067

MAR 9 1976

163-113-026-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-148

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theodore Jockumsen
2. Date Of Birth (month) (day) (year): December 13, 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Rigby, Ida. Jefferson
b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: Christian Hansen Jockumsen
7. State or Country of Father's Birth: Fredrica, Denmark

MOTHER

8. Full Maiden Name of Mother: Laura Petrine Larsen
9. State or Country of Mother's Birth: Uttersley, Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theodore Jockumsen
11. Present Address of Registrant: 338 Moreland, Pocatello, Ida

NOTARY (Seal)

Subscribed and sworn to before me on 3-9 1976

12. Signature of Notary: Michael Caldwell
13. Notary Commission expires: OCT 1977

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Cousin born Sept. 4, 1906	Olga Anderson	3/4/76	---
	Date of Birth / **Birth Place**: Dec.13,1919 / Rigby, ID.	**Full Name of Mother**: Laura Petrine Larsen	**Name of Father**: Christian Hansen Jockumsen	
SUPPORTING RECORD 2.	Discharge Papers	Civilian Conservation Corps.	22 Dec.39	1/5/38
	Date of Birth / **Birth Place**: 18 years. / Rigby	**Full Name of Mother**: ---	**Name of Father**: ---	
SUPPORTING RECORD 3.	Discharge Papers	U.S. Army Ft. Douglas, Utah	Discharged 24 Aug.45	Inducted 8 Jan. 40
	Date of Birth / **Birth Place**: 13 Dec.19 / Rigby	**Full Name of Mother**: ---	**Name of Father**: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 10 1976

K FORM BH 56067 Ap. Pd. Rec # 5205

MAR 1 1 1976

153-218-0266-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Janeel Attridge		2. Date Of Birth (month) (day) (year): March 18 1919	
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Charles Albert Attridge		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Harriett Mary Farman		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Janeel Attridge Kelley	11. Present Address of Registrant: Box 194 Rigby, Idaho 83442	
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 1970	12. Signature of Notary: Leonard E. Graham	13. Notary Commission expires: Jan 5 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother Age 65	By whom issued and signed: William J. Attridge	Date Issued: 14 Oct.69	Date Orig. Entry: ---
	Date of Birth: 18 Mar.1919	Birth Place: Rigby	Full Name of Mother: Harriet Mary Farman	Name of Father: Charles Albert Attridge
SUPPORTING RECORD 2.	Type of Document: Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 7 Aug. 1969	Date Orig. Entry: 4 May 1919
	Date of Birth: 18 Mar.1919	Birth Place: Rigby	Full Name of Mother: Harriet Farman	Name of Father: Charles A. Attridge
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #303880	Date Issued: 3/10/76	Date Orig. Entry: child born 11/16/40
	Date of Birth: 21 years.	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 10 1976

FORM BH 56067

Searched - 5-28-69

Kelley.

MAR 1 1 1976

814-227-036-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanch Agnes Hammer			2. Date Of Birth (month) May (day) 27 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Holbrook Idho Oneida	b. City or Town of Birth: Holbrook,
FATHER	6. Full Name of Father: Louis Hammer			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Chloe Iretta Marble			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanch Agnes Cornett		11. Present Address of Registrant: 5225 San Francisco S W Tacoma Washington
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1976	12. Signature of Notary: Mary Griffith		13. Notary Commission expires: September 30 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Brigham 3rd Ward J. Frank Bowring, Bishop		Date Issued: 2/1/31	Date Orig. Entry: Baptism Jan 31,1931
	Date of Birth: May 27,1919	Birth Place: Holbrook	Full Name of Mother: Chloe Iretta Marble	Name of Father: Louis Hammer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Hyrum W. Valentine, Bishop Brigham 3rd Ward		Date Issued: Aug.30,1925	Date Orig. Entry: Blessed 8/30/25
	Date of Birth: May 27,1919	Birth Place: Holbrook	Full Name of Mother: Chloe Iretta Marble	Name of Father: Lewis Hammer	
SUPPORTING RECORD 3.	Type of Document: Job Application	By whom issued and signed: F.W. Woolworth Co.		Date Issued: 3/5/68	Date Orig. Entry: 3/5/68
	Date of Birth: 5/27/19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAR 25 1976

FORM BH 56067 19 M. 068 25

3-8-76

MAR 2 6 1976

- 25-1-209-041-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Edna Beard			2. Date Of Birth (month) Jan (day) 4 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Teton	b. City or Town of Birth: Tetonia
FATHER	6. Full Name of Father: James Thomas Beard			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Rachel Ellen Woolstenhulme			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Beard Kyle		11. Present Address of Registrant: Tetonia Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1976	12. Signature of Notary: Patsy L. Fullmer		13. Notary Commission expires: May 5 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt (more than ten years older)	By whom issued and signed: Pansy Woolstenhulme Beard	Date Issued: Mar.29,1976	Date Orig. Entry: =--
	Date of Birth: Jan.4,1919 / Birth Place: Tetonia	Full Name of Mother: Rachel Ellen Woolstenhulme	Name of Father: James Thomas Beard	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #285223	Date Issued: 4/2/76	Date Orig. Entry: child born Sept.17,39
	Date of Birth: 20 years. / Birth Place: Tetonia	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: Valview Ward, Teton Stake	Date Issued: 2/22/20	Date Orig. Entry: blessed Feb.22,1920
	Date of Birth: Jan.4,1919 / Birth Place: Tetonia	Full Name of Mother: Rachell A. Wilsonhume	Name of Father: James T. Beard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Margaret Davis	Date Filed: APR 2 1976

FORM BH 56067

APR 5 1976

DECEASED

366-223-031-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-233

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ruth Lowry
2. Date of Birth (month) 6 (day) 23 (year) 1919
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Idaho — Lewis
b. City or Town of Birth: Winchester

FATHER

6. Full Name of Father: Hugh Blanchard Lowry
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Anna Pet Randall
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Ruth Lowry
11. Present Address of Registrant: Craigmont, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 30 1976

12. Signature of Notary Public: Nakma V. Fairley
13. Notary Commission expires: 2-15 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Hugh B. Lowry	30 Mar.76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	23 June 1919 Winchester	Anna Pet Randall	Hugh B. Lowry	
SUPPORTING RECORD 2.	Certificate of Confirmation	St.Paul's Lutheran Church Craigmont, Idaho	30 July 59	confirmed 30 July 59
	June 23,1919 Winchester	---	---	
SUPPORTING RECORD 3.	School Census Marshall's Report	Doris Brown, Recorder Lewis County,	1/13/76	10/5/26
	7 years.	---	Anna Lowry	Hugh Lowry

QUALIFYING INFORMATION

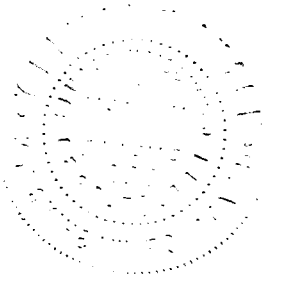
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Margaret Davis	APR 15 1976

FORM BH 56067

APR 19 1976



962 - 211 - 003 - 252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-241

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Lavina Robinson			2. Date Of Birth (month) (day) (year): Jan. 11, 1919	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace	
FATHER	6. Full Name of Father: Fred David Robinson			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Ethel Sophia Kesler			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della L. Daye		11. Present Address of Registrant: 2311 Kensington Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14, 1976	12. Signature of Notary: [signature]		13. Notary Commission expires: July 30 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Richard W. Denmar, Notary From Family records		Date Issued: 5/Apr. 76	Date Orig. Entry: Document is obviously old
	Date of Birth: 11 Jan. 1919	Birth Place: Grace	Full Name of Mother: Ethel S. Kesler		Name of Father: Fred D. Robinson
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: The Franklin Life Ins. Co.		Date Issued: 29 Mar. 65	Date Orig. Entry: 29 Mar. 65
	Date of Birth: 1/11/19	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: University of Idaho		Date Issued: 4/24/47	Date Orig. Entry: 9/13/36
	Date of Birth: 1/11/19	Birth Place: Grace Idaho	Full Name of Mother: Ethel S. Kesler		Name of Father: Fred D. Robinson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: APR 20 1976

FORM BH 56067

Dye

APR 21 1976

815-109-038-552

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-242

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FREDERICK ENSIGN HANSEL
2. Date Of Birth: (month) July (day) 9 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: FRUITLAND, PAYETTE; b. City or Town of Birth: FRUIT LAND IDAHO

FATHER

6. Full Name of Father: ALVIN HANSEL
7. State or Country of Father's Birth: FAYETTE CO. PENNA.

MOTHER

8. Full Maiden Name of Mother: ETHEL LISLE ENSIGN
9. State or Country of Mother's Birth: CANDO, NO. DAK.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frederick E. Hansel
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: April 13 1976
12. Signature of Notary: Paul S. Rovner
13. Notary Commission expires: Aug 4, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Page from Baby Book
By whom issued and signed: Family Records
Date Issued: 4/20/76
Date Orig. Entry: Document is obviously old
Date of Birth: 7/9/19
Birth Place: Fruitland
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Pages from Geneological and Personal History
By whom issued and signed: Lewis Historical Publishing Co.
Date Issued: 4/20/76
Date Orig. Entry: document is old.---
Date of Birth: July 9, 1919
Birth Place: ---
Full Name of Mother: Ethel Lisle Ensign
Name of Father: Alvin B. Hansel

SUPPORTING RECORD 3.

Type of Document: Discharge Papers
By whom issued and signed: U.S.Army, Ft.McArthur, CA.
Date Issued: discharged 29 Dec. 45
Date Orig. Entry: inducted 9 Jan 42
Date of Birth: 9 July 19
Birth Place: Fruitland
Full Name of Mother: ---
Name of Father: --

OFFICIAL SEAL
PAUL S. ROVNER
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires AUG 4, 1978

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hicks
Evidence reviewed by: Margaret Davis
Date Filed: APR 20 1976

FORM BH 56067 1 yr Pd. Rec # 15490

8-18-75

Harwell

APR 2 1 1976

FEB 2 1981

415-105-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-251

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HARRY MARKER DAVISON
2. Date Of Birth (month) (day) (year): APRIL 5 1919
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: EMMETT GEM
b. City or Town of Birth: EMMETT

FATHER

6. Full Name of Father: GREEN H. DAVISON
7. State or Country of Father's Birth: IDAHO ADA,

MOTHER

8. Full Maiden Name of Mother: ISABELL MARKER
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harry M. Davison
11. Present Address of Registrant: MT. HOME ½ PRAIRIE, STAGE

NOTARY (Seal)

Subscribed and sworn to before me on 19 — April 1976

12. Signature of Notary: Judy Lucattas
13. Notary Commission expires: Mtn Home, Idaho July 31, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age 78	Mary M. Ireland	19 Apr.76	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.5,1919	Emmett	Isabell Davison	Green H. Davison

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census	Dist.#12, Elmore County	Apr.19,76	Sept.26,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1919	---	Belle Davison	Green Davison

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #297342	11/30/72	child born July 8,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 yrs.	Emmett	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrich	Margaret Davis	APR 27 1976

FORM BH 56067

APR 2 7 1976

962-126-015-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-270

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dahl Bennett Robbins
2. Date Of Birth (month) (day) (year): Jan 26 1919
3. Color or Race: american
4. Sex: M
5. Place of Birth a. County: Thatcher Caribou
b. City or Town of Birth: Thatcher, Idaho

FATHER

6. Full Name of Father: Guy Wilson Robbins
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lora Bennett
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dahl B. Robbins
11. Present Address of Registrant: Thatcher

NOTARY (Seal)

Subscribed and sworn to before me on: April 28 1976
12. Signature of Notary: Arlene Hilton
13. Notary Commission expires: February 9 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for license to Marry	State of Utah	14 Apr. 76	2 Nov. 43
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 26, 1919 / Thatcher	Lora Bennett	Guy W. Robbins	
SUPPORTING RECORD 2.	Membership Information Record	LDS Church	30 Jul 74	Blessed 6 Apr. 19
	26 Jan 19 / Thatcher,	Lora Bennett	Guy Wilson Robbins	
SUPPORTING RECORD 3.	Application for Insurance	National Public Service Ins.	27 May 59	27 May 59
	40 yrs. / ---	---	---	

QUALIFYING INFORMATION

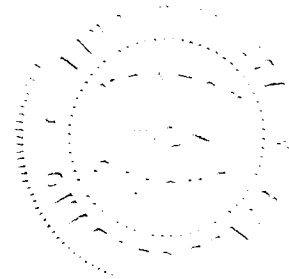
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAY - 4 1976

FORM BH 56067

MAY 5 1976



453-108-007-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE: 76-295

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clarence Lowell Mecham
2. Date Of Birth: (month) May (day) 8 (year) 1919
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County Blaine; b. City or Town of Birth Carey

FATHER

6. Full Name of Father: George Wallace Mecham
7. State or Country of Father's Birth: Milton, Morgan County, Utah

MOTHER

8. Full Maiden Name of Mother: Emma Florence Young
9. State or Country of Mother's Birth: Peterson, Morgan County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarence Lowell Mecham
11. Present Address of Registrant: Carey, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 17 1976

12. Signature of Notary: Nora E. Kuei
13. Notary Commission expires: November 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	George Wallace Mecham	5/17/76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 8, 1919 / Carey	Emma Florence Young	George Wallace Mecham	
SUPPORTING RECORD 2.	Certificate of Blessing	Richfield Idaho Stake	31 August 1975	Blessed 6 July 1919
	8 May 19[illegible] / Carey	Florence E. Young	George Wallace Mecham	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #55-5460	9/4/75	child born May 14, 1955
	36 years. / Carey	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAY 28 1976

FORM BH 56067

12-9-76

MAY 24 1976

165206-041-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARJORIE AURELIA JONES		2. Date Of Birth (month) (day) (year): APRIL 6 1919	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: VICTOR IDA TETON	b. City or Town of Birth: VICTOR IDAHO
FATHER	6. Full Name of Father: Wm BEN JONES		7. State or Country of Father's Birth: VICTOR IDAHO	
MOTHER	8. Full Maiden Name of Mother: INDRIA VIOLA JOHNSON		9. State or Country of Mother's Birth: PAYSON - UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie A. Johnson	11. Present Address of Registrant: 9920 24th Ave SE Everett, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1976	12. Signature of Notary: Glenda M. Larson	13. Notary Commission expires: September 15 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 65	By whom issued and signed: Juanita Viola Curtis	Date Issued: 1 June 76	Date Orig. Entry: ---	
	Date of Birth: Apr. 6, 1919	Birth Place: Victor	Full Name of Mother: Indria Viola Johnson Jones	Name of Father: Wm. Benj. Jones	
SUPPORTING RECORD 2.	Type of Document: Membership Record	By whom issued and signed: Everett 3rd Ward LDS Church	Date Issued: 29 June 73	Date Orig. Entry: Blessed 6/July/19	
	Date of Birth: 6 Apr. 1919	Birth Place: Victor	Full Name of Mother: Indria Johnson	Name of Father: William B. Jones	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Idaho Falls Hospital	Date Issued: 6/1/76	Date Orig. Entry: 9/17/62	
	Date of Birth: 4/6/19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

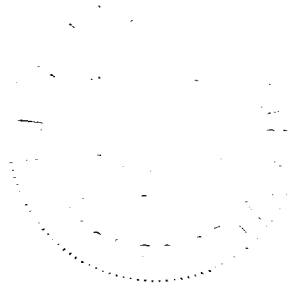
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Ulrich	Margaret Davis	JUN 3 1976

FORM BH 56067 nm. 8 15 74 (J)

Johnson

JUN 3 1976



162-122-024-483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James FRANKLIN JOSLIN		2. Date Of Birth (month) Mar. (day) 22 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: GOODING Co.	b. City or Town of Birth: HAGERMAN
FATHER	6. Full Name of Father: CHARLES VICTOR JOSLIN		7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: DORIS (DICKERSON) JOSLIN		9. State or Country of Mother's Birth: KANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Franklin Joslin	11. Present Address of Registrant: 1625 N.E. 129th pl. PORTLAND, ORE. 97230	
NOTARY (Seal)	Subscribed and sworn to before me on 5/19 19 76	12. Signature of Notary: August J. Bellman Jr	13. Notary Commission expires: My Commission Expires June 4, 1977 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application For Life Ins.	By whom issued and signed: National Service Life	Date Issued: 12/Oct/44	Date Orig. Entry: 12/Oct/44	
	Date of Birth: 22 Mar 19	Birth Place: Hagerman	Full Name of Mother: Doris Joslin	Name of Father: Charles Victor Joslin	
SUPPORTING RECORD 2.	Type of Document: Discharge Certificate	By whom issued and signed: U.S. Navy, Seattle, Wa.	Date Issued: discharge 5/10/45	Date Orig. Entry: induction 3/16/42	
	Date of Birth: 3/22/19	Birth Place: Hagerman	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon #1351	Date Issued: 4/3/74	Date Orig. Entry: child born 1/5/47	
	Date of Birth: 27 yrs.	Birth Place: Hagerman	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

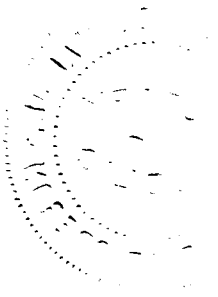
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Margaret Davis	

FORM BH 56067

5-13-76

JUN 10 1976



391-212-042-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76=342

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VIOLA FAYE CRAIGEN
2. Date of Birth (month) (day) (year): DEC 12 1919
3. Color or Race: CAUC.
4. Sex: F.
5. Place of Birth a. County: TWIN FALLS COUNTY
b. City or Town of Birth: KIMBERLY

FATHER

6. Full Name of Father: BENJAMIN FRANKLIN CRAIGEN
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: MARGARET EDNA DOLLING
9. State or Country of Mother's Birth: OHIO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola Faye Craigen
11. Present Address of Registrant: 2843 NW 69TH ST. SEATTLE WN. 98117

NOTARY (Seal)

Subscribed and sworn to before me on: MAY 12 1976

12. Signature of Notary: Richard J. Craigen
13. Notary Commission expires: AUG. 1ST 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Margaret Edna Dolling Craigen	5/12/76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.12,1919 / Kimberly	Margaret Edna Dolling	Benjamin Franklin Craigen	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Nevada #471-A	6/26/72	child born Apr. 2,1940
	20 yrs. / Kimberley	---	---	
SUPPORTING RECORD 3.	Transcript of Hospital Record	Washoe Medical Center	6/27/72	7/2/61
	12/12/19 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: md Margaret Davis
Date Filed: JUN 17 1976

FORM BH 56067

3-18-77

Craigen

JUN 1 8 1976

128-211-036-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-378

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Mae Ashton
2. Date Of Birth (month) (day) (year): May 11, 1919
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Woodruff, State: Idaho

FATHER

6. Full Name of Father: William Ashton
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Elizabeth Harriet Allen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah Mae Orison
11. Present Address of Registrant: 356 West 2nd N., Logan, Cache, Utah

NOTARY (Seal)

Subscribed and sworn to before me on 7th April 1976

12. Signature of Notary: Margaret C. Hickman, Logan, Utah
13. Notary Commission expires: 18 December 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by mother age 80
By whom issued and signed: Elizabeth Allen Ashton
Date Issued: May 14, 1976
Date Orig. Entry: ----
Date of Birth: May 11, 1919
Birth Place: Oneida County Woodruff, Idaho
Full Name of Mother: Elizabeth Harriet Allen
Name of Father: William Ashton

SUPPORTING RECORD 2.

Type of Document: Hospital admission report
By whom issued and signed: Logan L.D.S. Hospital
Date Issued: July 12, 1976
Date Orig. Entry: March 17, 1966
Date of Birth: May 11, 1919
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Church membership record
By whom issued and signed: L.D.S. Church Logan 3rd Ward
Date Issued: ---
Date Orig. Entry: 1950
Date of Birth: May 11, 1919
Birth Place: Woodruff, Idaho
Full Name of Mother: Elizabeth Harriet Allen
Name of Father: William Ashton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Linda Cook
Date Filed: July 13, 1976

FORM BH 56067

JUL 1 3 1976

NOV 2 6 2001

JUN 1 5 2011

053-101-006-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-434

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vernon Franklin Wells
2. Date Of Birth: (month) May (day) 1st (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Springfield Bingham; b. City or Town of Birth: Springfield Idaho

FATHER

6. Full Name of Father: Ray J. Wells Woodruff Orinda Charlton Iwa
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Beulah Violet Gravatt Decatur County
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernon F Wells
11. Present Address of Registrant: 860 W. Leyton Blackfoot Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 5 1976
12. Signature of Notary: Jana H. Christensen
13. Notary Commission expires: 6-1 1980

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment records	J.R. Simplot	Aug.17,1976	Aug. 4, 1970

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May1,1919	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle age 84	Heber T. Wells	Aug.16,1976	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May1,1919	Springfield, Id.	Beulah Violet Gravatt	Ray Johnathan Wells

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Records	school district #58 Aberdeen, Idaho	Aug.12,1976	school year Start Sept. 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 14	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

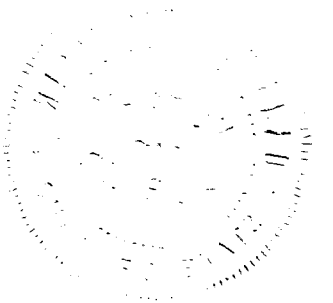
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	August 23, 1976

FORM BH 56067

1 cpy rec'd. # 19760 8/2/76

AUG 24 1976

Hall



662-219-041-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-466

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dawn Foster			2. Date Of Birth (month) May (day) I9 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Teton	b. City or Town of Birth: Driggs	
FATHER	6. Full Name of Father: Thomas George F^U^ster			7. State or Country of Father's Birth: Bates, Teton Co. Idaho	
MOTHER	8. Full Maiden Name of Mother: Annabelle Nickell			9. State or Country of Mother's Birth: Fairview, San Pete Co. Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: s/Dawn Foster Jensenbach	11. Present Address of Registrant: Rt#1 Box 29 Tetonia, Idaho 83452	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 9th 1976		12. Signature of Notary: Douglas H Martin	13. Notary Commission expires: 8-1- 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Annabelle Foster	Date Issued: Sep.9,1976	Date Orig. Entry: --
	Date of Birth: May19,1919	Birth Place: Driggs, Id.	Full Name of Mother: Annabelle Nickell Foster	Name of Father: Thomas George Foster	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism		By whom issued and signed: LDS Church	Date Issued: July 3,1927	Date Orig. Entry: June26, 1927
	Date of Birth: May19,1919	Birth Place: Teton Co., Idaho	Full Name of Mother: Annabella Nickell	Name of Father: Thomas G. Foster	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom Issued and signed: State of Idaho	Date Issued: Oct.19,1967	Date Orig. Entry: child born Jan. 14, 1944
	Date of Birth: age 24	Birth Place: Driggs, Id.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Sept. 13, 1976

FORM BH 56067 ICP Pd 11227

8-15-76

SEP 14 1976

65227-23C-A3

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-490

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Annie Mills Watterson
2. Date Of Birth: (month) April (day) 27 (year) 1919
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Elmore
b. City or Town of Birth: Hills City, Idaho.

FATHER

6. Full Name of Father: William Henry Watterson
7. State or Country of Father's Birth: Alabama

MOTHER

8. Full Maiden Name of Mother: Willie Stella Watterson
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Annie Thiessen
11. Present Address of Registrant: PO Box 70 Philomath Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 13 1976
12. Signature of Notary: Nancy Ann Simpson
13. Notary Commission expires: 01-22 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by sister age 70	Mary Elizabeth Remick	Aug.17,1976	--
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.27,1919 / Hill City, Idaho	Willie Stella Daniels	Willaim Henry Watterson	
SUPPORTING RECORD 2.	hospital record	Good Samaritan Hospital Corvallis, Oregon	--	June 26, 1968
	Apr27,1919 / --	--	--	
SUPPORTING RECORD 3.	notarized copy of child's baby book..family tree page	Family	Sept.1976	Jan3,1947
	Apr.27,1919 / Idaho	Stella Watterson	William Watterson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Sept. 22, 1976

FORM BH 56067

SEP 2 2 1976

714-115 1003-8473

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-76-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lynn Joseph Parris			2. Date Of Birth: (month) Sept. (day) 15 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Marsh Center	
FATHER	6. Full Name of Father: Joseph Hamilton Parris			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Patricia Hickman			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Lynn Parris		11. Present Address of Registrant: x Arbon Idaho Rt 1 Box 19	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 18 1976	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Indefinite 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge document	By whom issued and signed: U.S.Army, Separation Center Ft. Lewis, Wn.		Date Issued: Separation 3/8/46	Date Orig. Entry: Induction 2/16/45
	Date of Birth: 9/15/19	Birth Place: Marsh Center	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Marsh Center Ward Portneuf Stake		Date Issued: 16 Nov. 19	Date Orig. Entry: 16 Nov. 19
	Date of Birth: 15 Sept. 19	Birth Place: Marsh Center	Full Name of Mother: P. Maude Parris	Name of Father: Joseph H. Parris	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Jerome Ward		Date Issued: 2/12/28	Date Orig. Entry: Baptised 2/12/28
	Date of Birth: 9/15/19	Birth Place: Marsh Center	Full Name of Mother: Patrica M. Hickman	Name of Father: Joseph H. Parris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	md Margaret Davis	OCT 18 1976

FORM BH 56067

OCT 18 1976

255-216-C 03-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-76-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Bennett			2. Date Of Birth (month) March (day) 18 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Banno ck	b. City or Town of Birth: Virginia	
FATHER	6. Full Name of Father: Ralph E. Bennett			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Richardson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Grace B. Bennett		11. Present Address of Registrant: Twin Falls Idaho x RT 1 Box 19 83336	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 18 19 76	12. Signature of Notary: Margaret A Davis		13. Notary Commission expires: Indefinite 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Virginia Ward		Date Issued: 10/2/27	Date Orig. Entry: Baptised 10/2/27
	Date of Birth: 3/18/19	Birth Place: Virginia	Full Name of Mother: Mary Richardson	Name of Father: Ralph E. Bennett	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Issued by State of Idaho #265672		Date Issued: 4/20/45	Date Orig. Entry: child born 4/8/38
	Date of Birth: 19 yrs.	Birth Place: Virginia	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Empire Mutual Life		Date Issued: 1 June 58	Date Orig. Entry: 20 May 58
	Date of Birth: 3/18/19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: OCT 18 1976

FORM BH 56067

Parents

OCT 1 8 1976

DECEASED

319-20-c03-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-537

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Angelita Carmona
2. Date Of Birth (month) (day) (year): August 1 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Peter Carmona
7. State or Country of Father's Birth: Mexico

MOTHER

8. Full Maiden Name of Mother: Appolonia S. Camacho
9. State or Country of Mother's Birth: Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Angela C. Jacobo
11. Present Address of Registrant: 615 32nd St., Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: October 14 19 76
12. Signature of Notary: Barbara Eckersley
13. Notary Commission expires: June 19 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	State of Utah	Oct.15,1976	child born Jan.31,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
marriage license application	State of Utah	Sep.15,1976	Jan.4,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.1,1919	Pocatello, Idaho	Apolonio Camacho	Pedro Carmona

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
baptism certificate	St. Joseph's Church, Pocatello Catholic church	May4,1976	Jan.18,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.1,1919	Pocatello, Idaho	Appolonia S. Camacho Carmona	Peter Carmona

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.22, 1976

FORM BH 56067

OCT 2 2 1976

de Jacobs

385-110-010-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Millard Ray Cherry			2. Date of Birth (month) (day) (year): December 10 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville Co.	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Robert G. Cherry			7. State or Country of Father's Birth: Richmond, Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Montague			9. State or Country of Mother's Birth: Provo, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Millard R Cherry	11. Present Address of Registrant: 20 Hensley Ave. Sanger, Calif 93112
NOTARY (Seal) see reverse for seal	Subscribed and sworn to before me on: October 26, 1976 19		12. Signature of Notary: Peter R. Hubert	13. Notary Commission expires: July 20, 1980 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Lucy Montague Cherry	Date Issued: 6-4-42	Date Orig. Entry:
	Date of Birth: Dec. 10, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lucy Montague Cherry	Name of Father: Robert G. Cherry	
SUPPORTING RECORD 2.	Type of Document: application for insurance		By whom issued and signed: Prudential insurance company of America	Date Issued: --	Date Orig. Entry: Sept. 29, 1956
	Date of Birth: DEC. 10, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: discharge papers		By whom issued and signed: H. S. Orvis, 2nd Lt AC US Army	Date Issued: Jan. 14, 1946	Date Orig. Entry: Sep. 25, 1942
	Date of Birth: Dec. 10, 1919	Birth Place: Idaho Falls, Id.	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	nr Linda Cook	Nov. 2, 1976

FORM BH 56067

NOV 3 1976

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } *ss.*

On this 26 *day of* October *in the year one thousand nine hundred and* 76 *before me,* Peter R. Hubert, *a Notary Public, State of California, duly commissioned and sworn, personally appeared* Millard Ray Cherry

known to me to be the person ..... whose name is *subscribed to the within instrument and acknowledged to me that .....he..... executed the same.*

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the Santa Clara *County of* California *the day and year in this certificate first above written.*

OFFICIAL SEAL
PETER R. HUBERT
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires July 20, 1980

Peter R Hubert
Notary Public, State of California

My commission expires July 20, 1980

Cowdery's Form No. 32 - Acknowledgement - General (C. C. Sec. 1190a)

155-22-6006-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-562

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Jensen			2. Date Of Birth (month) (day) (year): August 26, 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: Rulon M. Jensen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Singleton			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda Jensen		11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 29, 1976	12. Signature of Notary: Robert A. Leach		13. Notary Commission expires: 3/10/1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for employment		By whom issued and signed: Idaho Falls LDS Hospital Idaho Falls, Idaho	Date Issued: Oct.29,1976	Date Orig. Entry: Oct. 10,1963
	Date of Birth: Aug.26,1919	Birth Place: --	Full Name of Mother: Ellen Jensen	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Mary Ellen Singleton Jensen	Date Issued: Oct.29,1976	Date Orig. Entry: --
	Date of Birth: Aug.26,1919	Birth Place: Basalt, Idaho	Full Name of Mother: Mary Ellen Singleton Jensen	Name of Father: Rulon M. Jensen	
SUPPORTING RECORD 3.	Type of Document: certificate of baptism		By whom issued and signed: LDS Church	Date Issued: Apr.1,1928	Date Orig. Entry: Mar.31,1928
	Date of Birth: Aug26.1919	Birth Place: Basalt, Idaho	Full Name of Mother: Ellen Singleton	Name of Father: Rulon Jensen	
QUALIFYING INFORMATION					

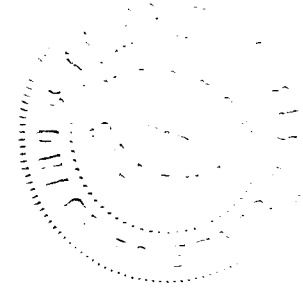
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Linda Cook	Date Filed: Nov.2,1976

FORM BH 56067

1 cpy. pd.

10/26/76

NOV 3 1976



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-616

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Allen Baxter Roberts			2. Date Of Birth (month) (day) (year): October 23, 1919
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Wesley Warner Roberts			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Caroline Cynthia Rodgers			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allen Baxter Roberts		11. Present Address of Registrant: Rt 7 Bx 530 Bremerton Wa.
NOTARY (Seal)	Subscribed and sworn to before me on: November 29, 19 76	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt - Age:78	By whom issued and signed: Claribel Rodgers		Date Issued: Sep.16,1975	Date Orig. Entry: ----
	Date of Birth: Oct.23,1919	Birth Place: Jerome, Idaho	Full Name of Mother: Caroline Cynthia Rodgers	Name of Father: Wesley Warner Roberts	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #1545	By whom issued and signed: State of Washington, Bureau of Vital Statistics		Date Issued: June 8,1961	Date Orig. Entry: child born Aug.3,1947
	Date of Birth: Age: 27	Birth Place: Jerome, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Notice of Change in Health Benefits Enrollment	By whom issued and signed: C.C.C., Puget Sound Naval Shipyard, Bremerton, WA		Date Issued: Dec.31,1964	Date Orig. Entry: Dec.22,1964 effective date
	Date of Birth: Oct.23,1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

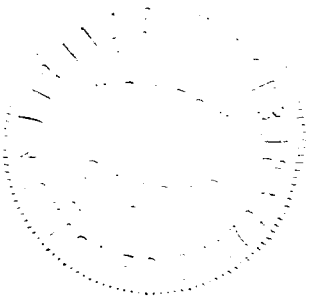
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: NOV 29 1976

FORM BH 56067

NOV 2 9 1976

Roberts

Use as one of ith doc. own Conv birth cert.
James Allen Roberts
3-14-43 Emmett
370322



215-201-015-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-652

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theda June Smedley
2. Date Of Birth (month) (day) (year): Dec. 1 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Soda Springs, Ida Caribou
   b. City or Town of Birth: Soda Springs, Idaho

FATHER

6. Full Name of Father: Israel Barlow Smedley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lydia Matilda Henriksen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theda June Smedley Gunnell
11. Present Address of Registrant: 791 Vine St. #103 Murray Ut. 84107

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 4, 1976
12. Signature of Notary: William R. Allen
13. Notary Commission expires: My [illegible] June 29 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized copy of Certificate of bapt./conf.	LDS Church	Dec.6,1976	Mar.8,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.1,1919	Soda Springs	Lydia Hendrickson	Israel B. Smedley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age:82	Stella C. Smedley	Dec.6,1976	Dec.6,1976

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.1,1919	Soda Springs	Lydia Matilda Henriksen	Israel Barlow Smedley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	on file-Idaho-#379698	---	child born Aug.23,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Soda Springs	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hook	Colleen Cunningham	Dec. 16,1976

FORM BH 56067

DEC 1 7 1976

866-229-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-665

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Blanch Howard			2. Date Of Birth (month) March (day) 29 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Home Latah	b. City or Town of Birth: Potlatch	
FATHER	6. Full Name of Father: William Thomas Howard			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Emmaline Johnson			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Blanch Brown		11. Present Address of Registrant: 1611 Birch Avenue Lewiston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 4 1975	12. Signature of Notary: Edrie D. Howard		13. Notary Commission expires: Life 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's church, Potlatch		Date Issued: 11/13/58	Date Orig. Entry: Baptised 6/29/19
	Date of Birth: Mar.29,1919	Birth Place: Potlatch	Full Name of Mother: Mrs. William Howard	Name of Father: William Howard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Bertha M. Kottke		Date Issued: May4,1976	Date Orig. Entry: May4,1976
	Date of Birth: Mar.29,1919	Birth Place: Potlatch	Full Name of Mother: Emma Johnson Howard	Name of Father: William T. Howard	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: on file-Idaho-#262180		Date Issued: ---	Date Orig. Entry: child born Dec.29,1937
	Date of Birth: Age: 18	Birth Place: Potlatch	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: md Colleen Cunningham		Date Filed: DEC 21 1976	

K FORM BH 56067

Braun

DEC 2 2 1976

652-123-026-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orvil Arthur Westergard			2. Date Of Birth (month) April (day) 23 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rigby, Id., Jefferson	b. City or Town of Birth: City of Rigby
FATHER	6. Full Name of Father: William Arthur Westergard			7. State or Country of Father's Birth: Harrisville, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Chiles			9. State or Country of Mother's Birth: Cottonwood, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Orvil A Westergard	11. Present Address of Registrant: Box 1439, Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 14, 1976		12. Signature of Notary: Phillip C. Fehr	13. Notary Commission expires: For life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Eva Benkenstein	Date Issued: Aug.6,1976	Date Orig. Entry: Aug.6,1976
	Date of Birth: Apr.23,1919	Birth Place: Rigby	Full Name of Mother: Mary May Chiles	Name of Father: William Arthur Westergard	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate		By whom issued and signed: Div. of Vital Stats.,WA	Date Issued: Apr.24,1945	Date Orig. Entry: child born Feb.2,1945
	Date of Birth: Age: 25	Birth Place: Rigby, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: notarized copy Marriage license #66-105482		By whom issued and signed: Idaho,Lemhi County	Date Issued: Aug.13,1976	Date Orig. Entry: Oct.25,1966
	Date of Birth: Age: 47	Birth Place: Rigby	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

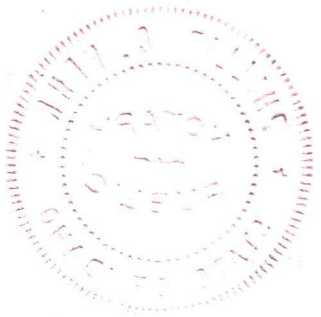
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Colleen Cunningham	DEC 22 1976

FORM BH 56067

DEC 23 1976



719-131-019-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-001

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD WYMAN PARKER
2. Date of Birth (month) (day) (year): OCTOBER 31 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: CUSTER — b. City or Town of Birth: MACKAY

FATHER

6. Full Name of Father: PARLEY AMMON PARKER
7. State or Country of Father's Birth: HAGERMAN, IDAHO

MOTHER

8. Full Maiden Name of Mother: FERN LENORA LEMMON
9. State or Country of Mother's Birth: NEW MEXICO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Wyman Parker
11. Present Address of Registrant: [illegible] Tigard, Oregon [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 12 1976

12. Signature of Notary: Elaine Kjelung
13. Notary Commission expires [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certificate of membership	LDS Church	Mar.4,1964	Aug.4,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.31,1919	Mackay, Idaho	Lenora Fern Lemmon	Parley A. Parker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Separation qualification record United States Army	United States Army	Nov.14,1940	Nov,3,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.31,1919	--	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	on file-Idaho-#383536	----	child born Dec.2,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Mackay	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Colleen Cunningham	JAN 04 1977

FORM BH 56067 [illegible] receipt #06839 4-1[illegible]

JAN 5 1977

315-226-022-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET VELNA LANE			2. Date Of Birth (month) 4 (day) 26 (year) 1919
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: ASHTON, IDAHO. FREMONT	b. City or Town of Birth: ASHTON
FATHER	6. Full Name of Father: CORNELIUS EARL LANE			7. State or Country of Father's Birth: PILOT ROCK OREGON.
MOTHER	8. Full Maiden Name of Mother: JOSIE MARGARET KERR			9. State or Country of Mother's Birth: HOLDMAN, OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Velna Lane		11. Present Address of Registrant: 4018 WEST MEAD YAKIMA WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 29, 1976	12. Signature of Notary: Barbara B. Miller		13. Notary Commission expires: APRIL 8, 1980

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage statistics record	By whom issued and signed: Auditor, Benton County, WA Verner Miller		Date Issued: Jan.15,1976	Date Orig. Entry: Aug.27,1935
	Date of Birth / Birth Place: Age: 16 / Ashton, Idaho	Full Name of Mother: Josie Kerr		Name of Father: Cornelius Lane	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Josie Margaret Lane		Date Issued: Jan.21,1976	Date Orig. Entry: Jan.21,1976
	Date of Birth / Birth Place: Apr.26,1919 / Ashton, Idaho	Full Name of Mother: Josie Margaret Kerr		Name of Father: Cornelius E. Lane	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Jan.30,1976	Date Orig. Entry: census of Apr.1,1940
	Date of Birth / Birth Place: Age: 20 / Idaho	Full Name of Mother: -----		Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

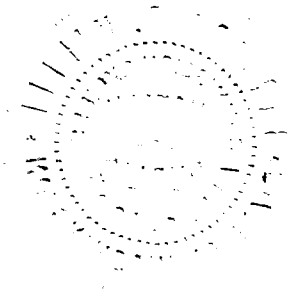
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 2 9 1977

FORM BH 56067

7-18-61 1 copy paid

JAN 2 0 1977



412-114-026-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SAMUEL JACK DASHER			2. Date Of Birth (month) NOV (day) 14 (year) 1919	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: RIGBY a. County: Jefferson	b. City or Town of Birth	
FATHER	6. Full Name of Father: SAMUEL H DASHER			7. State or Country of Father's Birth: OSBORN CO KANSAS	
MOTHER	8. Full Maiden Name of Mother: KATIE BATES			9. State or Country of Mother's Birth: SULLIVAN CO. TENNESSEE	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Samuel Jack Dasher	11. Present Address of Registrant: 4601 Lake Rd W Ada Co	
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1975		12. Signature of Notary: Ervin J. Vaughn	13. Notary Commission expires: 5/20/ 1978	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Life Insurance Appl.		By whom issued and signed: New York Life Insurance Co. 22-433-213	Date Issued: 12 Nov.75	Date Orig. Entry: Oct.25,1952
	Date of Birth: Nov.14,1919	Birth Place: Rigby	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Discharge Papers		By whom issued and signed: Ervin Vaughn, Notary U.S.Army,Camp Lockett, CA.	Date Issued: Discharged 2 Jan.45	Date Orig. Entry: Inducted 28 Jan.42
	Date of Birth: 22 years	Birth Place: Rigby	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for SS#		By whom issued and signed: Treasury Department, IRS	Date Issued: Feb.14,1977	Date Orig. Entry: Jan.26,1939
	Date of Birth: Nov.14,1919	Birth Place: Rigby, Idaho	Full Name of Mother: Katheren Bates	Name of Father: Samuel Jack Dasher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Colleen Cunningham	FEB 16 1977

FORM BH 56067

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FEB 16 1977

819-229-026-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Harker			2. Date Of Birth (month) May (day) 29 (year) 1919
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Lewisville / Jefferson	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Parley Harker			7. State or Country of Father's Birth: Taylorsville, Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Boyes Walker			9. State or Country of Mother's Birth: Lewisville Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary N. Lea		11. Present Address of Registrant: 532 South 13 Virginia Cir, Ty, Ut
NOTARY (Seal)	Subscribed and sworn to before me on: November 5, 1976	12. Signature of Notary: June Adams		13. Notary Commission expires: March 14, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for a license to marry	By whom issued and signed: State of Utah	Date Issued: --	Date Orig. Entry: Sep.19,1940	
	Date of Birth: May29,1919	Birth Place: Lewisville, Idaho	Full Name of Mother: Elizabeth Walker	Name of Father: Parley Harker	
SUPPORTING RECORD 2.	Type of Document: birth certificate from her church	By whom issued and signed: LDS Church	Date Issued: Sep.3,1976	Date Orig. Entry: July6,1919	
	Date of Birth: May29,1919	Birth Place: Lewisville, Idaho	Full Name of Mother: Elizabeth Walker	Name of Father: Parley Harker	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 82	By whom issued and signed: Leonora W. Erickson	Date Issued: Feb.8,1977	Date Orig. Entry: Feb.8,1977	
	Date of Birth: May29,1919	Birth Place: Lewisville	Full Name of Mother: Elizabeth B. Walker	Name of Father: Parley Harker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Colleen Cunningham	FEB 23 1977

FORM BH 56067

FEB 2 4 1977

962-10-039-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrl Robinson		2. Date Of Birth (month) June (day) 10 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland Idaho
FATHER	6. Full Name of Father: Henry Lawrence Robinson		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Fern Peck		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrl Robinson	11. Present Address of Registrant: 657 Falls Ave American Falls Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 22 1977	12. Signature of Notary: Clifton S Wolfenbarger	13. Notary Commission expires: June 27 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism	By whom issued and signed: LDS Church	Date Issued: Aug.7,1927	Date Orig. Entry: baptized Aug.6,1927	
	Date of Birth: June10,1919	Birth Place: Rockland, Idaho	Full Name of Mother: Fern Peck	Name of Father: Henry Lawrence Robinson	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Idaho S.F.#61-2155	Date Issued: Feb.13,1975	Date Orig. Entry: child born Feb.25,1961	
	Date of Birth: Age: 41	Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Military discharge papers	By whom issued and signed: U.S. Army	Date Issued: Oct.15,1945	Date Orig. Entry: entered service Jan.21,1942	
	Date of Birth: June10,1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

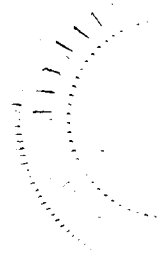
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 25 1977

FORM BH 56067

lac pd #10767

1-28-77

FEB 2 8 1977



698-211-029-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-117

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jean Fry
2. Date Of Birth (month) (day) (year): December 11 1919
3. Color or Race: Cauc
4. Sex: F
5. Place of Birth a. County: Gold Hill — Latah
b. City or Town of Birth: Southwick, Idaho

FATHER

6. Full Name of Father: Clarence Henry Fry
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Frances Katherine Vaughan
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean Fry Wilgress
11. Present Address of Registrant: Rt 2, Box 58, Kendrick, Idaho 83537

NOTARY (Seal)

Subscribed and sworn to before me on: February 8 1977

12. Signature of Notary: James Vaughan
13. Notary Commission expires: March 17 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Lewiston, Idaho St. Joseph's Hospital, Inc.	2/15/77	3/8/60

Date of Birth	Birth Place	Full Name of Mother	Name of Father
12/11/19	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License Application	State of Idaho, County of Nez Perce	15 Feb.77	31/May 38

Date of Birth	Birth Place	Full Name of Mother	Name of Father
18 years	Southwick, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 83	Frances K. Fry	Feb.25,1977	Feb.25,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.11,1919	Southwick, Idaho	Frances K. Vaughan	Clarence Fry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Colleen Cunningham	MAR 17 1977

FORM BH 56067

MAR 1 8 1977

238-23-034-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-147

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frieda Lena Emma Schnabel
2. Date Of Birth (month) (day) (year): July 23 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Minidoka
   b. City or Town of Birth: Adelaide

FATHER

6. Full Name of Father: Henry Schnabel
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Katharina Maier
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frida Bertsch
11. Present Address of Registrant: Box 571 Paul, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 21, 19 77

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 20 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Confirmation	Ev. Congregational T.F.	Sept.2,1934	Confirmed Sept 2.1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23,1919	Adelaide, Ida.	Katharina Maier	Henry Schnabel

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file Idaho # 387028	------	child born Jan.24,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Adelaide, Idaho	------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Cassia Memorial Hospital	Oct.26,71	Admission date Oct.26,1971

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23,1919	Adelaide,Ida.	Katherine Maier	Henry Schnabel

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	Mar.30,1977

FORM BH 56067

294-106-010-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ross Howard Simpkins			2. Date of Birth (month) (day) (year): December 6, 1919
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Neal Simpkins			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Della Mae Ellis			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ross H. Simpkins		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1977	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: Lifetime 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable discharge	By whom issued and signed: U.S. Army, Camp Williston, NV George C. Haas, Lt. Col CMP	Date Issued: discharged Oct. 9, 1943	Date Orig. Entry: inducted Apr. 15, 1942	
	Date of Birth: Age: 22 yrs 3 mos.	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: School Record Boise Schools	By whom issued and signed: Loyle V. Washam, Supr.	Date Issued: Apr. 4, 1977	Date Orig. Entry: Attended 1934	
	Date of Birth: Dec. 6, 1919	Birth Place: Idaho	Full Name of Mother: Della Simpkins	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital	Date Issued: Apr. 4, 1977	Date Orig. Entry: Hospitalized 1970	
	Date of Birth: Dec. 6, 1919	Birth Place: -------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Florence Curtright	Date Filed: April 4, 1977

FORM BH 56067

3-24-77

Duplicate

APR 4 1977

849-102-001-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-0176
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GORDON ROBERT HUIT			2. Date Of Birth (month) July (day) 2 (year) 1919
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Ada	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Jacob Kenneth Huit			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Carrie Lenore Kimball			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon R. Huit		11. Present Address of Registrant: 225 OLYMPIC Dr' Moses Lake WA
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1977	12. Signature of Notary: Glenda M Larson		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Carrie Huit Younger		Date Issued: 5-23-45	Date Orig. Entry:
Class* B	Date of Birth: July 2 1919	Birth Place: Star, Idaho	Full Name of Mother: Carrie Huit	Name of Father: Jacob Kenneth Huit	
SUPPORTING RECORD 2.	Type of Document: Driver's License #985474	By whom issued and signed: State of Oregon		Date Issued: Aug.3,1961	Date Orig. Entry: Aug.3,1961
Class	Date of Birth: July 2,1919	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-18-7642	By whom issued and signed: Social Security Administration		Date Issued: ---	Date Orig. Entry: Nov.11, 1938
Class	Date of Birth: July 2,1919	Birth Place: Star, Idaho Ada County	Full Name of Mother: Carrie Lenora Kimball	Name of Father: Jacob Kenneth Huit	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	bw Glenda Larson	April 13, 1977

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PDH-1006A

FILE # CHANGED FROM DE76-176 TO DE77-0176 5/31/12 KMC

APR 1 3 1977

666-24-007-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-177

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY ARTA WOODARD
2. Date Of Birth: (month) JULY (day) 24 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Gannett, Idaho Blaine Co. b. City or Town of Birth: GANNETT

FATHER

6. Full Name of Father: SAMUEL FRANKLIN WOODARD
7. State or Country of Father's Birth: NEBRASKA

MOTHER

8. Full Maiden Name of Mother: STELLA MARGARET MILLER
9. State or Country of Mother's Birth: OHIO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: M. Arta Schraft
11. Present Address of Registrant: 403 East 49th-Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 8 1977
12. Signature of Notary: Magdalena Allyers
13. Notary Commission expires: Jan. 15, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Sierra Life Ins. Co. TwinFalls	Mar.23,1977	Dec.14,1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July24,1919	Gannett, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho S.F.#273435	Feb.4,1977	child born Nov.10,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Ganet, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 71	Ralph L. Woodard	Apr.4,1977	Apr.4,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July24,1919	Gannett	Stella Margaret Miller	Samuel Franklin Woodard

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: APR 13 1977

FORM BH 56067

APR 1 4 1977

213-118-004-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-186

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RAO HENRY BATEMAN
2. Date Of Birth: (month) APRIL (day) 18 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County PARIS, IDAHO BEAR LAKE; b. City or Town of Birth PARIS, IDAHO

FATHER

6. Full Name of Father: ALFRED JOHN BATEMAN
7. State or Country of Father's Birth: ALMY, WYOMING

MOTHER

8. Full Maiden Name of Mother: CLARA MAY HESS
9. State or Country of Mother's Birth: BLOOMINGTON, IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rao Henry Bateman
11. Present Address of Registrant: Ibapah, Utah

NOTARY (Seal)

Subscribed and sworn to before me on April 6 1977
12. Signature of Notary: Florence G Walker
13. Notary Commission expires: 8-24 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Marriage license application	Salt Lake County, Utah	Apr.6,1977	May15,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.18,1919	Paris, Idaho	Clara Hess	Alfred John

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
born Affidavit by sister,Dec.14,1909	Lucile Bateman Roundy	Apr.7,1977	Apr.7,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.18,1919	Paris, Idaho	Clara May Hess	Alfred John Bateman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	June5,1973	blessed June15,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.18,1919	Paris, Idaho	Clara May Hess	Alfred John Bateman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 20 1977

FORM BH 56067

3-22-77

APR 2 1 1977

615213-042-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice F. Waegelin		2. Date Of Birth (month) July (day) 13 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls, Idaho Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Emil Waegelin		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Lina Cadisch		9. State or Country of Mother's Birth: Chicago, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Waegelin Lohr	11. Present Address of Registrant: Route 2, Filer, Idaho 83328	
NOTARY (Seal)	Subscribed and sworn to before me on 1-11 19 77	12. Signature of Notary: James L. Bryan	13. Notary Commission expires 10-1 19 80	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Idaho S.F. #378670	Date Issued: Jan.30,1945	Date Orig. Entry: child born Aug.11,1943
	Date of Birth: Age: 24 / Birth Place: Twin Falls, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt DOB-Jan.7,1899	By whom issued and signed: Victoria Cadisch McKay	Date Issued: Jan.11,1977	Date Orig. Entry: Jan.11,1977
	Date of Birth: July13,1919 / Birth Place: Twin Falls	Full Name of Mother: Lina Cadisch Waegelin	Name of Father: Emil Waegelin	
SUPPORTING RECORD 3.	Type of Document: Application for Social Sec.#	By whom issued and signed: Treasury Department, IRS	Date Issued: Apr.21,1977	Date Orig. Entry: Oct.3,1942
	Date of Birth: July13,1919 / Birth Place: Twin Falls	Full Name of Mother: Lina Cadisch	Name of Father: Emil Waegelin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrick	cc Colleen Cunningham	APR 21 1977

FORM BH 56067

APR 22 1977

155-101-010-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:77-197

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CECIL LEROY JENKINS
2. Date Of Birth (month) (day) (year): 1 — 1 — 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
   b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: ~~Dan~~ David Jenkins
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Pearl Bedsaul
9. State or Country of Mother's Birth: Wyo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil LeRoy Jenkins
11. Present Address of Registrant: 6822 Westminster Westminster Calif

NOTARY (Seal)

Subscribed and sworn to before me on: April 12 1977

12. Signature of Notary: Virginia A. Steffens

13. Notary Commission expires: February 1 1977

OFFICIAL SEAL
VIRGINIA A. STEFFENS
NOTARY PUBLIC — CALIFORNIA
ORANGE COUNTY
My Commission Expires Feb 1, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #436886	----	child born May 15,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 28	Idaho Falls,Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of honorable discharge from U.S. Army	Ft.Douglas,UT,separation Ctr. Earl G.Linhart,Major Ord.Dept	discharged Jan.1,1946	inducted May 1,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.1,1919	Idaho Falls,Idaho	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Friend of Family at time of birth age 8	Edna Henrie	21 Apr.77	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.1,1919	Idaho Falls,ID.	Pearl Bedsaul	David Jenkins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Margaret Davis	APR 25 1977

FORM BH 56067

3-25-77

Jenkins

APR 2 5 1977

493-218-003-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEONA [illegible] MILLER			2. Date Of Birth (month) 2 (day) 18 (year) 19	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: THATCHER / BANNOCK	b. City or Town of Birth: THATCHER	
FATHER	6. Full Name of Father: ANGUS BOYD MILLER			7. State or Country of Father's Birth: UTAH USA	
MOTHER	8. Full Maiden Name of Mother: MARY INEZ MICKELSON			9. State or Country of Mother's Birth: IDAHO USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Miller Pittard		11. Present Address of Registrant: Box 210K NIMSHEW STAGE CHICO, CAL 95926	
NOTARY (Seal)	Subscribed and sworn to before me on: April 5, 19 77	12. Signature of Notary: Virginia L. Brandt		13. Notary Commission expires: January 13, 19 80	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 79	By whom issued and signed: Edith Mickelson		Date Issued: Feb.1,1977	Date Orig. Entry: Feb.1,1977
	Date of Birth: Feb.18,1919	Birth Place: Thatcher, Idaho	Full Name of Mother: Mary Inez Mickelson Miller	Name of Father: Angus Boyd Miller	
SUPPORTING RECORD 2.	Type of Document: Federal census report, 1920	By whom issued and signed: U.S. Department of Commerce		Date Issued: Apr.1,1977	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10/12*	Birth Place: Idaho	Full Name of Mother: Mary I. Miller	Name of Father: Angus B. Miller	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Oregon		Date Issued: Mar.31,1977	Date Orig. Entry: child born Oct.5,1941
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	

QUALIFYING INFORMATION

*"meaning ten months of age"

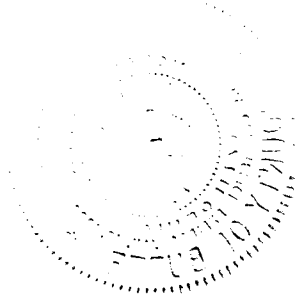
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc/cc/fc Colleen Cunningham	MAY 13 1977

FORM BH 56067

Pittsburgh



298-130-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-77-244

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALVIN THEODORE KIHOLM
2. Date Of Birth (month) (day) (year): SEPTEMBER 30, 1919
3. Color or Race: CAUCASIAN
4. Sex: MALE
5. Place of Birth a. County: b. City or Town of Birth: SHELLEY, BINGHAM COUNTY, IDAHO

FATHER

6. Full Name of Father: JAMES PETER KIHOLM
7. State or Country of Father's Birth: DENMARK

MOTHER

8. Full Maiden Name of Mother: ELEONORA CHRISTINA HANSEN
9. State or Country of Mother's Birth: DENMARK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvin T. Kiholm
11. Present Address of Registrant: 2872 CRYSTAL SPRINGS RD, CAMINO, CALIFORNIA 95709

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1977

12. Signature of Notary: Betty E. Eberd
13. Notary Commission expires: June 26 1980

BETTY EBERD NOTARY PUBLIC DORADO CO. CALIFORNIA MY COMMISSION EXPIRES JUNE 26, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Brother Age 71	Leo A. Kiholm	19 May 77	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9/30/19	Shelley, Idaho	Eleonora Louise Hanson	James Peter Kiholm

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Papers	U.S. Army, Mather Field, CA	discharged 21 May43	Enlisted 7/29/40

Date of Birth	Birth Place	Full Name of Mother	Name of Father
20yr.9 Mo.	Shelley, ID.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	Stanley Lawrence, Ward Clerk	--	3/10/32

Date of Birth	Birth Place	Full Name of Mother	Name of Father
30 Sept.19	Shelley, Idaho	Eleonara Hansen	James P. Kiholm

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAY 23 1977

FORM BH 56067

MAY 2 3 1977

251-814-027-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No S.F. #DE77-257
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALOVA BEACH

2. Date Of Birth (month) November (day) 14 (year) 1919

3. Color or Race: white

4. Sex: female

5. Place of Birth: Idaho

a. County: Jerome

b. City or Town of Birth: ~~BOISE~~ EDEN

FATHER

6. Full Name of Father: Dewey Beach

7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Minnie Walling Beach

9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alova B. Binkley

11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 16, 1972

12. Signature of Notary: James C. Hodges

13. Notary Commission expires: Aug. 31, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document: school record

By whom issued and signed: VAN BUREN COUNTY Board of Education

Date Issued: 8-8-53

Date Orig. Entry: years of 1935 and 1936

Date of Birth: November 14, 1919

Birth Place: --

Full Name of Mother: ---

Name of Father: ---

SUPPORTING RECORD 2.

Class B

Type of Document: #3870 membership certificate

By whom issued and signed: PUTNAM MUTUAL BURIAL ASSOCIATION, Tennessee

Date Issued: Oct. 12, 1936

Date Orig. Entry: October 12, 1936

Date of Birth: 16 years old

Birth Place: ---

Full Name of Mother: ----

Name of Father: ----

SUPPORTING RECORD 3.

Class

Type of Document: Affidavit by mother

By whom issued and signed: Minnie W. Beach

Date Issued: Nov. 16, 1972

Date Orig. Entry: ---

Date of Birth: Nov. 14, 1919

Birth Place: Eden, Idaho Jerome County

Full Name of Mother: Minnie W. Beach

Name of Father: Dewey Beach

QUALIFYING INFORMATION

Own child's birth certificate list mother's maiden name as Alova Beach, born in Eden, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick

Evidence reviewed by: bw gml Colleen Cunningham

Date Filed: MAY 31 1977

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 31 1977

DELAYED

266-205-010-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Mirle Bowles		2. Date Of Birth (month) July (day) 5 (year) 1919	
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Milo Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: William Thomas Bowles		7. State or Country of Father's Birth: Nephi Juab, Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Annie Pitman		9. State or Country of Mother's Birth: Meadow Creek, Millard, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita Mirle Bowles Robbins / Juanita Mirle Bowles	11. Present Address of Registrant: Royal Star Rt. Ulula, Wash. 99	
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1977	12. Signature of Notary: Geraldine R. Armstrong	13. Notary Commission expires: May 16 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

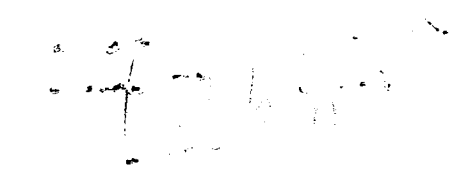
SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church, Milo, Idaho	Date Issued: Sep.11,1927	Date Orig. Entry: baptized Sep.11,1927	
	Date of Birth: July5,1919 / Birth Place: Milo, Idaho	Full Name of Mother: Elizabeth A. Pitman	Name of Father: Wm. Thos. Bowles		
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 69	By whom issued and signed: Stella M. Ward	Date Issued: Feb.14,1977	Date Orig. Entry: Feb.14,1977	
	Date of Birth: July5,1919 / Birth Place: Milo	Full Name of Mother: Elizabeth Annie Pitman	Name of Father: William Thomas Bowles		
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 326833	Date Issued: --------	Date Orig. Entry: child born Sept. 9, 1941	
	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------		
QUALIFYING INFORMATION					

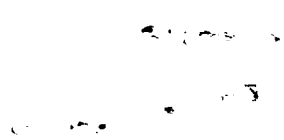
REGISTRAR'S CERTIFICATION (seal)

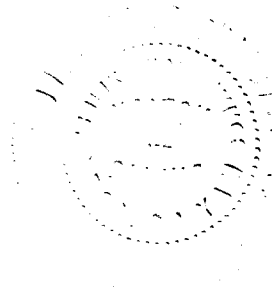
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Florence Curtright cc	May 31, 1977

FORM BH 56067







162-127-010-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-260

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Delbert Josephson			2. Date Of Birth: (month) May (day) 27 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Dehlin	
FATHER	6. Full Name of Father: Isaac Versel Josephson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Hilda Rhodehouse			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wayne D. Josephson	11. Present Address of Registrant: R+3 Box 5 Idaho Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: 25th MAY 1977		12. Signature of Notary: Douglas Hammon	13. Notary Commission expires: Feb 5 1979	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: June2,1977	Date Orig. Entry: blessed July6,1919
	Date of Birth: May27,1919	Birth Place: Dehlin, Idaho	Full Name of Mother: Hilda Rhodehouse	Name of Father: Isaac V. Josephson	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: July11,1927	Date Orig. Entry: baptized July3,1927
	Date of Birth: May27,1919	Birth Place: Dehlin, Idaho	Full Name of Mother: Hilda Rhodehouse	Name of Father: Isaac V. Josephsen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	born:Dec.20,189	By whom issued and signed: Hilda Josephson Burt	Date Issued: May25,1977	Date Orig. Entry: May25,1977
	Date of Birth: May27,1919	Birth Place: Dehlin, Idaho	Full Name of Mother: Hilda Josephson Burt	Name of Father: Isaac V. Josephson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

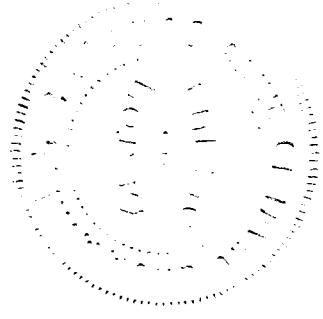
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 02 1977

FORM BH 56067

IC#16017

4-5-77

JUN 6 1977



893-218-007-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-311

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Helen Hice
2. Date Of Birth (month) (day) (year): May 18 1919
3. Color or Race: W
4. Sex: female
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Stanton

FATHER

6. Full Name of Father: Daniel Monroe Hice
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Edith Catherine Myers
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen E. Nelson
11. Present Address of Registrant: Box 224-Cresswell, Ore

NOTARY (Seal)

Subscribed and sworn to before me on: May 25th 1977
12. Signature of Notary: Geoffrey S. Walch
13. Notary Commission expires: 5-5-79

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy pages from baby book	Family record, baby book	May13,1977	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May18,1919	-------	--------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #48-4223	on file	child born Apr.14,1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 28	Stanton, Idaho	-------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle, age 76	William J. Myers	June21,1977	June21,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May18,1919	Stanton, Idaho	Edith Catherine Myers	Daniel Monroe Hice

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

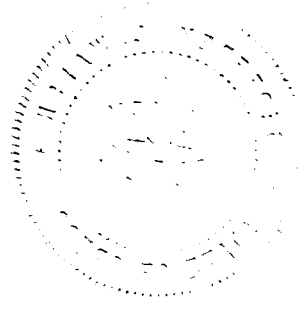
State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUN 27 1977

FORM BH 56067

5 13 77

Nelson

JUN 28 1977



DECEASED

231-15-0003-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-344

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floyd HARLEY BLACK
2. Date Of Birth (month) (day) (year): October 15 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: GRACE, Idaho

FATHER

6. Full Name of Father: MARTIN BLACK
7. State or Country of Father's Birth: MORGAN UTAH

MOTHER

8. Full Maiden Name of Mother: LIZZIE RASSMUSSEN
9. State or Country of Mother's Birth: MINK Creek, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd Harley Black
11. Present Address of Registrant: 2124 ST. MARYS DR. SALT LAKE CITY, UT.

NOTARY (Seal)

Subscribed and sworn to before me on July 11 1977

12. Signature of Notary: Lorrel Barnes
13. Notary Commission expires: 7-28 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church membership certificate	LDS Church	July8,1977	baptized July6,1929
	Date of Birth / Birth Place: Oct.15,1919 Grace, Idaho	Full Name of Mother: Lizzie Rasmussen	Name of Father: Martin Black	
SUPPORTING RECORD 2.	Marriage license affidavit	Salt Lake County, Utah	July8,1977	June11,1945
	Date of Birth / Birth Place: Oct.15,1919 Grace, Idaho	Full Name of Mother: Lizzie Rasmussen	Name of Father: Martin Black	
SUPPORTING RECORD 3.	Insurance application	New York Life Ins. Co.	July8,1977	Feb.8,1949
	Date of Birth / Birth Place: Oct.15,1919 Grace, Idaho	Full Name of Mother: --------	Name of Father: --------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 22 1977

FORM BH 56067

ICC DM #0577 \ ICC #2167

7-5-77

Block 2

JUL 25 1977

NOV 0 3 2011

613-126-034-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-345

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Raymond Edwin Wall			2. Date Of Birth (month) (day) (year): March 26, 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Minidoka
FATHER	6. Full Name of Father: Jake Wall			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Martha Bill			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Wall		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1977	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #49-11376	Date Issued: on file	Date Orig. Entry: child born July28,1949	
	Date of Birth: Age: 30	Birth Place: Minidoka, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ------	Date Orig. Entry: obviously old	
	Date of Birth: Mar.26,1919	Birth Place: Idaho	Full Name of Mother: Martha Bill Wall	Name of Father: Jake Wall	
SUPPORTING RECORD 3.	Type of Document: Notice of Separation	By whom issued and signed: U. S. Navy	Date Issued: Nov.3,1945	Date Orig. Entry: Entered ~~Oct.31,1944~~	
	Date of Birth: Mar.26,1919	Birth Place: Minidoka, Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

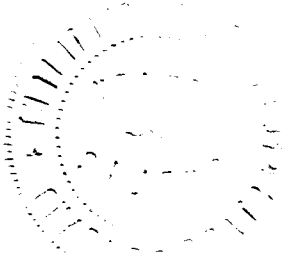
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Florence Curtright	July 25,1977

FORM BH 56067

NM 7/15/77 Send "W"

Page pd Rec. # 2103



596-20-003-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-366

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Betty Brown
2. Date of Birth: (month) May (day) 2 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Earl Nelson Brown
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Electa Wood
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Betty Brown
11. Present Address of Registrant: 147 E. 18th St. #5, Costa Mesa California

NOTARY (Seal)

OFFICIAL SEAL JANICE C. [illegible] Notary Public California ORANGE COUNTY My Commission Expires Nov. 9, 1979

Subscribed and sworn to before me on: May 25 1977

12. Signature of Notary: [illegible]
13. Notary Commission expires: Nov 9 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt, born 1898	LaRue Wood Nelson	Apr. 28, 1977	Apr. 28, 1977
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 2, 1919 / Pocatello, Idaho	Electa Wood	Earl Nelson Brown	
SUPPORTING RECORD 2.	Church certificate of birth	LDS Church	Dec. 5, 1973	May 21, 1919
	May 2, 1919 / Pocatello, Idaho	Electa Wood	Earl W. Brown	
SUPPORTING RECORD 3.	Own child's birth certificate	State of California	July 1, 1977	child born Feb. 5, 1941
	Age: 21 / Idaho	-------	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: AUG 03 1977

FORM BH 56067

AUG 4 1977

386-225-038-159

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-381

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Evelyn Thomas
2. Date Of Birth (month) (day) (year): Aug. 25 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Payette
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: George Nicholas Thomas
7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Nellie Agnes Jerome
9. State or Country of Mother's Birth: United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille E Henshaw
11. Present Address of Registrant: Route 1, Box, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: August 2 1977
12. Signature of Notary: [illegible]
13. Notary Commission expires: May 20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Washington State	Feb. 19, 1952	child born Oct. 3, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Idaho	---------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School census records	Skagit County, Washington	June 22, 1977	May 1, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 25, 1919	-------	Mrs. G.N. Thomas	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital records	Virginia Mason Hosp., Seattle WA	July 20, 1962	July 15, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 25, 1919	Payette, Idaho	Nellie Jerome	George N. Thomas

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 10 1977

FORM BH 56067

AUG 11 197

466-112-028-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-414

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEONARD WALTER MOORE
2. Date Of Birth: October 12 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: KOOTENAI; b. City or Town of Birth: GARWOOD

FATHER

6. Full Name of Father: George Washington Moore
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: Isabelle Matilda Chaffee
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leeroy M Moore
11. Present Address of Registrant: 822 Spokane St. Post Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Aug 16 1977

12. Signature of Notary:
13. Notary Commission expires 8/1 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's hospital birth certificate	Lake City General Hospital, Coeur d'Alene, Idaho	Aug.18,1977	child born Mar.28,1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.12,1919 / Garwood, Idaho	----------	---------	
SUPPORTING RECORD 2.	Military discharge	US Armed Services	Feb.18,1946	inducted Jan.9,1942
	Oct.12,1919 / Carwood, Idaho	---------	---------	
SUPPORTING RECORD 3.	Affidavit by aunt, age 72	Ida Josephine Moore	Aug.24,1977	Aug.24,1977
	Oct.12,1919 / Garwood, Idaho	Isabelle Matilda Chaffee	George Washington Moore	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: SEP 01 1977

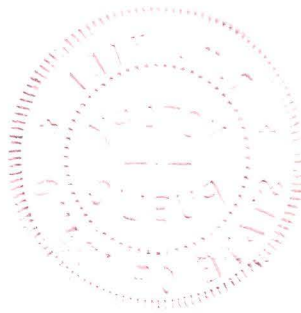
FORM BH 56067

ICC Pkt # 2908

8-5-77

Moore

SEP 2 1977



695-228-056-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IDA Viola Winder			2. Date Of Birth (month) (day) (year): Jan 28 1919	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: Monte View Idaho Jefferson	b. City or Town of Birth: Monte View Idaho	
FATHER	6. Full Name of Father: Thomas Harrison Winder			7. State or Country of Father's Birth: Springville Carbon County	
MOTHER	8. Full Maiden Name of Mother: Dorbuary Jane Wilson			9. State or Country of Mother's Birth: Wellington Utah Carbon County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ida V Winder Smith		11. Present Address of Registrant: Lovanya Route Box 94 Rigby Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1977	12. Signature of Notary: Zadien L. Wolz		13. Notary Commission expires: Dec. 6 1978	53442

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, born:April 20,1906	By whom issued and signed: Pauline Helm		Date Issued: May17,1977	Date Orig. Entry: May17,1977
	Date of Birth: Jan.28,1919	Birth Place: Monteview, Idaho	Full Name of Mother: Dorubuary Jane Wilson	Name of Father: Thomas Harrison Winder	
SUPPORTING RECORD 2.	Type of Document: Marriage license and Certificate	By whom issued and signed: Beaverhead county,Montana		Date Issued: July5,1937	Date Orig. Entry: July5,1937
	Date of Birth: Age: 18	Birth Place: Montiview, Idaho	Full Name of Mother: Dorbuary Willson	Name of Father: Tom Winder	
SUPPORTING RECORD 3.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Aug.5,1977	Date Orig. Entry: blessed July6,1919
	Date of Birth: Jan.28,1919	Birth Place: Monteview, ID	Full Name of Mother: Dorbuary Jane Wilson	Name of Father: Thomas Harrison Winder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: SEP 06 1977

FORM BH 56067 1 CC #10496

Winder

SEP 7 1977

266-220-021-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-420

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barbara Mae Kofoed			2. Date Of Birth (month) March (day) 20 (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Clarence Alvero Kofoed			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emily Rosina Gassman			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara Mae Robertson		11. Present Address of Registrant: Box 543 Carmen Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1977	12. Signature of Notary: Mary R Eccles		13. Notary Commission expires: June 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Dec.5,1927	Date Orig. Entry: baptized Nov.20,1927
	Date of Birth: Mar.20,1919 / Birth Place: Weston, Idaho	Full Name of Mother: Rose Gassman	Name of Father: Clarence A. Kofoed	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #320379	Date Issued: on file	Date Orig. Entry: child born Aug.25,1941
	Date of Birth: Age: 22 / Birth Place: Weston, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 69	By whom issued and signed: Lola Maguire	Date Issued: Aug.5,1977	Date Orig. Entry: Aug.5,1977
	Date of Birth: Mar.20,1919 / Birth Place: Weston, Idaho	Full Name of Mother: Emily Rosina Gassman	Name of Father: Clarence Alvero Kofoed	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	cc Colleen Cunningham	SEP 06 1977

FORM BH 56067 VR DC #1915

7-25-77

Robertson

SEP 7 1977

525-22-024-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-428

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella LaVaughn Ebel
2. Date Of Birth (month) (day) (year): April 24, 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Gooding
b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: Martin Herman Ebel
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Goldie M. Baltzley
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella LaVaughn Koellner
11. Present Address of Registrant: 16737 Addison St. Encino, California 91436

Subscribed and sworn to before me on August 31, 1977

12. Signature of Notary: Dee Saenz

13. Notary Commission expires: 3-5-78

NOTARY (Seal)
OFFICIAL SEAL
DEE SAENZ
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires March 5, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Goldie M. Fraser	June19,1968	June19,1968
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.24,1919 / Wendell, Idaho	Goldie M. Baltzley	Martin Herman Ebel	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Phoenix Union High School Phoenix, Arizona	Date Issued: Dec.5,1955	Date Orig. Entry: Sep.10,1934
	Apr.24,1919 / Wendell, Idaho	Goldie Ebel	Martin Ebel	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Department of Defense	Date Issued: Dec.7,1956	Date Orig. Entry: Dec.7,1956
	Apr.24,1919 / Wendell, Idaho	Goldie Marie Baltzley	Martin Herman Ebel	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: SEP 08 1977

FORM BH 56067

Ltr # 5931

6-24-77

Koellner

SEP 9 1977

655-28-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-456

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Llyle Weeks
2. Date Of Birth: (month) 07 (day) 28 (year) 1919
3. Color or Race: Wh.
4. Sex: F
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: John Weeks
7. State or Country of Father's Birth: MO

MOTHER

8. Full Maiden Name of Mother: Mary Louise Peters
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Llyle Weeks Laine
11. Present Address of Registrant: PO Box 260 Port Orchard WA.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 28 1977

12. Signature of Notary: [illegible]
13. Notary Commission expires: Aug 29 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 79	Mary L. Weeks	Sep.28,1977	Sep.28,1977
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July28,1919 Pocatello, Idaho	Mary Louise Peters Weeks	John Weeks	
SUPPORTING RECORD 2.	Hospital admission record	Harrison Memorial Hospital Bremerton, Oregon	Oct.5,1977	July8,1970
	July28,1919 Pocatello, Idaho	Louise Peters	John Weeks	
SUPPORTING RECORD 3.	Marriage license affidavit	Kitsap County, Washington	Sep.21,1977	Feb.2,1942
	Age: 22 Pocatello, Idaho	---------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 07 1977

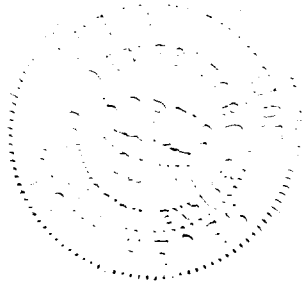
FORM BH 56067

ICC # 4425

9-7-77

Linje

OCT 1 1 1977



135-122-010-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-469

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Delbert William Alvey
2. Date Of Birth (month) (day) (year): April 22 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: St.Leon,Ida. Bonneville; b. City or Town of Birth: St. Leon Idaho

FATHER

6. Full Name of Father: William Leavitt Alvey
7. State or Country of Father's Birth: Escalante, Utah

MOTHER

8. Full Maiden Name of Mother: Bertha Roth
9. State or Country of Mother's Birth: Murray, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delbert William Alvey
11. Present Address of Registrant: Lewiston, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: September 30 1977

12. Signature of Notary: Carol P. Hendricks
13. Notary Commission expires: August 7 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Mar.5,1968	Date Orig. Entry: baptized Sep.30,1939
	Date of Birth: Apr.22,1919 / Birth Place: St. Leon, Idaho	Full Name of Mother: Bertha Roth	Name of Father: William Alvey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 88	By whom issued and signed: Bertha R. Alvey	Date Issued: Sep.30,1977	Date Orig. Entry: Sep.30,1977
	Date of Birth: Arp.22,1919 / Birth Place: St. Leon, Idaho	Full Name of Mother: Bertha Roth	Name of Father: William Leavitt Alvey	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Cache Valley Dairy Ass., Smithfield, Utah	Date Issued: Oct.17,1977	Date Orig. Entry: Feb.27,1947
	Date of Birth: Apr.22,1919 / Birth Place: ----------	Full Name of Mother: Bertha Alvey	Name of Father: William Alvey	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 21 1977

FORM BH 56067

ICC ++ 9X2

9-15-77

Supplied by

OCT 24 1977

APR 03 2006

413-119-016-353

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRISON NEFF MATTHEWS			2. Date Of Birth (month) JULY (day) 19 (year) 1919
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: DECLO, IDAHO
FATHER	6. Full Name of Father: HECTOR DALE MATTHEWS			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: CLARICE LITTLE			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H.N. Matthews		11. Present Address of Registrant: 2933 BRINKER AVE Ogden UT
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1977	12. Signature of Notary: Elizabeth A Moyer		13. Notary Commission expires: Dec 17 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah		Date Issued: Oct.21,1977	Date Orig. Entry: child born Dec.3,1947
	Date of Birth: Age: 28	Birth Place: Declo, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Oct.21,1977	Date Orig. Entry: blessed Nov.2,1919
	Date of Birth: July19,1919	Birth Place: Declo, Idaho	Full Name of Mother: Clarice Little	Name of Father: Hector D. Matthews	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church		Date Issued: Mar.27,1932	Date Orig. Entry: ordained Mar.27,1932
	Date of Birth: July19,1919	Birth Place: Declo, Idaho	Full Name of Mother: Clarice Little	Name of Father: Hector D. Matthews	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: OCT 25 1977

FORM BH 56067

OCT 25 1977

7-27-77

Matthews

OCT 26 1977

415-128-026-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Vern Danielson			2. Date Of Birth (month) February (day) 28 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Garfield
FATHER	6. Full Name of Father: D. Enoch Danielson			7. State or Country of Father's Birth: Huls Freds, Sweden
MOTHER	8. Full Maiden Name of Mother: Emma E. Jeffs			9. State or Country of Mother's Birth: UTAH, SALTLAKE CITY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Vern Danielson		11. Present Address of Registrant: Rigby Idaho Box 148 R3
NOTARY (Seal)	Subscribed and sworn to before me on: 26th of Oct. 1977	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

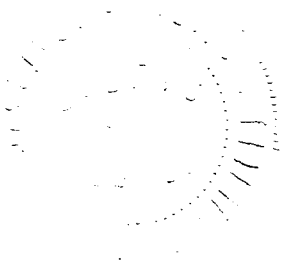
SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D.S.Church		Date Issued: Jun 5, 1927	Date Orig. Entry: Baptized Mar.5 1927
	Date of Birth: Feb.28,1919	Birth Place: Garfield,Idaho	Full Name of Mother: Emma E. Jeffs	Name of Father: D. Enoch Danielson	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Jefferson County # 92964		Date Issued: Dec.21,1950	Date Orig. Entry: Married Dec.21,1950
	Date of Birth: Age 31	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: Garfield Ward, L.D.S.Church		Date Issued: April 14, 21	Date Orig. Entry: Blessed Apr.6, 1919
	Date of Birth: Feb.28,1919	Birth Place: Garfield,Idaho	Full Name of Mother: Emma Jeffs	Name of Father: D. Enoch Danielson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	Oct. 26,19 77

FORM BH 56067



249-227-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-494

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orneal o Burke
2. Date Of Birth (month) (day) (year): August 27 1919
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Samuel B Burke
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Sarah Ann Longhurst
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orneal o Burke Lee
11. Present Address of Registrant: Rt I Box 113 Rigby, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on September 18 19 77

12. Signature of Notary: Joyce Lee
13. Notary Commission expires: Lifetime 19 —

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Ambrose Rounds	Ambrose Rounds, age 79, uncle	Sep.18,1977	Sep.18,1977
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.27,1919 / Iona, Idaho	Sarah Ann Longhurst	Samuel B. Burke	
SUPPORTING RECORD 2.	Type of Document: Record of Church Membership	By whom issued and signed: LDS Church	Date Issued: Sep.22,1977	Date Orig. Entry: child blessed Oct.5,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.27,1919 / Iona, Idaho	Sarah Ann Longhurst	Samuel B. Burke	
SUPPORTING RECORD 3.	Type of Document: Voter Registration	By whom issued and signed: Jefferson County, Idaho	Date Issued: Oct.31,1977	Date Orig. Entry: Nov.5,1971
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.27,1919 / -------	--------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: NOV 03 1977

K FORM BH 56067 ICC Pd # 3102

Lee

NOV - 4 1977

893-221-025-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-500

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Delia Hill			2. Date Of Birth (month) 3 (day) 21 (year) 1919	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Westlake	
FATHER	6. Full Name of Father: Rueben Harris Hill			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Emma Beatrice Fann			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Delia Hill Lymn	11. Present Address of Registrant: 2091 Michael	
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 29 1974		12. Signature of Notary: Penny Hull	13. Notary Commission expires: DECEMBER 20 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of pages from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: Mar.21,1919	Birth Place: Westlake, Idaho	Full Name of Mother: Emma Beatrice Fann	Name of Father: Reuben Harries Hill	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father,born1890		By whom issued and signed: Reuben H. Hill, Sr.	Date Issued: Oct.7,1977	Date Orig. Entry: Oct.7,1977
	Date of Birth: Mar.21,1919	Birth Place: Westlake, Idaho	Full Name of Mother: Emma Beatrice Fann	Name of Father: Reuben H. Hill	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date Issued: Oct.28,1977	Date Orig. Entry: child born Jan.23,1954
	Date of Birth: Age: 34	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Colleen Cunningham cc	NOV 08 1977

FORM BH 56067

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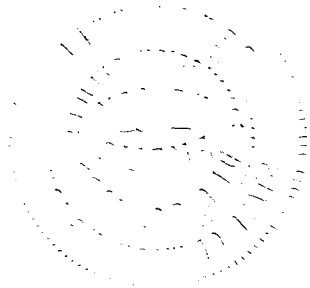
12-12-74 gml

NOV 9 1977



238-106-034-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-552

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Fredrick Schorzman			2. Date Of Birth (month) December (day) 6 (year) 1919	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Kimama	
FATHER	6. Full Name of Father: Julius Schorzman			7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Margaret Guthmiller			9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Fredrick Schorzman	11. Present Address of Registrant: Star Route, Castleford, Ida 83321	
NOTARY (Seal)	Subscribed and sworn to before me on: December 13 1977		12. Signature of Notary: S. Riley B. Gale	13. Notary Commission expires: 8-1- 1980	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 83		By whom issued and signed: Julius Schorzman	Date Issued: Nov.29,1977	Date Orig. Entry: Nov.29,1977
	Date of Birth: Dec.6,1919	Birth Place: Kimama, Idaho	Full Name of Mother: Margaret Guthmiller	Name of Father: Julius Schorzman	
SUPPORTING RECORD 2.	Type of Document: Military record		By whom issued and signed: U.S. Armed Services	Date Issued: Oct.23,1945	Date Orig. Entry: entered service Apr.25,1942
	Date of Birth: Dec.6,1919	Birth Place: -----	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism		By whom issued and signed: C.H. Riedesel, Pastor Reformed Church	Date Issued: Dec.1,1977	Date Orig. Entry: baptized Mar.29,1920
	Date of Birth: Dec.6,1919	Birth Place: Kimama, Idaho	Full Name of Mother: Margarete Schorzman	Name of Father: Julius Schorzman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	DEC 16 1977

FORM BH 56067

12-2-77

dbr file

DEC 19 1977

764-225-004-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-560

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alton Poulsen			2. Date Of Birth (month) (day) (year): March 25th 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Liberty Idaho, Bear Lake	b. City or Town of Birth: Liberty, Idaho
FATHER	6. Full Name of Father: Clem Andreas Poulsen			7. State or Country of Father's Birth: Liberty Ida. Bear Lake
MOTHER	8. Full Maiden Name of Mother: Martha S. Nielsen			9. State or Country of Mother's Birth: Copenhagen Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alton Poulsen		11. Present Address of Registrant: 5640 W 5500 S Hooper, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 1 1977	12. Signature of Notary: Jerry LaFroot		13. Notary Commission expires: July 8 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date Issued: Aug.18,1977	Date Orig. Entry: Junel,1919
	Date of Birth: Mar.25,1919	Birth Place: Liberty, Idaho	Full Name of Mother: Martha Nielsen	Name of Father: A. Klem Poulsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 77		By whom issued and signed: Edith Poulsen	Date Issued: Oct.17,1977	Date Orig. Entry: Oct.17,1977
	Date of Birth: Mar.25,1919	Birth Place: Liberty, Idaho	Full Name of Mother: Martha Nielsen	Name of Father: A. Clem Poulsen	
SUPPORTING RECORD 3.	Type of Document: Federal Census report, 1920		By whom issued and signed: U.S. Department of Commerce	Date Issued: Dec.15,1977	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10/12ths*	Birth Place: Idaho	Full Name of Mother: Martha Poulson	Name of Father: Clem Poulson	

QUALIFYING INFORMATION

* Meaning ten months of age.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham cc	DEC 21 1977

FORM BH 56067

DEC 22 1977

962-205-006-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-567

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Guila Vera Robinson
2. Date Of Birth: April 5 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Basalt, Idaho

FATHER

6. Full Name of Father: Wilburn Williams Robinson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lillie Rebecca Gregersen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Guila Vera Robinson
11. Present Address of Registrant: 3210 Sunnyside Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 7 1977
12. Signature of Notary: Leon Hemingway
13. Notary Commission expires: May 25 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	on file Idaho #53-11296	on file	child born Sep.30,1953
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 34 / Basalt, Idaho	-----	-----	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Aug.11,1929	baptized Aug.14,1927
	Apr.5,1919 / Basalt, Idaho	Lillie Gregerson	Wilburn Robinson	
SUPPORTING RECORD 3.	Insurance application	Mutual Life Ins. Co. of New York	Dec.27,1977	May31,1967
	Apr.5,1919 / Basalt, Idaho	------	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

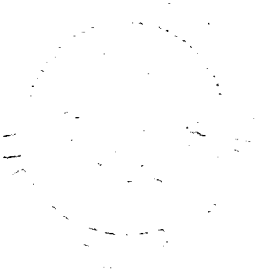
State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 27 1977

FORM BH 56067

ICC #11606

11-25-77

DEC 2 3 1977



294-125-005-397

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAWRENCE ALBERT BRUCE			2. Date Of Birth (month) (day) (year): February 25 1919
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Benewah County, Idaho	b. City or Town of Birth: rural Benewah county
FATHER	6. Full Name of Father: ALBERT BYRON BRUCE			7. State or Country of Father's Birth: Marion, Ohio
MOTHER	8. Full Maiden Name of Mother: IRENE LOUISE LIPP			9. State or Country of Mother's Birth: Lorain, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Albert Bruce		11. Present Address of Registrant: Farmington, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: December 23 1977	12. Signature of Notary: J Robert T Lewis		13. Notary Commission expires: Dec 1 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 76	By whom issued and signed: Irene Bruce	Date Issued: Dec.23,1977	Date Orig. Entry: Dec.23,1977
	Date of Birth: Feb.25,1919 / Birth Place: Benewah County,ID	Full Name of Mother: Irene Lipp	Name of Father: Albert B. Bruce	
SUPPORTING RECORD 2.	Type of Document: Bible record, notarized copy	By whom issued and signed: Family bible	Date Issued: Jan.3,1978	Date Orig. Entry: obviously old
	Date of Birth: Feb.25,1919 / Birth Place: Benewah County,ID	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: statement about Hospital record	By whom issued and signed: Spokane, Washington St. Luke's Memorial Hosp.	Date Issued: Jan.8,1975	Date Orig. Entry: Oct.31,1946
	Date of Birth: Feb.25,1919 / Birth Place: Idaho	Full Name of Mother: Irene Lipp	Name of Father: Albert B. Bruce	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

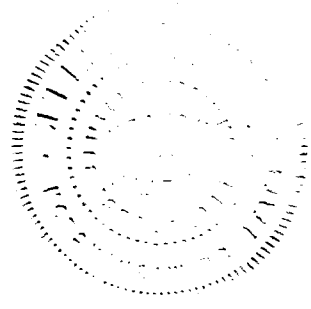
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	JAN 05 1978

FORM BH 56067 I-77 14-756

11-30-77

Bruce (dbs file)

JAN 6 1978



213-216-6444-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CONSTANCE LYLAS SALING		2. Date Of Birth (month) MARCH (day) 16 (year) 1919	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: a. County Washington; b. City or Town of Birth: WEISER	
FATHER	6. Full Name of Father: HUGH SALING		7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: FAY MURIEL COOPER		9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Constance Lylas Saling / Constance Lylas Baker	11. Present Address of Registrant: 15221 S.E. CATFIELD RD. MILWAUKIE OR. 97222	
NOTARY (Seal)	Subscribed and sworn to before me on 12-2 19 77	12. Signature of Notary: Sandra L. Davis	13. Notary Commission expires 11-18 19 79	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, born1902	By whom issued and signed: Fay M. Blaylock	Date Issued: Oct.4,1977	Date Orig. Entry: Oct.4,1977
	Date of Birth: Mar.16,1919 / Birth Place: Weiser, Idaho	Full Name of Mother: Fay Muriel Cooper	Name of Father: Jefferson Hugh Saling	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon	Date Issued: Sep.20,1977	Date Orig. Entry: child born Feb.24,1942
	Date of Birth: Age: 22 / Birth Place: Weiser, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Hudson Stores, Portland, OR	Date Issued: Jan.8,1978	Date Orig. Entry: Aug.7,1964
	Date of Birth: Mar.16,1919 / Birth Place: ------	Full Name of Mother: ----------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Colleen Cunningham cc	JAN 16 1978

FORM BH 56067

ICP #5529

9-7-77

JAN 16 1978

299-110-029-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ARNOLD JESSE BIRCHER
2. Date Of Birth (month) (day) (year): Sept. 10 - 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Latah
b. City or Town of Birth: Potlatch

FATHER

6. Full Name of Father: Jesse James Bircher
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Effee Mae Potter
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arnold Jesse Bircher
11. Present Address of Registrant: Princeton, Idaho 83857

NOTARY (Seal)

Subscribed and sworn to before me on: November 23 19 77
12. Signature of Notary: Darline P. Seward
13. Notary Commission expires: Life 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage license	Kootenai County, Idaho	on file	Sep.26,1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 31 / Potlatch, Idaho	---------	--------	
SUPPORTING RECORD 2.	Military discharge	U. S. Armed Services	Feb.28,1946	inducted Oct.22,1942
	Sep.10,1919 / Potlatch, Idaho	---------	----------	
SUPPORTING RECORD 3.	Affidavit by father	Jesse Bircher	Jan.4,1978	Jan.4,1978
	Sep.10,1919 / Potlatch, Idaho	Effie May Potter Bircher	Jesse James Bircher	

QUALIFYING INFORMATION

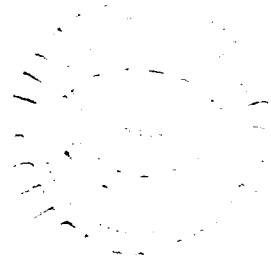
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: JAN 17 1978

FORM BH 56067

JAN 17 1978



433-1.17-010-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald McClaskey			2. Date Of Birth (month) (day) (year): March 17 1923
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls - Idaho
FATHER	6. Full Name of Father: Jack McClaskey			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mabel Clark			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: "Ed" Donald McClaskey		11. Present Address of Registrant: 1623 12th St. Idaho Falls Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1976 19__	12. Signature of Notary: [illegible]		13. Notary Commission expires: 6-17-77 19__

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: school records		By whom issued and signed: Idaho Falls High School	Date Issued: --	Date Orig. Entry: Sept. 6, 1939
	Date of Birth: Mar.17,1923	Birth Place: --	Full Name of Mother: --	Name of Father: Jack McClaskey	
SUPPORTING RECORD 2.	Type of Document: 1930 Census report		By whom issued and signed: United States Depart of Commerce. Bureau of Census	Date Issued: Apr.23,1976	Date Orig. Entry: Apr.1,1930
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: Mabel McClaskey	Name of Father: Jack McClaskey	
SUPPORTING RECORD 3.	Type of Document: Marriage license		By whom issued and signed: Beaverhead County, Montana	Date Issued: Jan.17,1978	Date Orig. Entry: June30,1944
	Date of Birth: Age: 21	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mable Clark	Name of Father: Jack McClaskey	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Mick		Evidence reviewed by: lc Colleen Cunningham		Date Filed: JAN 18 1978

FORM BH 56067

Applicant # 3[illegible]

2-9-67

JAN 1

545-128-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRY William EDEEN		2. Date of Birth (month) (day) (year): July 28 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: McCAMMON Bannock; b. City or Town of Birth: McCAMMON, Idaho
FATHER	6. Full Name of Father: Hjalmar Edeen		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Edith S. HANSSON		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry W Edeen	11. Present Address of Registrant: 655 No Lincoln
NOTARY (Seal)	Subscribed and sworn to before me on: January 23 1978	12. Signature of Notary: Grant Sehrson	13. Notary Commission expires: January 30, 1978

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge	By whom issued and signed: U.S. Naval Service	Date Issued: Mar.17,1946	Date Orig. Entry: inducted Dec.26,1944
	Date of Birth: July28,1919 / Birth Place: McCammon, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance policy	By whom issued and signed: Western Life Ins. Co.,Helena,MT	Date Issued: Dec.1,1962	Date Orig. Entry: Dec.1,1962
	Date of Birth: July28,1919 / Birth Place: -----	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit from sister	By whom issued and signed: Edith Edeen Thorpe,born12/5/07	Date Issued: Dec.7,1977	Date Orig. Entry: Dec.7,1977
	Date of Birth: July28,1919 / Birth Place: McCammon, Idaho	Full Name of Mother: Edith Hansen Edeen	Name of Father: Hjalmar Edeen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 0 8 1978

FORM BH 56067

6-11-69

FEB 9 1978

396-208-015-956

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Gertrude Cross			2. Date Of Birth (month) 7 (day) 8 (year) 19	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs	Idaho
FATHER	6. Full Name of Father: Daniel Cross			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Louise Ivory			9. State or Country of Mother's Birth: [redacted] Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Ethel Gertrude Cross		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: November 16th 1977 19__	12. Signature of Notary: Paul V. Tipton		13. Notary Commission expires: 11-8-74 19__	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Mar.24,1953	Date Orig. Entry: child baptized Mar.8,1953
	Date of Birth: July8,1919	Birth Place: Soda Springs, ID	Full Name of Mother: Louise Ivory	Name of Father: Daniel Cross	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #55-13120		Date Issued: on file	Date Orig. Entry: child born Sep.23,1955
	Date of Birth: Age: 36	Birth Place: Soda Springs, ID	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Pocatello, Idaho Gem State Mutual Life Ass.		Date Issued: Feb.1,1978	Date Orig. Entry: Mar. 9, 1947
	Date of Birth: July8,1919	Birth Place: Soda Springs, ID	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham cc	FEB 09 1978

FORM BH 56067 / Copy Pd Rec # 21468

8 22-11

FEB 10 1978

255-124-014-916

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-080

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clyde Earl Snell
2. Date Of Birth (month) 9 (day) 24 (year) 1919
3. Color or Race: W
4. Sex: Male
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Joseph Snell
7. State or Country of Father's Birth: Cornwall England

MOTHER

8. Full Maiden Name of Mother: Fannie G. Rawling
9. State or Country of Mother's Birth: Cornwall England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clyde Snell
11. Present Address of Registrant: Cambridge, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 23, 19 78
12. Signature of Notary: JoAnn C Hennessy
13. Notary Commission expires: November 18, 19 79

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho on file #55-13878	Feb.17,1978	child born Nov.11,1955
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 36 / Caldwell, Idaho	-------	-------	
SUPPORTING RECORD 2.	Bible record, notarized	Family bible	Feb.23,1978	obviously old
	Sep.24,1919 / Caldwell, Idaho	Fannie G. Rawling	Joseph Snell	
SUPPORTING RECORD 3.	Military discharge	U.S. Armed Services	Oct.13,1945	enlisted Mar.10,1941
	Sep.24,1919 / Caldwell, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 01 1978

K FORM BH 56067 (Rev. 1953 + 1965)

2-14-78

Snell

MAR 2 1978

Chelsea Cert. Dean Snell
11-11-55
Ada

DECEASED

436-222-014-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AILEEN AROONE McFADDEN			2. Date Of Birth (month) 7 (day) 22 (year) 19	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: PARMA CANYON	b. City or Town of Birth: Parma Idaho	
FATHER	6. Full Name of Father: Ollis Jesse McFADDEN			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: Cecile EVA ADAMS			9. State or Country of Mother's Birth: OREGON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aileen Aroone Montgomery McFadden		11. Present Address of Registrant: R.R. #1 Box 3 S.B.	
NOTARY (Seal) OFFICIAL SEAL WILLA M. KOPLIN NOTARY PUBLIC-CALIFORNIA NAPA COUNTY My Comm. Expires Jan. 17, 1977	Subscribed and sworn to before me on March 25 19 74	12. Signature of Notary: Willa M. Koplin		13. Notary Commission expires: January 17 19 77	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record	By whom issued and signed: Napa, California Napa Union High School Dist.		Date Issued: Mar.7,1978	Date Orig. Entry: 1936
	Date of Birth: July22,1919	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother,born1896	By whom issued and signed: Cecile E. Hall		Date Issued: Jan.25,1974	Date Orig. Entry: Jan.25,1974
	Date of Birth: July22,1919	Birth Place: Parma, Idaho	Full Name of Mother: Cecile Eva Adams McFadden	Name of Father: Ollis Jesse McFadden	
SUPPORTING RECORD 3.	Type of Document: Federal census report	By whom issued and signed: U.S. Department of Commerce		Date Issued: Feb.4,1974	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Cecile McFadden	Name of Father: O. Jesse McFadden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 10 1978

FORM BH 56067

MAR 2 0 1978

219-202-022-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-110

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Tressa Virginia Barrett
2. Date Of Birth (month) (day) (year): 12 2 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ashton, Ida. Fremont
b. City or Town of Birth: Ashton, Idaho

FATHER

6. Full Name of Father: Fred Monroe Barrett
7. State or Country of Father's Birth: Nevada

MOTHER

8. Full Maiden Name of Mother: Etta High
9. State or Country of Mother's Birth: Jefferson, Greene, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Tressa Virginia Davis
11. Present Address of Registrant: R.F.D. 3 Box Bel 200

NOTARY (Seal)

Subscribed and sworn to before me on: March 2 1978
12. Signature of Notary: [illegible]
13. Notary Commission expires: 11-2 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 32 a child's birth	Mary Alice Burnside	11/28/66	Nov.28,1966

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.2,1919	Ashton, Idaho	Etta High	Fred Monroe Barrett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School census report	Fremont County, Idaho	Mar.14,1978	Sept,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.2,1919	-----	Etta Barrett	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Bannock County, Idaho	Jan.17,1978	Aug.1,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Ashton, Idaho	--------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

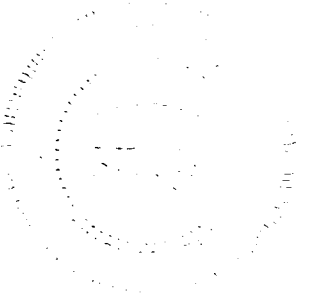
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Colleen Cunningham	

FORM BH 56067 ICC#223

2-27-78

MAR 20 1973



796-121-033-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dean R. Grover			2. Date Of Birth (month) March (day) 21 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Daniel Wells Grover			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha May Ricks			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean R Grover		11. Present Address of Registrant: RT 4, Rexburg, Id 83440
NOTARY (Seal)	Subscribed and sworn to before me on 03/20/78 19 78	12. Signature of Notary: L. T. Waddison		13. Notary Commission expires: Postmaster 19 82

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #49-6015	Date Issued: on file	Date Orig. Entry: child born May25,1949	
	Date of Birth: Age: 30	Birth Place: Rexburg, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Apr.10,1973	Date Orig. Entry: blessed July6,1919	
	Date of Birth: Mar.21,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Martha May Ricks	Name of Father: Daniel Wells Grover	
SUPPORTING RECORD 3.	Type of Document: Marriagelicense and certificate	By whom issued and signed: Madison County, Idaho	Date Issued: Mar.8,1978	Date Orig. Entry: June9,1947	
	Date of Birth: Age: 28	Birth Place: Rexburg, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	MAR 27 1978

FORM BH 56067

BC # 17940

MAR 2 8 1978

DECEASED

992-205-034-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Lillian Risley
2. Date Of Birth (month) (day) (year): March 5 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Gooding
   b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: ~~Frankie AKA Frances~~ Dwight+Marion Risley
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Frankie AKA Frances Olivia Baldwin
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice L. Murdock
11. Present Address of Registrant: 1235 Kimberly Dr. San Jose, Ca

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 31 1978
12. Signature of Notary: Dan S Castillo
13. Notary Commission expires: Nov 23 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record, California	San Jose High School, San Jose	Dec.8,1977	Sept,1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.5,1919 / Wendel,Idaho	-------	D. M. Risley	
SUPPORTING RECORD 2.	Own child's birth certificate	State of California	Dec.22,1977	child born Aug.19,1940
	Age: 21 / Idaho	-------	---------	
SUPPORTING RECORD 3.	Signature card	Wells Fargo Bank,San Jose,CA	Apr.4,1978	May25,1962
	Mar.5,1919 / Idaho	Baldwin	_____	

QUALIFYING INFORMATION

Federal Census report of January 1, 1920, lists Alice Risley, born in Idaho, ten months of age as of January 1, 1920, and the daughter of Dwight M. and Frankie Risley.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: APR 17 1978

FORM BH 56067

CC# 10079

11-4-77

APR 18 1978

795-204-035-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-158

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Shirley May Rose Greer			2. Date Of Birth (month) May (day) 4 (year) 1919	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Herbert Wells Greer			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Corinne Arnold			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Shirley Greer Clark	11. Present Address of Registrant: 2301 Ill. Ave. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on 19th April 1978		12. Signature of Notary: Margaret D. Davis	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family bible		By whom issued and signed: Family bible	Date Issued: viewed Apr.19,1978	Date Orig. Entry: obviously old
	Date of Birth: May4,1919	Birth Place: -------	Full Name of Mother: Corinne A. Arnold	Name of Father: Herbert Wells Greer	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #376934	Date Issued: on file	Date Orig. Entry: child born July15,1943
	Date of Birth: Age: 24	Birth Place: Lewiston, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: New York Life Ins. Co.	Date Issued: Mar.14,1958	Date Orig. Entry: Mar.5,1958
	Date of Birth: May4,1919	Birth Place: Lewiston, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: APR 19 1978

FORM BH 56067

APR 1 9 1978

593124-014-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-172

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John William Viles
2. Date Of Birth (month) (day) (year): 11 24 1919
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Idaho Canyon; b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: Cecil Owen Viles
7. State or Country of Father's Birth: Mo.

MOTHER

8. Full Maiden Name of Mother: Minnie Barbara Phager
9. State or Country of Mother's Birth: Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John W. Viles
11. Present Address of Registrant: P.O. Box 262 Prineville ORE

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 1 1978
12. Signature of Notary: Elsie M Simmons
13. Notary Commission expires: 4/19 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of California	Sep.15,1966	child born Feb.18,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Parna, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U.S. Marine Corps report of Separation	U.S. Marine Corps	Oct.1,1945	entered service Apr.14,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.24,1919	Parma, Idaho	------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor, age 74	Anna Pearl Gilbert	Apr.18,1978	Apr.18,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.24,1919	Parma, Idaho	Minnie Plager	Cecil Owen Viles

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	APR 28 1978

FORM BH 56067

MAY 1 1979

793-226-016-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Jene Gilman			2. Date Of Birth (month) Jan (day) 26 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Charles Francis Gilman			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Erma Wight Holmes ~~Frances Jene Gilman~~			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Jene Gilman		11. Present Address of Registrant: 1374 Emery St Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1978	12. Signature of Notary: Marilyn Lacey		13. Notary Commission expires: 5-7 1978

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 81	By whom issued and signed: Sylvia J. Conner		Date Issued: Apr.14,1978	Date Orig. Entry: Apr.14,1978
	Date of Birth: Jan.26,1919	Birth Place: Burley, Idaho	Full Name of Mother: Erma Wight Holmes	Name of Father: Charles Francis Gilman	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Los Angeles City Schools		Date Issued: Apr.25,1978	Date Orig. Entry: Dec.31,1935
	Date of Birth: Jan.26,1919	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah		Date Issued: Mar.5,1962	Date Orig. Entry: child born Sep.13,1953
	Date of Birth: Age: 34	Birth Place: Burley, Idaho	Full Name of Mother: ---------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAY 08 1978

FORM BH 56067

1 Cp pd rec # 17645

9-13-66

MAY 9 1978

515-225-003-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-201

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delores Lucile Naef			2. Date Of Birth (month) (day) (year): March 25, 1919	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Downey, Home Bannock	b. City or Town of Birth: Downey	
FATHER	6. Full Name of Father: Charles Daniel Naef			7. State or Country of Father's Birth: Providence, Utah	
MOTHER	8. Full Maiden Name of Mother: Katherine(Kate) Scheibel			9. State or Country of Mother's Birth: Pleasant Valley, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Delores Lucile Naef Andersen	11. Present Address of Registrant: 2423 Bannock Hwy Pocatello, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 3 1978		12. Signature of Notary: [signature]	13. Notary Commission Expires: March 28 1982	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Temple recommend		By whom issued and signed: LDS Church	Date Issued: May10,1978	Date Orig. Entry: Sep.9,1953
	Date of Birth: Mar.25,1919	Birth Place: Downey, Idaho	Full Name of Mother: Katherine Scheible	Name of Father: Charles Daniel Naef	
SUPPORTING RECORD 2.	Type of Document: Patriarchal blessing		By whom issued and signed: Benjamin Williams Henderson	Date Issued: July15,1933	Date Orig. Entry: July15,1933
	Date of Birth: Mar.25,1919	Birth Place: Downey, Idaho	Full Name of Mother: Kate Scheibel	Name of Father: Daniel Naef	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time		By whom issued and signed: Elmer P. Bright, age 78	Date Issued: May3,1978	Date Orig. Entry: May3,1978
	Date of Birth: Mar.25,1919	Birth Place: Downey, Idaho	Full Name of Mother: Katherine (Kate) Scheibel	Name of Father: Charles Daniel Naef	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wiske	Evidence reviewed by: Colleen Cunningham	Date Filed: MAY 17 1978

FORM BH 56067

ICCH 2995

4 28 78

MAY 1 8 1978

866-126-021-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-212

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FONDEN PARLEY HOWELL			2. Date Of Birth (month) (day) (year): OCTOBER 26 1919
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO FRANKLIN	b. City or Town of Birth: CLIFTON
FATHER	6. Full Name of Father: WILLIAM PARLEY HOWELL			7. State or Country of Father's Birth: FRANKLIN COUNTY, IDAHO
MOTHER	8. Full Maiden Name of Mother: LILLIE ALICE ADAMS			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fonden P. Howell		11. Present Address of Registrant: P.O. BOX 486 PLYMOUTH, UTAH. 84330
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1978	12. Signature of Notary: Margaret K. Jaeden		13. Notary Commission expires: Oct. 19 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: May22,1978	Date Orig. Entry: baptized Oct.26,1927
	Date of Birth: Oct.26,1919 / Birth Place: Clifton, Idaho	Full Name of Mother: Lillie Alice Adams	Name of Father: Wm. Parley Howell	
SUPPORTING RECORD 2.	Type of Document: Military record, discharge	By whom issued and signed: U.S. Armed Services	Date Issued: Dec.7,1945	Date Orig. Entry: inducted Jan.16,1942
	Date of Birth: Oct.26,1919 / Birth Place: Clifton, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: May22,1978	Date Orig. Entry: Aug.19,1941
	Date of Birth: Oct.26,1919 / Birth Place: Clifton, Idaho	Full Name of Mother: Lillie Adams Howell	Name of Father: ------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham		Date Filed: MAY 23 1978

FORM BH 56067 IC# 7142

MAY 30 1978

314-122-010-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Max Eugene Cameron			2. Date Of Birth (month) 5 (day) 22 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Poplar / Bonn	b. City or Town of Birth: Poplar, Idaho	
FATHER	6. Full Name of Father: Martin Lebi Cameron			7. State or Country of Father's Birth: Idaho, Bonneville, Idaho	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Wheeler			9. State or Country of Mother's Birth: Utah, Clarkstone, Logan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Max E Comeyan		11. Present Address of Registrant: Challis, Id., 83226	
NOTARY (Seal)	Subscribed and sworn to before me on June 2, 19 78	12. Signature of Notary: Jeanette Pina		13. Notary Commission expires: life 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church		Date Issued: June7,1978	Date Orig. Entry: baptized Aug.6,1927
	Date of Birth: May22,1919	Birth Place: Poplar, Idaho	Full Name of Mother: Sarah Ann Wheeler	Name of Father: Levi Martin Cameron	
SUPPORTING RECORD 2.	Type of Document: Marriage license	By whom issued and signed: State of Idaho,Lemhi County		Date Issued: Junel,1978	Date Orig. Entry: May10,1966
	Date of Birth: Age: 46	Birth Place: Poplar, Idaho	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Military discharge	By whom issued and signed: U. S. Armed Services		Date Issued: Sep.26,1945	Date Orig. Entry: inducted May19,1943
	Date of Birth: May22,1919	Birth Place: Poplar, Idaho	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

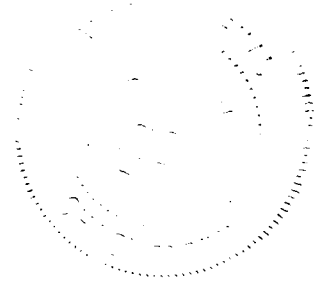
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 12 1978

FORM BH 56067 (CC H 7/84)

Carter-Hz

JUN 13 1978



519-107-036-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 78-247

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merlin Fisher Hart
2. Date Of Birth (month) 4 (day) 7 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Menan Idaho Jefferson
b. City or Town of Birth: Menan Idaho

FATHER

6. Full Name of Father: John William Hart Jr.
7. State or Country of Father's Birth: West Weber Weber, Utah

MOTHER

8. Full Maiden Name of Mother: Mable Fisher
9. State or Country of Mother's Birth: Salmon, Lemhi, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merlin Fisher Hart
11. Present Address of Registrant: 2585 No Holmes Idaho Falls Ida

NOTARY (Seal)

Subscribed and sworn to before me on June 12 1978

12. Signature of Notary: Carolyn Bailey
13. Notary Commission expires: 6 Jan 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Apr.7,1919	Menan, Idaho	Pacific National Life INs.	---------	Apr.29,1940	---------	Apr.19,1940
SUPPORTING RECORD 2.	Certificate of ordination	Apr.7,1919	Menan, Idaho	L.D.S.Church	Mable Fisher	Aug 8,1932	Merlin Fisher Hart	Ordained Aug.8,1932
SUPPORTING RECORD 3.	Honorable Discharge	Apr.7,1919	Menan, Idaho	Army of the U.S.	-------	Dec.14, 1945	------	Entered Aug.26,1944

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

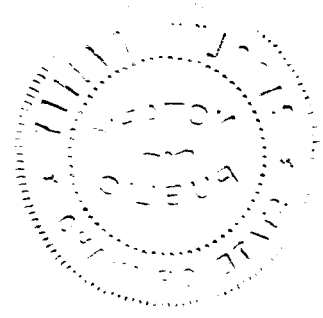
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	June 20,1978

FORM BH 56067

6-6-78

Hart



693-123-042-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-261

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: J. GRANT FILLMORE
2. Date Of Birth (month) (day) (year): July 23 1919
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth — a. County: TWIN FALLS — b. City or Town of Birth: TWIN FALLS, IDAHO

FATHER

6. Full Name of Father: OREN EZRA FILLMORE
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: CLARA AMANDA IVIE
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J. Grant Fillmore
11. Present Address of Registrant: 945 S. University Blackfoot

NOTARY (Seal)

Subscribed and sworn to before me on: June 22 1978
12. Signature of Notary: Linda Hess
13. Notary Commission expires: 12-27 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Military record, discharge	U.S. Armed Services	Jan.31,1946	inducted July14,1942
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July23,1919 Twin Falls, Idaho	----------	----------	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Dec.6,1930	baptized ~~Dec.6,1930~~
	July23,1919 Twin Falls, Idaho	Clara A. Ivie	Oren E. Fillmore	
SUPPORTING RECORD 3.	Certificate of blessing	LDS Church	Sep.7,1919	blessed ~~Sep.7,1919~~
	July23,1919 Twin Falls, Idaho	Clara Amanda Ivie	Oren Ezra Fillmore	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUN 29 1978

FORM BH 56067

JUN 29 1978

Send to =
945 South University
Blackfoot Idaho 83221

693-20-036-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-264

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maxine Williams
2. Date Of Birth (month) (day) (year): Sept. 1 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ririe Jefferson
b. City or Town of Birth: Ririe - Ida

FATHER

6. Full Name of Father: William B. Williams
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Alice Cromwell
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maxine E. Bright
11. Present Address of Registrant: Route #1 1418 Nampa I

NOTARY (Seal)

Subscribed and sworn to before me on June 23 1978

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: Lifetime 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho #381529	May8,1972	child born Oct.15,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 24 / Rirey, Idaho	---------	----------	
SUPPORTING RECORD 2.	Insurance application	American National Ins. Co.		
	Sep.1,1919 / Ririe, Idaho	----------	----------	
SUPPORTING RECORD 3.	Family bible	Family bible	Dec.25,1957	obviously old
	Sep.1,1919 / -------	Alice Cromwell	Bill Williamson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUN 30 1978

FORM BH 56067

ICC# 19086

abs file

JUN 30 1978

3-16-78

413-210-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-266

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriet Harris Mathews
2. Date Of Birth (month) (day) (year): 6 10 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Lago Bannock
b. City or Town of Birth: Lago

FATHER

6. Full Name of Father: George Chase Mathews
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: Viola Harris
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriet M. Atkinson
11. Present Address of Registrant: 5450 San Felipe Rd Hollister Cal

NOTARY (Seal)

Subscribed and sworn to before me on: May 30, 1978
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: Lifetime 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate	Idaho #50-481	May30,1978	child born Jan.30,1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 30 / Lago, Idaho	---------	----------	
SUPPORTING RECORD 2.	Affidavit by mother, age 80	Viola Harris Mathews	May30,1978	May30,1978
	June10,1919 / Lago, Idaho	Viola Harris	George C. Mathews	
SUPPORTING RECORD 3.	Church birth certificate	LDS Church	June1,1978	Sep.7,1919
	June10,1919 / Lago, Idaho	Viola Harris	George Chase Mathews	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUL 03 1978

FORM BH 56067

JUL 5 1978
JUL 7 1978

154-202 1009-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winifred Ruth Anderson			2. Date Of Birth (month) June (day) 2 (year) 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: ~~Boundary~~ Bonner	b. City or Town of Birth: ~~Kutto~~ Kootenai
FATHER	6. Full Name of Father: Edward Anderson			7. State or Country of Father's Birth: North Dakota
MOTHER	8. Full Maiden Name of Mother: Alice Martha Lynge			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred Ruth Anderson Solberg		11. Present Address of Registrant: Box 458 Deer Park, Wa 99006
NOTARY (Seal)	Subscribed and sworn to before me on December 9, 1977	12. Signature of Notary: Marilyn C. Bristol		13. Notary Commission expires 6-15 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized copy Bible record	By whom issued and signed: Family bible	Date Issued: Nov.8,1977	Date Orig. Entry: Dec.25,1957
	Date of Birth: June2,1919 / Birth Place: ------	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Alice Martha Anderson	Date Issued: Apr.10,1978	Date Orig. Entry: Apr.10,1978
	Date of Birth: June2,1919 / Birth Place: Kootenai, Idaho	Full Name of Mother: Alice Martha Lynge	Name of Father: Edward Anderson	
SUPPORTING RECORD 3.	Type of Document: College transcript	By whom issued and signed: Spokane Comm. Coll.,SpokaneWA	Date Issued: June27,1978	Date Orig. Entry: Sep.19,1966
	Date of Birth: June2,1919 / Birth Place: Kootenai, Idaho	Full Name of Mother: ---------	Name of Father: Ed Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JUL 14 1978

FORM BH 56067 (1-77) 1023A

Bulberg

JUL 17 1978

458-207-002-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 78-282

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Laura Meyer			2. Date Of Birth (month) (day) (year): September 7, 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Adams	b. City or Town of Birth: New Meadows
FATHER	6. Full Name of Father: Alfred B. Meyer			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Hubbard			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth L. Meyer		11. Present Address of Registrant: Rt. 1 Homedale Idaho 83628
NOTARY (Seal)	Subscribed and sworn to before me on: July 17, 1978 19___	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19___

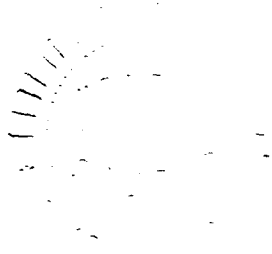
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record		By whom issued and signed: Forest Grove, Oregon Forest Grove Hospital	Date Issued: Feb. 14,1943	Date Orig. Entry: Feb.14,1943
	Date of Birth: Sept.7,1919	Birth Place: New Meadows,Idaho	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt age 62		By whom issued and signed: Hazel Branstetter	Date Issued: May 8,1962	Date Orig. Entry: -------
	Date of Birth: Sept.7,1919	Birth Place: New Meadows	Full Name of Mother: Clara Elizabeth Hubbard	Name of Father: Alfred B. Meyer	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate		By whom issued and signed: State of Oregon # 21 (1944)	Date Issued: Jul.15,1944	Date Orig. Entry: Child born Jan. 15,1944
	Date of Birth: age 24	Birth Place: New Meadows	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: July 17,1978

FORM BH 56067

3-28-62



436-218-022-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-290

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Eileen McWherter
2. Date Of Birth (month) July (day) 18 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: John McWherter
7. State or Country of Father's Birth: Jasper County, Iowa

MOTHER

8. Full Maiden Name of Mother: Jennie Toledo Cox
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Cummins
11. Present Address of Registrant: Arco, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 11 19 78

12. Signature of Notary: Iris Mecham
13. Notary Commission expires: Dec 1 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho	on file	child born Mar.22,1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 29 / St. Anthony, ID	---------	---------	
SUPPORTING RECORD 2.	Marriage license affidavit	Bingham County, Idaho	July13,1978	Dec.4,1942
	July18,1919 / St. Anthony, Idaho	--------	--------	
SUPPORTING RECORD 3.	Affidavit by sister, age 71	Mable McWherter Farnworth	July11,1978	July11,1978
	July18,1919 / St. Anthony, Idaho	Jennie Toledo Cox	John McWherter	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 20 1978

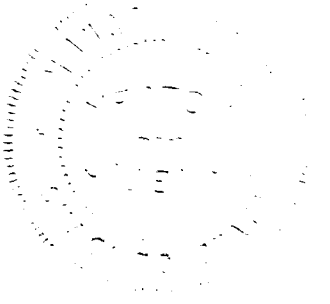
FORM BH 56067

ICC # 11034

6-8-77

Davis

JUN 20 1978



653-118-010-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-292

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Earl Weller			2. Date Of Birth (month) May (day) 18 (year) 1919	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County Idaho / Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Charles Joseph Weller			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Eva Rank			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ralph Earl Weller	11. Present Address of Registrant: 539 12th St. Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1978 19___		12. Signature of Notary: Elfonda Weller	13. Notary Commission expires: December 1, 81	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge		By whom issued and signed: U.S. Naval Service	Date Issued: Jan. 24, 1946	Date Orig. Entry: enlisted July 22, 1942
	Date of Birth: May 18, 1919	Birth Place: Idaho Falls, ID	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage license application		By whom issued and signed: Weber County, Utah	Date Issued: Mar. 31, 1978	Date Orig. Entry: Aug. 11, 1956
	Date of Birth: May 18, 1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Eva Rank	Name of Father: Charles J. Weller	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 82		By whom issued and signed: Eva Rank Weller	Date Issued: July 11, 1978	Date Orig. Entry: July 11, 1978
	Date of Birth: May 18, 1919	Birth Place: Idaho Falls, ID	Full Name of Mother: Eva Rank Weller	Name of Father: Charles Joseph Weller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JUL 21 1978

FORM BH 56067

ICC # 1165

4-6-78

JUL 24 1978

015-230-006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-297

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Maida Hanson
2. Date of Birth (month) (day) (year): August 30 1919
3. Color or Race: W
4. Sex: Female
5. Place of Birth a. County: Shelley Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Melvin Hanson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lillian Mathilda Beckstrand
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maida H. Douglas
11. Present Address of Registrant: 10135-O. La Alameda Fountain Valley Calif

NOTARY (Seal)

Subscribed and sworn to before me on: MAY 5 1978
12. Signature of Notary: Derek L. Powell
13. Notary Commission expires: 10-3 1981

OFFICIAL SEAL
DEREK L. POWELL
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My Commission Expires Oct. 3, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	Nov.2,1919	blessed Nov.2,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.30,1919 / Shelley, Idaho	Lillian M. Beckstrand	Melvin Hanson	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Sep.4,1927	baptized Sep.3,1927
	Aug.30,1919 / Shelley, Idaho	Lillian M. Beckstrand	Melvin Hansen	
SUPPORTING RECORD 3.	Affidavit by father	Melvin Hanson	June8,1978	June8,1978
	August30,1919 / Shelley, Idaho	Lillian Mathilda Beckstrand	Melvin Hanson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 25 1978

FORM BH 56067

ICC F 1175-1

4-5-78

Douglas

JUL 25 1978

415-217-006-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-315

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Davenport
2. Date Of Birth (month) (day) (year): Apr. 17th 1919
3. Color or Race: white
4. Sex: Fem.
5. Place of Birth a. County: Woodville, Bingham, Ida
b. City or Town of Birth: Woodville, Bingham Co. Ida.

FATHER

6. Full Name of Father: Ezra Sperry Davenport
7. State or Country of Father's Birth: Paradise, Cache Co. Utah

MOTHER

8. Full Maiden Name of Mother: Martha Arminta Higley
9. State or Country of Mother's Birth: Bluffdale, Cache Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Davenport
11. Present Address of Registrant: Box 153. Ucon, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: July 6 19 78
12. Signature of Notary: John F. Marden
13. Notary Commission expires: LIFETIME 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother, age 71	Lawrence Davenport	July6,1978	July6,1978
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.17,1919 / Woodville, ID	Martha Arminta Higley	Ezra Sperry Davenport	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	June1,1919	Blessed June1,1919
	Apr.17,1919 / Woodville, Idaho	Martha A. Higley	Ezra S. Davenport	
SUPPORTING RECORD 3.	Certificate of baptism/conf.	LDS Church	July3,1927	baptized July2,1927
	Apr.17,1919 / Woodville, Idaho	Martha A. Higley	Ezra S. Davenport	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: Colleen Cunningham
Date Filed: AUG 03 1978

K FORM BH 56067 CCH 8193

6-22-76 dbc file

Bonnie

AUG 3 1978

491-214-006-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ila Fay Dial			2. Date Of Birth (month) (day) (year): August 14 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Bingham	b. City or Town of Birth: Basalt	
FATHER	6. Full Name of Father: Fred Dial			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Albertina Willes			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ila D. Nelson		11. Present Address of Registrant: 2225 E. 3750 So. S.L.C.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 26, 1978 19__	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19__	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth	By whom issued and signed: LDS Church Salt Lake City		Date Issued: 28 Jan.76	Date Orig. Entry: 5 Oct. 1919
	Date of Birth: 14 Aug.19	Birth Place: Basalt, Idaho	Full Name of Mother: Albertina Willes	Name of Father: Fred Dial	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Shelley Stake, LDS Church		Date Issued: ---	Date Orig. Entry: Blessed 5/10/19
	Date of Birth: 14 Aug 19	Birth Place: Basalt, Idaho	Full Name of Mother: Albertine Willas	Name of Father: Frederick Dial	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah		Date Issued: Aug.1,1966	Date Orig. Entry: child born July18,1942
	Date of Birth: Age: 22	Birth Place: Basalt, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Colleen Cunningham	AUG 15 1978

FORM BH 56067

1cc Pd. Rec #9426

6-26-78

Nelson

AUG 15 1978

569-106-006-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Enlow Norman			2. Date Of Birth (month) May (day) 6 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: Dan Alma Norman			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Edith G. Stewart			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Frank Norman		11. Present Address of Registrant: 279 Shirley St. Blackfoot, Idaho 83221	
NOTARY (Seal)	Subscribed and sworn to before me on: 4-27 1978	12. Signature of Notary: Marlene Ledeker		13. Notary Commission expires: 6-1- 1980	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: May22,1929	Date Orig. Entry: May22,1929
	Date of Birth: May6,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----------	Name of Father: Dan Alma Norman	
SUPPORTING RECORD 2.	Type of Document: Military discharge	By whom issued and signed: U.S. Navy		Date Issued: Dec.27,1945	Date Orig. Entry: entered service Dec.28,1941
	Date of Birth: May6,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Social Security # Application	By whom issued and signed: Treasury Dept. IRS		Date Issued: July27,1978	Date Orig. Entry: Oct.29,1937
	Date of Birth: May6,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: Edith Stewart	Name of Father: Dan Alma Norman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	AUG 16 1978

FORM BH 56067

2 cy to 21-1 / ICC to 4522 - 2

4-10-78

AUG 16 1978

513-212-010-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-371

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glenna Marie Hatfield
2. Date Of Birth (month) Oct. (day) 12 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Falls — Bonneville
City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Glenn Charles Hatfield
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Charlene Beaver Binnington
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenda M. Wilder
11. Present Address of Registrant: 30 Devonshire Dr. Novato, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on July 10, 19 78
12. Signature of Notary: Margaret Grande
13. Notary Commission expires: 7-24 19 75

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Notarized copy of bible record	Family bible	Aug.22,1978	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.12,1919 / Idaho Falls, ID	Charlene Binnington	Glenn C. Hatfield	
SUPPORTING RECORD 2.	Registry of Marriage	Marin County, California	Aug.30,1978	registered Oct.14,1963
	Oct.12,1919 / Idaho	Charlene Binnington	Glenn Hatfield	
SUPPORTING RECORD 3.	Own child's birth certificate	State of California	Aug.30,1978	child born Sep.11,1952
	Age: 32 / Idaho	------	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

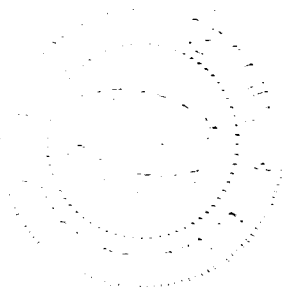
State Registrar: Janet M. Wicks
Evidence reviewed by: cc Colleen Cunningham
Date Filed: SEP 11 1978

FORM BH 56067

ICC#14457

~~No record made~~ 7-21-67

SEP 12 1978



335-223-003-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-399

Lourette Clegg

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lourette Clegg			2. Date Of Birth (month) Feb. (day) 23 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ida-Bannock	b. City or Town of Birth: Bench, Idaho
FATHER	6. Full Name of Father: Robert Williams Clegg			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lettie Redford			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lourette Clegg McKeon		11. Present Address of Registrant: Box 300 Star Route Grace, Idaho 83241
NOTARY (Seal)	Subscribed and sworn to before me on: 25 September 1978	12. Signature of Notary: Eddie Dean Pante		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Sep.25,1977	Date Orig. Entry: blessed Mar.2,1919
	Date of Birth: Feb.23,1919 / Birth Place: Bench, Idaho	Full Name of Mother: Lettie Redford	Name of Father: Robert Williams Clegg	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Sep.25,1977	Date Orig. Entry: baptized Aug.6,1927
	Date of Birth: Feb.23,1919 / Birth Place: Bench, Idaho	Full Name of Mother: Lettie Redford	Name of Father: Robert Williams Clegg	
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: Salt Lake County, Utah	Date Issued: Aug.12,1977	Date Orig. Entry: Sep.8,1938
	Date of Birth: Feb.23,1919 / Birth Place: Bench, Idaho	Full Name of Mother: Lettie	Name of Father: Robert Wm.	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

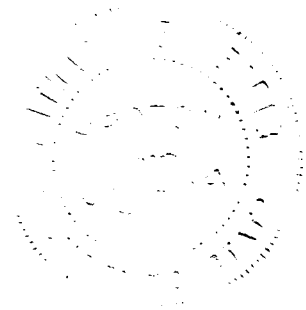
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 28 1978

K

FORM BH 56067 cc# 17439

4-25-79

SEP 28 1978



DECEASED

335-23-0063-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donette Clegg		2. Date Of Birth (month) Feb. (day) 23 (year) 1919
	3. Color or Race: Wh.	4. Sex: F	5. Place of Birth a. County: (Bench) Bannock b. City or Town of Birth: Bench, Idaho
FATHER	6. Full Name of Father: Robert Williams Clegg		7. State or Country of Father's Birth: Idaho - Bannock County.
MOTHER	8. Full Maiden Name of Mother: Lettie Redford		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donette Clegg Young	11. Present Address of Registrant: Box 306 star Rt. Grace Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 25 September 1978	12. Signature of Notary: Eddie Dean Panter	13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #423905		Date Issued: on file	Date Orig. Entry: child born July4,1946
	Date of Birth: Age: 27	Birth Place: Bench, Idaho	Full Name of Mother: ----------		Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Sep.25,1978	Date Orig. Entry: blessed Mar.2,1919
	Date of Birth: Feb.23,1919	Birth Place: Bench, Idaho	Full Name of Mother: Lettie Redford		Name of Father: Robert Williams Clegg
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Sep.25,1978	Date Orig. Entry: baptized Aug.6,1927
	Date of Birth: Feb.23,1919	Birth Place: Bench, Idaho	Full Name of Mother: Lettie Redford		Name of Father: Robert Williams Clegg
QUALIFYING INFORMATION					

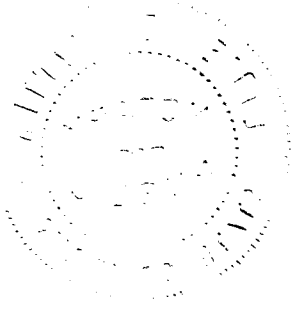
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Colleen Cunningham	Date Filed: SEP 28 1978

FORM BH 56067

Rec #17839

4-25-D

SEP 28 1978



294-21-6006-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-419

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Linnie Louise Simpson
2. Date Of Birth: (month) Feb (day) 17 (year) 1919
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley (Rt #1 or Jamestown community)

FATHER

6. Full Name of Father: Earl Valentine Simpson
7. State or Country of Father's Birth: Hooper, Utah

MOTHER

8. Full Maiden Name of Mother: Olga Sophia Gutke
9. State or Country of Mother's Birth: Smithfield, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise D. Wilson
11. Present Address of Registrant: 265 So. Holmes Shelley, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 4, 1978
12. Signature of Notary: Carl A Wall
13. Notary Commission expires: 3-26-1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by person present,	age 73 Lavon Christensen	Sep.28,1978	Sep.28,1978
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb.17,1919 Shelley, Idaho	Olga Sophia Gutke	Earl Valentine Simpson	
SUPPORTING RECORD 2.	Certificate of baptism	LDS Church	Oct.5,1978	baptized July2,1927
	Feb.17,1919 Idaho	Olga Sopohia Gutke	Earl Valentine Simpson	
SUPPORTING RECORD 3.	Physician's statement	F. Roberts, M.D., Shelley,ID	Feb.17,1919	Feb.17,1919
	Feb.17,1919 Shelley, Idaho	Olga Sophia Gutke	Earl Valentine Simpson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 16 1978

FORM BH 56067

9-M-76

Wilson

OCT 20 1978

433-22-043-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-428

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Elsie McCall
2. Date of Birth (month) July (day) 23 (year) 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: McCall Ida Valley
b. City or Town of Birth: McCall

FATHER

6. Full Name of Father: Benjamin Blackburn McCall
7. State or Country of Father's Birth: Galagalin Ohio

MOTHER

8. Full Maiden Name of Mother: Ida Mae Newman
9. State or Country of Mother's Birth: Mitchellville Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Elsie Miller
11. Present Address of Registrant: Route 1, Box 520, Ontario, Oregon 97914

NOTARY (Seal)

Subscribed and sworn to before me on September 25 1978

12. Signature of Notary: [illegible]
13. Notary Commission expires: May 24 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census report	U.S. Department of Commerce	Apr.20,1978	Apr.1,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 10	Idaho	Ida McCall	Benjamine McCall

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Nov.28,1954	baptized Nov.26,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July23,1919	McCall, Idaho	Ida May Newman	Benjamin B. McCall

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 80	George Benjamin McCall	Oct.6,1978	Oct.6,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July23,1919	Near McCall, ID	Ida McCall	Benjamin McCall

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 17 1978

FORM BH 56067 190 M. Rec #12863

7-14-16

Miller

OCT 18 1978

719-229-026-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-429

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Vella PARK		2. Date Of Birth (month) (day) (year): 10 - 29 - 19	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Vernal George Park		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Theo Dutson		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Park Wallin	11. Present Address of Registrant: 200 N. 100 E. Sandy, Ut.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1977	12. Signature of Notary: Deanna Richards	13. Notary Commission expires: Oct. 6 1979	

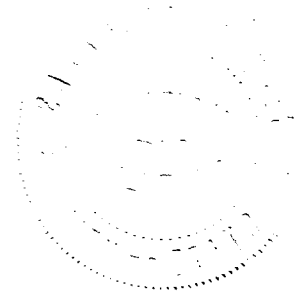
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital statement of charges	By whom issued and signed: Idaho Falls Hosp, Idaho Falls	Date Issued: Aug. 14, 1965	Date Orig. Entry: Aug. 12, 1965
	Date of Birth: Oct. 29, 1919	Birth Place: --------	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho	Date Issued: on file	Date Orig. Entry: child born July 6, 1939
	Date of Birth: Age: 19	Birth Place: Ririe, Idaho	Full Name of Mother: ----------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 81	By whom issued and signed: Theo Dutson Park	Date Issued: Oct. 2, 1978	Date Orig. Entry: Oct. 2, 1978
	Date of Birth: Oct. 29, 1919	Birth Place: Ririe, Idaho	Full Name of Mother: Theo Dutson Park	Name of Father: Vernal George Park
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: cc Colleen Cunningham	Date Filed: OCT 13 1978

FORM BH 56067

OCT 1 9 1978



764-107-041-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-432

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Matthew Poulsen
2. Date Of Birth: (month) May (day) 7th (year) 1919
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth (a. County): Idaho Teton Co.
(b. City or Town of Birth): Tetonia

FATHER

6. Full Name of Father: Joseph C. Poulsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Joan Marler
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne M Poulsen
11. Present Address of Registrant: 841 Beach Drive Seaside, ORE 97138

NOTARY (Seal)

Subscribed and sworn to before me on: May 24th 1978

12. Signature of Notary: [signature]
13. Notary Commission expires: August 17 1978

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister, age 70	Melba Baler	May3,1978	May3,1978
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May7,1919 / Tetonia, Idaho	Joan Marler	Joseph C. Poulsen	
SUPPORTING RECORD 2.	Report of Induction	Selective Service	Jan.23,1941	inducted Jan.23,1941
	May7,1919 / Tetonia, Idaho	----------	Joseph C. Poulsen	
SUPPORTING RECORD 3.	Church record	LDS Church	Oct.18,1978	baptized June22,1928
	May7,1919 / Idaho	Joan Marler	Joseph Christian Poulsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: OCT 19 1978

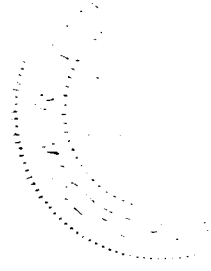
FORM BH 56067

ICC PX

3-31-78

POULSEN

OCT 20 1978



154-201-010-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-441

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dale Andersen		2. Date Of Birth (month) September (day) 1 (year) 1919	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ucon Bonneville Idaho	b. City or Town of Birth: Ucon Bonneville Idaho
FATHER	6. Full Name of Father: John Glen Andersen		7. State or Country of Father's Birth: Mt. Pleasant, Utah	
MOTHER	8. Full Maiden Name of Mother: Nora Lavere Olson		9. State or Country of Mother's Birth: Millville, Cache Co. Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J Glen Andersen	11. Present Address of Registrant: Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 23, 1978	12. Signature of Notary: Vera Bishop	13. Notary Commission expires: Life 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 81		By whom issued and signed: J. Glen Andersen	Date Issued: Oct.23,1978	Date Orig. Entry: Oct.23,1978
	Date of Birth: Sep.1,1919	Birth Place: Ucon, Idaho	Full Name of Mother: LaVere Olson Anderson	Name of Father: J. Glen Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #49-12440	Date Issued: on file	Date Orig. Entry: child born Oct.17,1949
	Date of Birth: Age: 30	Birth Place: Ucon, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church	Date Issued: Sep.28,1978	Date Orig. Entry: Oct.19,1919
	Date of Birth: Sep.1,1919	Birth Place: Ucon, Idaho	Full Name of Mother: Lavere Olson	Name of Father: John Glen Andersen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellick	Colleen Cunningham	OCT 26 1978

FORM BH 56067 2 (#16411#19967)

9-11-78

OCT 26 1978

183-203-038-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Linnea Ahlstrand			2. Date Of Birth (month) MAY (day) 3 (year) 1919
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: HOME Payette	b. City or Town of Birth: Fruitland, Idaho
FATHER	6. Full Name of Father: Fred Clearance Ahlstrand			7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: Viola Linnea Johnson			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Linnea Ahlstrand		11. Present Address of Registrant: 2032-3rd Ave N Payette Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-1 1978	12. Signature of Notary: Carol J Rond Brown		13. Notary Commission expires: 10-28 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 79		By whom issued and signed: E. Johnson	Date Issued: Mar.1,1978	Date Orig. Entry: Mar.1,1978
	Date of Birth: May3,1919	Birth Place: Fruitland, Idaho	Full Name of Mother: Viola Linnea Johnson	Name of Father: Fred Clearance Ahlstrand	
SUPPORTING RECORD 2.	Type of Document: Own child's hosp. birth cert.		By whom issued and signed: Holy Rosary Hosp., Ontario, Oregon	Date Issued: July2,1947	Date Orig. Entry: child born July2,1947
	Date of Birth: May3,1919	Birth Place: Fruitland, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Probate record		By whom issued and signed: Payette County, Idaho	Date Issued: Oct.20,1942	Date Orig. Entry: Mar.23,1928
	Date of Birth: Age: 8	Birth Place: -------	Full Name of Mother: Viola Ahlstrand	Name of Father: Fred. C. Ahlstrand	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

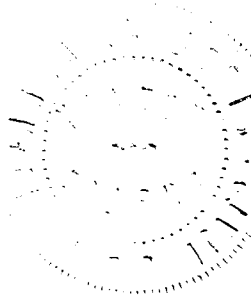
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	OCT 30 1978

FORM BH 56067

CC # 19422

OCT 31 1978



314-328-003-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-466

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Estelle CAMPBELL
2. Date Of Birth: (month) March (day) 28 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Lava Hot Springs-Bannock; b. City or Town of Birth: LAVA HOT SPRINGS

FATHER

6. Full Name of Father: Charles Grant Campbell
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Stella Mary Potter
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Estelle DeGurgue
11. Present Address of Registrant: 1025 North 7th East

NOTARY (Seal)

Subscribed and sworn to before me on September 15 19 78

12. Signature of Notary: Mark L Becker
13. Notary Commission expires: Dec. 14 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	Certificate of baptism	Mar.28,1919	Lava Hot Springs, Idaho	Roman Catholic Church	Stella Mary Campbell	Sep.8,1978	baptized Mar.31,1919	Charles Grant Campbell
SUPPORTING RECORD 2.	Affidavit by neighbor at time, age 72	Mar.28,1919	Lava Hot Springs,ID	Zenneth C. Potter	Stella Mary Potter Campbell	Oct.24,1978	Oct.24,1978	Charles Grant Campbell
SUPPORTING RECORD 3.	Hospital admission record	Mar.28,1919	Lava Hot Springs,ID	Elmore Memorial Hospital	----------	Nov.16,1978	Dec.5,1968	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: NOV 17 1978

FORM BH 56067

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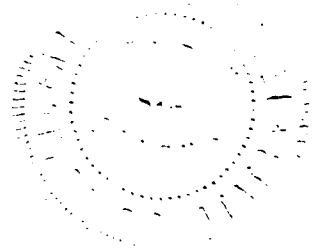
NOV 20 1978



231-216-039-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-475

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rebecca Stanger
2. Date Of Birth (month) (day) (year): May 16 1919
3. Color or Race: wh.
4. Sex: F.
5. Place of Birth a. County: American Falls, Ida. Power
b. City or Town of Birth: American Falls,

FATHER

6. Full Name of Father: Mark Elmer Stanger
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mabell Harmison
9. State or Country of Mother's Birth: Idaho U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rebecca Stanger Alderman
11. Present Address of Registrant: Star Rt B #247 Roughton Road, Ga.

NOTARY (Seal) OFFICIAL SEAL — IMAY BUTTERFIELD — NOTARY PUBLIC - CALIFORNIA — NEVADA COUNTY — My comm. expires NOV 6 1981

Subscribed and sworn to before me on November 14 1978

12. Signature of Notary: Imy Butterfield
13. Notary Commission expires: Nov. 6 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	May16,1919	blessed May 16, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 16,1919	Am. Falls, Idaho	Mabell Harmison	Mark E. Stanger

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hospital birth certificate	Yuba City General Hosp.,Yuba City,CA	Mar.9,1940	child born Mar.9,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May16,1919	Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 70	Thelma Mabell Stanger Perdue	Nov.1,1978	Nov.1,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May16,1919	American Falls,ID	Mabell Harmison	Mark Elmer Stanger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 28 1978

FORM BH 56067

ICI # 22650

7-21-78

Alderman

NOV 29 1978

355-201-006-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-491

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Hannah Teeples
2. Date of Birth (month) (day) (year): Oct. 1 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Shelley Idaho

FATHER

6. Full Name of Father: Willis Teeples
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ethel Lera Hardy
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma T. Hoffman
11. Present Address of Registrant: 6223 Rampart Dr. Carmichael, Calif

NOTARY (Seal) attached

Subscribed and sworn to before me on Oct.5,1978 19___

12. Signature of Notary: signature on attached sheet Dawn Jenkins
13. Notary Commission expires: May 29 19 82

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment record	U.S. Civil Service Comm.	May3,1971	May3,1971

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.1,1919	----------	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Utah	Oct.11,1978	child born Aug.23,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 33	Shelley, Idaho	----------	- ----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 85	Ethel Hardy Teeples	Nov.28,1978	Nov.28,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.1,1919	Shelley, Idaho	Ethel Lera Hardy Teeples	Willis Teeples

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc Colleen Cunningham	DEC 07 1978

FORM BH 56067

DEC 8 1978

State of California
County of Sacramento } SS

— ACKNOWLEDGMENT — General —

On this 5th day of October A. D. 19 78 before me, Dawn Jenkins a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared Thelma T. Huffman * * *

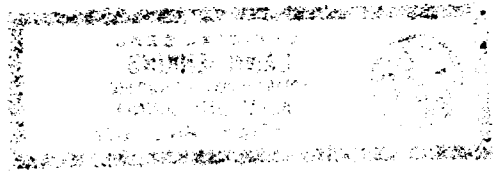
known to me to be the person whose name is subscribed to the within Instrument, and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

Dawn Jenkins
Notary Public in and for said County and State of California

My Commission Expires May 29, 1982

NP 2 2/70 12740



643-214-028-135

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-507

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Juanita Virginia Fuller
2. Date Of Birth (month) 2 (day) 14 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Idaho Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Herman Fuller
7. State or Country of Father's Birth: Neb - U.S.A.

MOTHER

8. Full Maiden Name of Mother: Helen Louise Alexander
9. State or Country of Mother's Birth: Ill - U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Juanita Virginia Darin
11. Present Address of Registrant: 729 - Hoist Way

NOTARY (Seal)

Subscribed and sworn to before me on Aug 7 1978
12. Signature of Notary: Vernon Ekdoga
13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle, age 72	Charles M. Alexander	AUG.7,1978	Aug.7,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.14,1919	Coeurd'Alene, ID	Helen Alexander Fuller	Herman Fuller

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage affidavit	Kootenai County, Idaho	Aug.4,1978	June7,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.14,1919	Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # application	Treasury Dept., IRS	Dec.19,1978	Aug.23,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.14,1919	Coeur d'Alene,ID	Helen Louise Alexander	Herman Fuller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	DEC 20 1978

FORM BH 56067

CC #12174

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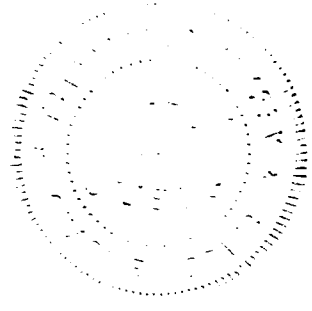
DEC 21 1978



296-203-022-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78=510

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARJORIE Amelia BROWER
2. Date Of Birth (month) JAN (day) 3 (year) 1919
3. Color or Race: WHITE
4. Sex: FEM.
5. Place of Birth a. County: MARYSVILLE IDA- FREMONT
b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: JOSWAH ALBERT BROWER
7. State or Country of Father's Birth: UTAH- CASHE VALLEY

MOTHER

8. Full Maiden Name of Mother: IVY HARRIS
9. State or Country of Mother's Birth: Utah - CASHE VALLEY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Marjorie A. Brower
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on 11-17 1978
12. Signature of Notary: Linda K. Sarasen
13. Notary Commission expires 10-6- 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of birth	LDS Church	Jan.23,1973	Apr.6,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1919	Marysville, Idaho	Ivy Harris	Joshua A. Brower

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #408087	Apr.9,1946	child born June 11, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Marysville, ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage application	Lemhi County, Idaho	Dec.13,1978	June17,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	-------	--------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

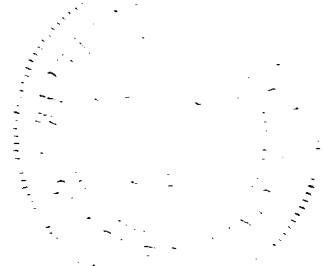
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc/cc Colleen Cunningham	DEC 20 1978

FORM BH 56067

I Copies Pd. Rec. #66713 12-6-78

DEC 21 1978



168-22-028-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Nellie Johnson			2. Date of Birth (month) (day) (year): October 24, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Joseph R. Johnson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Helen Morin			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Beulah Nellie Johnson		11. Present Address of Registrant: 201 J St Auburn WA 98002
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 12 1979	12. Signature of Notary: Jean Hasplund		13. Notary Commission expires: Feb. 18 1979

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Helen M. Johnson		Date Issued: Apr.15,1971	Date Orig. Entry: ---
	Date of Birth: Oct.24,1919	Birth Place: Coeur d'Alene, ID Kootenai County	Full Name of Mother: Helen Morin	Name of Father: Joseph R. Johnson	
SUPPORTING RECORD 2.	Type of Document: Federal census report	By whom issued and signed: U.S. Dept. of Commerce		Date Issued: Dec.18,1978	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: two months	Birth Place: Idaho	Full Name of Mother: Helen Johnson	Name of Father: Joseph Johnson	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Northern Life Ins. Co.		Date Issued: Oct.22,1968	Date Orig. Entry: Oct.22,1968
	Date of Birth: Oct.24,1919	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 Colleen Cunningham	JAN 30 1979

FORM BH 56067

JAN 3 1 1979

155-227-040-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Claudia Ellen Jenkins
2. Date Of Birth (month) (day) (year): Jan 27 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: IDAHO Shoshone
b. City or Town of Birth: JEROME

FATHER

6. Full Name of Father: Claude Jefferson Jenkins
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Rose Ellen Shurtz
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claudia Jenkins Lou
11. Present Address of Registrant: 1803 S. 244th Kentington Washington

NOTARY (Seal)

Subscribed and sworn to before me on June 20 1978

12. Signature of Notary: Donald Ann Chenault
13. Notary Commission expires: Sept. 7 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Passport	U.S.A. Passport	June22,1978	Mar.4,1957
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan.27,1919 / Jerome, Idaho	----------	----------	
SUPPORTING RECORD 2.	Affidavit by mother, age 53	Rose Ellen Jenkins	Dec.17,1954	Dec.17,1954
	Jan.27,1919 / Jerome, Idaho	Rose Ellen Jenkins	Claude Jefferson Jenkins	
SUPPORTING RECORD 3.	Application for ss#	Treasury Dept. IRS	Jan.19,1979	July8,1937
	Jan.27,1919 / Jerome, Idaho	Rose Ellen Shurtz	Claude Jefferson Jenkins	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicke
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: JAN 31 1979

K FORM BH 56067

CC# 8537 + 1 card

6-16-78

Gould

FEB 2 1979

156-107-005-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-033

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Mengel Jewett			2. Date Of Birth (month) 2 (day) 7 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Benewah	b. City or Town of Birth: Lotus	
FATHER	6. Full Name of Father: Edward Everett Jewett			7. State or Country of Father's Birth: California	
MOTHER	8. Full Maiden Name of Mother: Betty Magrethe Mengel			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edward M Jewett	11. Present Address of Registrant: 925 Main St. St. Maries, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on August 12 19 78		12. Signature of Notary: Elizabeth Irvine	13. Notary Commission expires: Nov. 6 19 79	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Louise C. Bemis age 74		By whom issued and signed: Louise C. Bemis, present at birth	Date Issued: Aug.11,1978	Date Orig. Entry: Aug.11,1978
	Date of Birth: Feb.7,1919	Birth Place: Lotus, Idaho	Full Name of Mother: Betty Magrethe Mengel	Name of Father: Edward Everett Jewett	
SUPPORTING RECORD 2.	Type of Document: Military discharge		By whom issued and signed: U.S. Armed Services	Date Issued: Nov.3,1945	Date Orig. Entry: inducted ~~Sep.21,1942~~
	Date of Birth: Feb.7,1919	Birth Place: Lotus, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Federal census report		By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Jan.5,1979	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 11 months	Birth Place: Idaho	Full Name of Mother: Betty Jewett	Name of Father: Edward Jewett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: JAN 31 1979

FORM BH 56067

ICC# 1375

7-19-78

Jewett

FEB 1 1979

695-109-022-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-035

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marion Warren Winters
2. Date Of Birth (month) (day) (year): august 9 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Chester Idaho, Fremont
b. City or Town of Birth: Chester Idaho

FATHER

6. Full Name of Father: William Alfred Winters
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Zina Percinda Anderson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion W. Winters
11. Present Address of Registrant: 1186 no. Jefferson Ogden Utah

NOTARY (Seal)

Subscribed and sworn to before me on January 22, 1979

12. Signature of Notary: Jill H. Ellsts
13. Notary Commission expires: MY COMMISSION EXPIRES AUGUST 15, 198 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism/conf.	LDS Church	Jan.24,1979	baptized
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	July2,1929
	Aug.9,1919 / Chester, ID	Zina Anderson	Wm. Alfred Winters	
SUPPORTING RECORD 2.	Affidavit by brother, age 71	Sterling Alfred Winters	Jan.22,1979	Jan.22,1979
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.9,1919 / Chester, Idaho	Zina Percinda Anderson	William Alfred Winters	
SUPPORTING RECORD 3.	Military record	U.S. Armed Services	Sep.24,1945	enlisted June25,1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.9,1919 / Chester, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

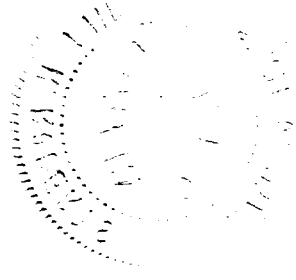
State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JAN 31 1979

FORM BH 56067

10-03-78

Winters

FEB 1 1979



154-216-003-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nelda Anderson		2. Date Of Birth (month) (day) (year): Jan 16 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Central IDAHO
FATHER	6. Full Name of Father: Elmer G. Anderson		7. State or Country of Father's Birth: IDaho	
MOTHER	8. Full Maiden Name of Mother: Lois Bowler		9. State or Country of Mother's Birth: IDaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nelda Anderson Foot	11. Present Address of Registrant: 231 Pan American Dr ... 84107	
NOTARY (Seal)	Subscribed and sworn to before me on JAN 31, 1979	12. Signature of Notary: Cathy Kalk	13. Notary Commission expires ... 1983	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document / Date of Birth	Birth Place	By whom issued and signed / Full Name of Mother	Date issued / Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Type of Document: Own child's certificate of birth		By whom issued and signed: State of Utah	Date issued: Jan30,1979	Date Orig. Entry: child born Nov.15,1938
	Date of Birth: Age: 19	Birth Place: Central, Idaho	Full Name of Mother: ----------------------	Name of Father: ------------------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 71		By whom issued and signed: Clara Bowler Turner	Date issued: Nov.6,1978	Date Orig. Entry: Nov.6,1978
	Date of Birth: Jan.16,1919	Birth Place: Central, Idaho	Full Name of Mother: Lois Bowler Anderson	Name of Father: Elmer G. Anderson	
SUPPORTING RECORD 3.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date issued: Nov.2,1978	Date Orig. Entry: Sep.3,1919
	Date of Birth: Jan.16,1919	Birth Place: Central, ID	Full Name of Mother: Lois Bowler	Name of Father: Elmer G. Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 12 1979

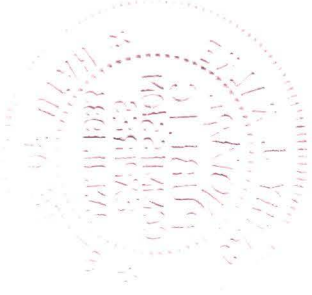
FORM BH 56067

Loc # 3585

10-10-78

Foote

FEB 13 1979



515-216-016-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-077

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CATHERINE VAN EVERY
2. Date Of Birth (month) (day) (year): JUNE 16 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: CASSIA
b. City or Town of Birth: BURLEY, IDAHO

FATHER

6. Full Name of Father: JAY JUDSON VAN EVERY
7. State or Country of Father's Birth: OKLAHOMA U.S.A

MOTHER

8. Full Maiden Name of Mother: GRACE EVELYN NELSON
9. State or Country of Mother's Birth: COLORADO USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Catherine Kendall
11. Present Address of Registrant: ABERDEEN IDAHO 83210

NOTARY (Seal)

Subscribed and sworn to before me on: 21 April 1979

12. Signature of Notary: Lavon L. Warner
13. Notary Commission expires: 7-7-1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism	Roman Catholic Church	Feb.9,1979	baptized
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	Nov.2,1919
	June16,1919 / Burley, ID	Grace Nelson	Jay Van Every	
SUPPORTING RECORD 2.	Affidavit by uncle, age 83	Burt J. Van Every	Feb.10,1979	Feb.10,1979
	June 16,1919 / Burley, Idaho	Grace Evelyn Nelson	J. Judson Van Every	
SUPPORTING RECORD 3.	Marriage record	Minidoka County, ID	Feb.13,1979	Dec.22,1937
	Age: 18 / Burley, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 01 1979

FORM BH 56067

IRCH 5797

2-5-79

Kendall

MAR 1 1979

359-211-010-531

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-083

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Clarina Leichliter
2. Date Of Birth: (month) 4 (day) 11 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County BONNEVILLE; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: John Tileman Leichliter
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mariamne Elam
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances C. Thompson
11. Present Address of Registrant: 2120 Sunset, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 6 1979

12. Signature of Notary: Phyllis Zinn
13. Notary Commission expires: January 26 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho #401222	on file	Child Born Jan.26,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 25 / Idaho Falls, ID	----------	----------	
SUPPORTING RECORD 2.	School record	Boise, High School	Jan.16,1979	grad. 1937
	Apr.11,1919 / Idaho Falls, ID	----------	John	
SUPPORTING RECORD 3.	Notarized copy of bible record	Family bible	Mar.6,1979	obviously old
	Apr.11,1919 / Idaho Falls, ID	Mariamne Elam	John T. Leichliter	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 06 1979

K FORM BH 56067

5-22-78

Thompson

MAR 6 1979

365-209-014-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-118

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Conroy			2. Date Of Birth (month) (day) (year): December 9 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Frank Marion Conroy			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Bessie Sevy			9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen McClintock		11. Present Address of Registrant: Route 4 Caldwell, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 12-11-79 19___	12. Signature of Notary: [illegible]		13. Notary Commission expires: 10-81 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family employee		By whom issued and signed: at time, Floyd Bosley, age 86	Date Issued: Dec.4,1978	Date Orig. Entry: Dec.4,1978
	Date of Birth: Dec.9,1919	Birth Place: Caldwell, ID	Full Name of Mother: Bessie Sevy Conroy	Name of Father: Frank M. Conroy	
SUPPORTING RECORD 2.	Type of Document: School record, attendance		By whom issued and signed: Caldwell High School, Caldwell, Idaho	Date Issued: Dec.11,1978	Date Orig. Entry: 1935
	Date of Birth: Dec.9,1919	Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Social Security # application		By whom issued and signed: Social Security Administration	Date Issued: Mar.6,1979	Date Orig. Entry: Aug.,1963
	Date of Birth: Dec.9,1919	Birth Place: Caldwell, Idaho	Full Name of Mother: Bessie Sevy	Name of Father: Frank M. Conroy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham cc	MAR 30 1979

FORM BH 56067

McClintock

APR 2 19[illegible]

491427-006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LELAND "B" DIAL			2. Date Of Birth (month) (day) (year): AUGUST 27 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Shelley~~ Bingham County	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: William Hiram Dial			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Della Louisa Beckstrand			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leland B Dial		11. Present Address of Registrant: 545 Dell Road, Pocatello, Idaho 83201
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1979	12. Signature of Notary: Vern O. Christensen		13. Notary Commission expires: May 4 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: MILITARY RECORD	By whom issued and signed: U.S. Armed Services	Date Issued: Sep11,1945	Date Orig. Entry: inducted Oct.22,1942	
	Date of Birth: Aug.27,1919	Birth Place: Shelley, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Apr.4,1979	Date Orig. Entry: blessed Nov.2,1919	
	Date of Birth: Aug.27,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Della L. Beckstrand	Name of Father: Wm. Hiram Dial	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Apr.4,1979	Date Orig. Entry: baptized Sep.3,1927	
	Date of Birth: Aug.27,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Della L. Beckstrand	Name of Father: Hiram Dial	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: APR 04 1979

FORM BH 56067

3-22-79

Dial

APR 04 1979

Childs Cert #
Evan Hill
7-17-1951

742-20-4003-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Gustaveson			2. Date Of Birth (month) May, (day) 4 (year) 1919	
	3. Color or Race: Cau.	4. Sex: F.	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Chesterfield	
FATHER	6. Full Name of Father: Carl Richard Gustaveson			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Lucina Sessions			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Hopkins		11. Present Address of Registrant: 1019 Linda Lane Lake Oswego Ore. 97630	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 4 1978	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Medford Ward		Date Issued: 10/1/66	Date Orig. Entry: Baptised 5/4/27
	Date of Birth: 5/4/19	Birth Place: Chesterfield	Full Name of Mother: Lucina Sessions	Name of Father: Carl Richard Gustaveson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #256925		Date Issued: 10/4/78	Date Orig. Entry: child born 7/26/37
	Date of Birth: 18 yrs.	Birth Place: Chesterfield	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage license affidavit	By whom issued and signed: Bannock County, Idaho		Date Issued: Apr.10,1979	Date Orig. Entry: July16,1936
	Date of Birth: Age: 17	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: Carl R. Gustaveson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	APR 10 1979

K FORM BH 56067 1cp. Pd.

10-4-78

Hopkins

APR 10 1979

867-228-010-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-144

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Dee Hogue			2. Date Of Birth (month) (day) (year): May 28, 1919	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Ray Vernon Hogue			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Jenny Fern Brown			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Beatrice Dee Hogue (Blakely)	11. Present Address of Registrant: Box 250, Route 2 Rigby, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 4-13 1979		12. Signature of Notary: Colleen B. Rowan	13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

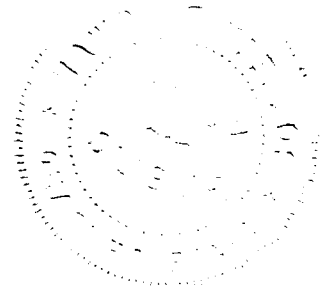
SUPPORTING RECORD 1.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: July3,1921	Date Orig. Entry: blessed July3,1921
	Date of Birth: May28,1919	Birth Place: Idaho Falls, ID	Full Name of Mother: Fern Brown	Name of Father: Ray Vernon Hogue	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: Aug.4,1935	Date Orig. Entry: baptized Aug.4,1935
	Date of Birth: May28,1919	Birth Place: Idaho Falls, ID	Full Name of Mother: Fern Brown	Name of Father: Ray Vernon Hogue	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 78		By whom issued and signed: Edna M. Gavin	Date Issued: Apr.13,1979	Date Orig. Entry: Apr.13,1979
	Date of Birth: May28,1919	Birth Place: Idaho Falls, ID	Full Name of Mother: Jenny Fern Brown	Name of Father: Ray Vernon Hogue	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: APR 19 1979

FORM BH 56067

Energy

APR 20 1979



867-221-015-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:79-207

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Hogan	2. Date Of Birth (month) (day) (year): 4 21 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Grace, Idaho Caribou; b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: Walter Hogan	7. State or Country of Father's Birth: Richmond, Utah	
MOTHER	8. Full Maiden Name of Mother: Ida Mae Williams	9. State or Country of Mother's Birth: ~~Mad~~ Mound Valley Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Beall	11. Present Address of Registrant: 15433 La Cuenta Mulvane Kansas
NOTARY (Seal)	Subscribed and sworn to before me on: February 4 1976	12. Signature of Notary: David S. Graham	13. Notary Commission expires: October 14 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Portland 9th ward, Oregon city Stake	Date Issued: 5 Apr. 74	Date Orig. Entry: Blessed 1 June 1919	
	Date of Birth: 21 Apr. 1919	Birth Place: Grace, Idaho	Full Name of Mother: Ida Mae Williams	Name of Father: Walter Hogan	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister age 70	By whom issued and signed: Florence Evans	Date Issued: ---	Date Orig. Entry: June 5, 1979	
	Date of Birth: 4/21/19	Birth Place: Grace Idaho	Full Name of Mother: Ida Mae Hogan	Name of Father: Walter Hogan	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Holy Cross Hospital, SLC.	Date Issued: 1/28/46	Date Orig. Entry: child born 1/28/46	
	Date of Birth: 4/21/19	Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret D. Davis	6/7/79

FORM BH 56067

Temp. Ref. Rec # 20421

11-18-75

JUN 7 1979

968-225-033-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 79-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verla R. Roylance			2. Date Of Birth (month) (day) (year): March 25 1919	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Madison.	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: George E. Roylance			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mable C. Valentine			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla R. Flick		11. Present Address of Registrant: 4705 Franklin Rd. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1979	12. Signature of Notary: Margaret Davis		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, Age: 76	By whom issued and signed: Fayetta V. Hanson		Date Issued: June 20,1979	Date Orig. Entry: ---
	Date of Birth: Mar.25,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Mabel C. Valentine	Name of Father: George E. Roylance	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records	By whom issued and signed: Loyle V. Washam,Supv. of Records,Boise City Schools		Date Issued: May 21,1979	Date Orig. Entry: 1935
	Date of Birth: Mar.25,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: G. E. Roylance	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, State File Number 271185		Date Issued: filed Oct.10,1938	Date Orig. Entry: child born Aug.19,1938
	Date of Birth: Age: 19	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: LDS Church record shows Verla Flick born March 25, 1919 to George E. Roylance and Mable Valentine. Their file #13525654 dated March 3, 1974, blessed May 4,1919.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hick	Glenda Larson	June 20,1979

FORM BH 56067

6-4-79

Flick

JUN 20 1979

354-22-010-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-244

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Lyman			2. Date Of Birth (month) (day) (year): October 21 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Gray
FATHER	6. Full Name of Father: Joseph Alvin Lyman Jr.			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lavinia Hunter			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve L Jorgenson		11. Present Address of Registrant: P.O Box 626 Ephraim, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1979	12. Signature of Notary: Fern L. Jorgenson		13. Notary Commission expires: Sept. 28 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 71	By whom issued and signed: Fern L. Hansen	Date Issued: May28,1979	Date Orig. Entry: May28,1979
	Date of Birth: Oct.21,1919 Birth Place: Gray, Idaho	Full Name of Mother: Lavinia Hunter	Name of Father: Joseph Alvin Lyman Jr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Dec.2,1929	Date Orig. Entry: baptized Oct.15,1929
	Date of Birth: Oct.21,1919 Birth Place: Gray, Idaho	Full Name of Mother: Lavinia Hunter	Name of Father: Jos. Alvin Lyman Jr.	
SUPPORTING RECORD 3.	Type of Document: notarized copy Family record	By whom issued and signed: Family record	Date Issued: May24,1979	Date Orig. Entry: obviously old
	Date of Birth: Oct.21,1919 Birth Place: Gray, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JUN 29 1979

FORM BH 56067

JUL 2 1979

269-104-003-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-246

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ned William Sorenson			2. Date Of Birth (month) Oct. (day) 4 (year) I9I9
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Thatcher
FATHER	6. Full Name of Father: Neil M Sorenson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nellie Ida McLean			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ned W Sorenson		11. Present Address of Registrant: I86 W. Center Gunnison, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1979	12. Signature of Notary: Paul Andersen		13. Notary Commission expires: November 11, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Utah	Date Issued: May14,1965	Date Orig. Entry: child born
	Date of Birth: Age: 39 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: July24,1959 ----------	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: June4,1979	Date Orig. Entry: Aug.23,1960
	Date of Birth: Oct.4,1919 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: June27,1979	Date Orig. Entry: Aug.4,1945
	Date of Birth: Oct.4,1919 / Birth Place: Thatcher, Idaho	Full Name of Mother: Nellie Ida McLean	Name of Father: baptized Neil M. Sorenson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

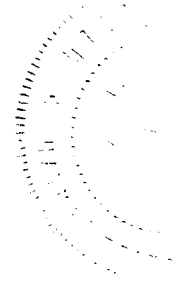
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham	JUL 02 1979

FORM BH 56067

Smithsonian

JUL 3 1979



296-212-029-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-262

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVELYN MARIE BROEMMELING
2. Date Of Birth (month) (day) (year): AUG 12 1919
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: GENESEE LATAH
b. City or Town of Birth: GENESEE

FATHER

6. Full Name of Father: JOSEPH J BROEMMELING
7. State or Country of Father's Birth: U S.

MOTHER

8. Full Maiden Name of Mother: AMANDA THERESA GRIESER
9. State or Country of Mother's Birth: U S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn M Halliday
11. Present Address of Registrant: Rt #1 Post Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 5-17 1979
12. Signature of Notary: Dorothy J Henrickson
13. Notary Commission expires: 8-15 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, born 1901	Mary Theresa Kambitsch	May15,1979	May15,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.12,1919	Genesee, ID	Amanda Grieser Broemeling	Joseph J. Broemeling

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Roman Catholic Church	Nov.5,1920	baptized August~~15,1919~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.12,1919	Genesee, ID	Amanda Grieser	Joseph Broemling

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Washington	Nov.21,1947	child born Feb.16,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Genesee, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham	JUL 23 1979

FORM BH 56067

JUL 24 1979

699-209-022-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-263

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glennavon Wirick			2. Date Of Birth (month) Oct (day) 9 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Marysville Fremont	b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: Arnold Frank Wirick			7. State or Country of Father's Birth: ~~Ohio~~ Kansas
MOTHER	8. Full Maiden Name of Mother: Annie Lucinda Hendricks			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glennavon Wirick Ward		11. Present Address of Registrant: Rt Box 90 Blackfoot Ida 83221
NOTARY (Seal)	Subscribed and sworn to before me on: 18th of July 1979	12. Signature of Notary: Glenn E Stoke		13. Notary Commission expires: 19th of July 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Annie Wirick	Date Issued: Dec.24,1976	Date Orig. Entry: Dec.24,1976
	Date of Birth: Oct.9,1919	Birth Place: Marysville, ID	Full Name of Mother: Annie Lucinda Hendricks Wirick	Name of Father: Arnold Frank Wirick	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #271930	Date Issued: on file	Date Orig. Entry: child born
	Date of Birth: Age: 18	Birth Place: Marysville, ID	Full Name of Mother: ----------	Name of Father: June19,1938 ----------	
SUPPORTING RECORD 3.	Type of Document: Physician's report, summary sheet		By whom issued and signed: P.M. Packer, M.D.	Date Issued: Dec.8,1962	Date Orig. Entry: Oct.30,1962
	Date of Birth: Oct.9,1919	Birth Place: Marysville, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

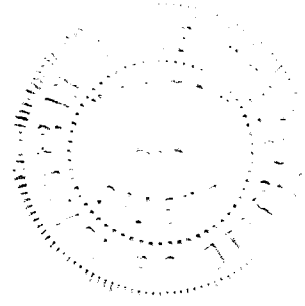
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 24 1979

FORM BH 56067

JUL 25 1979



JUL 17 1979 268-207-027-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-282

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kathryn Imogene Boyd.
2. Date Of Birth: (month) 3 (day) 7 (year) 1919
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Gerome b. City or Town of Birth: Jerome

FATHER

6. Full Name of Father: David Edgar Boyd
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Martha Pearl Spencer
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jan Boyd Anderson
11. Present Address of Registrant: 295 Panorama Dr Paso Robles, Calif

NOTARY (Seal)

Subscribed and sworn to before me on July 10, 1979

12. Signature of Notary: Carol Kolak
13. Notary Commission expires: November 26, 1982

NOTARY PUBLIC - CALIFORNIA
SAN LUIS OBISPO COUNTY
My comm. expires NOV 26, 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal census report	U.S. Department of Commerce	June22,1979	Jan.1,1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: ten months Idaho	Pearl Boyd	D. E. Boyd	
SUPPORTING RECORD 2.	Affidavit by brother, born 1907	Edgar C. Boyd	July11,1979	July11,1979
	Mar.7,1919 / Jerome, Idaho	Martha Pearl Spencer	David Edgar Boyd	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #271928	July28,1967	child born Sep.13,1938
	Age: 19 / Jerome, ID	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: AUG 01 1979

FORM BH 56067

5-23-79

AUG 3 1979

Anderson

155-216-016-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Viola Avery		2. Date Of Birth (month) April (day) 16 (year) 1919	
	3. Color or Race	4. Sex: F	5. Place of Birth: a. County: Cassia	b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Charles Ira Avery		7. State or Country of Father's Birth: Huntington, Emery - Utah	
MOTHER	8. Full Maiden Name of Mother: Bertha Eames		9. State or Country of Mother's Birth: Teton City Fremont Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila A. Skinner	11. Present Address of Registrant: Rt#4 Box 203 Rigby Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1979	12. Signature of Notary: Ralph M Archibald	13. Notary Commission expires: lifetime 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #51-1911	Date Issued: on file	Date Orig. Entry: child born ~~Feb.27,1951~~
	Date of Birth: Age: 31 / Birth Place: Burley, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/cnf.	By whom issued and signed: LDS Church	Date Issued: Dec.7,1933	Date Orig. Entry: baptized ~~June18,1933~~
	Date of Birth: Apr.16,1919 / Birth Place: Burley, Idaho	Full Name of Mother: Bertha Eames	Name of Father: C. Ira Avery	
SUPPORTING RECORD 3.	Type of Document: Notarized copy Family records	By whom issued and signed: Family records	Date Issued: July30,1979	Date Orig. Entry: "obviously old"
	Date of Birth: Apr.16,1919 / Birth Place: Burley, Idaho	Full Name of Mother: Bertha Eames Avery	Name of Father: Charles Ira Avery	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: AUG 06 1979

FORM BH 56067

7-17-79

AUG 7 1979

619-213-036-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-288

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Faye Ward			2. Date Of Birth (month) May (day) 13 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth: (Woodruff)	
FATHER	6. Full Name of Father: Arthur Miner Ward			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Sarah Cecil Moss			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Faye W. Hansen		11. Present Address of Registrant: 184 Kirk Place Brigham City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on 19th June 19 79	12. Signature of Notary: [illegible]		13. Notary Commission expires: 2-15 19 82	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: May15,1927	Date Orig. Entry: May13,1927 baptized
	Date of Birth: May13,1919	Birth Place: Woodruff, Idaho	Full Name of Mother: Cecil S. Moss	Name of Father: Arthur M. Ward	
SUPPORTING RECORD 2.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church		Date Issued: May10,1971	Date Orig. Entry: July6,1919
	Date of Birth: May13,1919	Birth Place: Woodruff, Idaho	Full Name of Mother: Cecil Moss	Name of Father: Arthur M. Ward	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative, age 75	By whom issued and signed: Vareen M. John		Date Issued: July18,1979	Date Orig. Entry: July18,1979
	Date of Birth: May13,1919	Birth Place: Woodruff, Idaho	Full Name of Mother: Sarah Cecil Moss Ward	Name of Father: Arthur Miner Ward	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 07 1979

FORM BH 56067

Hawaii

AUG 8 1979

845-21-2-033-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-292

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Abada Rebecca Hunter
2. Date Of Birth (month) (day) (year): March 12 1919
3. Color or Race: white
4. Sex: F.
5. Place of Birth a. County: Fremont b. City or Town of Birth: Utah Cooke Rexburg.

FATHER

6. Full Name of Father: David Patterson Hunter Jr.
7. State or Country of Father's Birth: ~~Wyoming~~ Utah

MOTHER

8. Full Maiden Name of Mother: Mary ann Furniss
9. State or Country of Mother's Birth: Wyo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Abada Rebecca Stenberg
11. Present Address of Registrant: 3174 W 18th I. Falls

NOTARY (Seal)

Subscribed and sworn to before me on: August 6 1979
12. Signature of Notary: Rose C. Trowbridge
13. Notary Commission expires: March 10 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho 388371	on file	child born
	Date of Birth: Age: 25	Birth Place: Rexburg, Idaho	Full Name of Mother: ----------	Name of Father: Mar.28,1944 ----------
SUPPORTING RECORD 2.	Temple Recommend	LDS Church	Feb.5,1957	Feb.5,1957
	Date of Birth: Mar.12,1919	Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Ann Furniss	Name of Father: David Patterson Hunter
SUPPORTING RECORD 3.	Marriage affidavit	San Bernardino County, CA	July30,1979	Apr.6,1943
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: Mary Furness	Name of Father: David P. Hunter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	AUG 09 1979

FORM BH 56067

7-23-79

STONEBERG

AUG 9 1979

AUG 1 0 1979 389-216-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-298

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora DeVona Christensen
2. Date Of Birth (month) (day) (year): 10 — 16 — 19
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Lago, Ida. Bannock
b. City or Town of Birth: Lago, Idaho

FATHER

6. Full Name of Father: Henry C. Christensen
7. State or Country of Father's Birth: Copenhagen. Denmark

MOTHER

8. Full Maiden Name of Mother: Emma Jensen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: DeVona C. Whitehead
11. Present Address of Registrant: 4530 So 5th E. Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 31st AUGUST 1979

12. Signature of Notary: Marian Munsee
13. Notary Commission expires: April 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho 407479	Aug.29,1945	child born June22,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 25 / Lago, Idaho	----------	----------	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Aug.20,1979	blessed ~~Feb.15,1920~~
	Oct.16,1919 / Lago, Idaho	Emma Jensen	Henry C. Christensen	
SUPPORTING RECORD 3.	Affidavit by person present	Dean P. Christensen, age 72	Aug.6,1979	Aug.6,1979
	Oct.16,1919 / Lago, Idaho	Emma Christensen	Henry Christensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

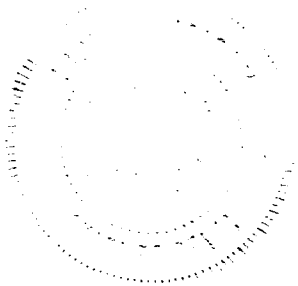
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: AUG 20 1979

K FORM BH 56067 (cc Mrs #20305

7-31-79

AUG 21 1979



367-108-010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-306

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Juan (John) Lopez
2. Date Of Birth: May 8 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Lincoln

FATHER

6. Full Name of Father: Miguel (Mike) Lopez
7. State or Country of Father's Birth: Mexico

MOTHER

8. Full Maiden Name of Mother: Venancia Carreon
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Juan L. Lopez
11. Present Address of Registrant: 1379 W. 5th St.

NOTARY (Seal)

Subscribed and sworn to before me on July 31, 1979

12. Signature of Notary: Isabel Lopez Valencia
13. Notary Commission expires: April 9, 1981

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal certificate	Roman Catholic Church	Feb.6,1958	baptized May18,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May8,1919	Lincoln, Idaho	Venantia Carreon	Michael Lopez

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	Army of the United States	Jan.23,1946	inducted Aug.11,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May8,1919	Lincoln, Idaho	---------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 77	Ynez Enriquez Herrera	Mar.18,1978	Mar.18,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May8,1919	Lincoln, Idaho	Venancia Carreon	Miguel Lopez

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: AUG 23 1979

FORM BH 56067

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2-28-79

AUG 24 1979

213-120-010-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eno Oscar Backlund		2. Date Of Birth (month) 6 (day) 20 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls,
FATHER	6. Full Name of Father: Daniel Backlund		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Elena Nelson		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eno O Backlund	11. Present Address of Registrant: 335 W 15 Idaho Falls 83401	
NOTARY (Seal)	Subscribed and sworn to before me on July 27 1979	12. Signature of Notary	13. Notary Commission expires: August 31 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Commercial Life Ins. Co.	Date Issued: June14,1950	Date Orig. Entry: June14,1950
	Date of Birth: June20,1919 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Elena Backlund	Name of Father: Daniel Backlund	
SUPPORTING RECORD 2.	Type of Document: Military discharge	By whom issued and signed: U.S. Armed Services	Date Issued: Nov.24,1945	Date Orig. Entry: inducted July11,1941
	Date of Birth: June20,1919 / Birth Place: Idaho Falls, ID	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present	By whom issued and signed: Carl V. Backlund, age 70	Date Issued: Aug.8,1979	Date Orig. Entry: Aug.8,1979
	Date of Birth: June20,1919 / Birth Place: Idaho Falls, ID	Full Name of Mother: Elena Nelson	Name of Father: Daniel Backlund	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	AUG 24 1979

FORM BH 56067

2 cc # 23284

9/14/79

. AUG 24 1979

331-104-026-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lane Lewis Clark			2. Date Of Birth (month) (day) (year): December 4 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Henry Lane Clark			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Anna Marie Christensen			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lane Lewis Clark		11. Present Address of Registrant: Box 40, Ririe, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 1979	12. Signature of Notary: Terry C McCurdy		13. Notary Commission expires: Oct. 20 1981

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Anna Marie Clark	Date Issued: Mar.23,1979	Date Orig. Entry: Mar.23,1979
	Date of Birth: Dec.4,1919	Birth Place: Ririe, Idaho	Full Name of Mother: Anna Marie Christensen Clark	Name of Father: Henry Lane Clark
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho	Date Issued: on file	Date Orig. Entry: Child born Sep.22,1952
	Date of Birth: Age: 32	Birth Place: Ririe, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Social Security # application	By whom issued and signed: Social Security Administration	Date Issued: Aug.14,1979	Date Orig. Entry: June,1937
	Date of Birth: Dec.4,1919	Birth Place: Ririe, Idaho	Full Name of Mother: Anna M. Christensen	Name of Father: Lane H. Clark
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	AUG 24 1979

FORM BH 56067

AUG 2 7 1979

235-24-0942-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-316

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Lucretia Stevens			2. Date Of Birth (month) 7 (day) 14 (year) 19	
	3. Color or Race: Negro	4. Sex: F	5. Place of Birth a. County: Twin Falls, Idaho	b. City or Town of Birth: Twin Falls County	
FATHER	6. Full Name of Father: Earnest Lewis Stevens			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Susanna Lucretia Tanner			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Juanita L. Barr	11. Present Address of Registrant: 308 Elliott Ave. Las Vegas, NV. 89106	
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd day of May 19 78		12. Signature of Notary: Ruth L. Stackhouse	13. Notary Commission expires: OFFICIAL SEAL RUTH L. STACKHOUSE NOTARY PUBLIC - STATE OF NEVADA COUNTY OF CLARK My Commission Expires 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census report		By whom issued and signed: U.S. Department of Commerce	Date Issued: May23,1979	Date Orig. Entry: April 1, 1930
	Date of Birth: Age: 11	Birth Place: Idaho	Full Name of Mother: Lucretia Stevens	Name of Father: Ernest Stevens	
SUPPORTING RECORD 2.	Type of Document: Voter registration		By whom issued and signed: Clark County, Nevada	Date Issued: Nov.28,1978	Date Orig. Entry: Sep.29,1966
	Date of Birth: July14,1919	Birth Place: Twin Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother, age 70		By whom issued and signed: Orien E. Stevens	Date Issued: May2,1978	Date Orig. Entry: May2,1978
	Date of Birth: July14,1919	Birth Place: Twin Falls, ID	Full Name of Mother: Susanna Lucretia Tanner	Name of Father: Stevens Earnest Lewis Stevens	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: AUG 31 1979

FORM BH 56067 | CC #663 | 4-5-79

SEP 4 1979

RECEIVED 235-104-003-234

AUG 14 1979

Bureau of Vital Statistics

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-332

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norman William STEWART

2. Date Of Birth: (month) Aug. (day) 4 (year) 1919

3. Color or Race: W

4. Sex: M

5. Place of Birth: a. County: IDAHO — Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Norman Pearl STEWART

7. State or Country of Father's Birth: Colo.

MOTHER

8. Full Maiden Name of Mother: Tina Jennett STUCK

9. State or Country of Mother's Birth: New York.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norman William Stewart

11. Present Address of Registrant: 4362 E Lakewood Blvd

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 28 1979

12. Signature of Notary: Diane L. Dart

13. Notary Commission expires: Notary Public-State of Nevada, CLARK COUNTY, Diane L. Dart, My Commission Expires June 17, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security # application	Social Security Administration	May11,1979	Feb.1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.4,1919 / Pocatello, Idaho	Tina J. Stuck	Norman P. Stewart	
SUPPORTING RECORD 2.	School census , Idaho	Twin Falls School Distr.No.411	Aug.14,1979	Sep.1926
	Aug.4,1919 / ----------	----------	Dorman Stewart	
SUPPORTING RECORD 3.	Marriage license	Twin Falls County, Idaho	Sep.17,1979	Jan.3,1948
	Age: 28 / Pocatello, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick

Evidence reviewed by: cc Colleen Cunningham

Date Filed: SEP 18 1979

FORM BH 56067

Ref: 24851

Stuart

SEP 18 1979

455-127-015-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-347

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Richard LaVern Densley
2. Date Of Birth (month) 10 (day) 27 (year) 19
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Soda Springs Caribou
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Isaac John Densley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mohleta Beus
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard L Densley
11. Present Address of Registrant: 601 Princeton CT Midvale

NOTARY (Seal)

Subscribed and sworn to before me on August 24 19 79
12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Utah	Apr.8,1959	child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Soda Springs, ID	----------	May23,1955	
SUPPORTING RECORD 2.	Temple Recommend	LDS Church	June24,1941	June19,1941
	Oct.27,1919 / Soda Springs, ID	Mohleta Bues	Isaac John Densley	
SUPPORTING RECORD 3.	Affidavit by mother, age 85	Mohleta B. Porter	Sep.24,1979	Sep.24,1979
	Oct.27,1919 / Soda Springs, ID	Mohleta Beus Densley	Isaac John Densley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: OCT 04 1979

FORM BH 56067

4cc #47 + 1 card

8-2-79

Denver

OCT 12 1979

853-210-022-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-349

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WANDA LOUISE HELM
2. Date Of Birth (month) (day) (year): March 10, 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Idaho — Fremont
b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: Oriah Helm
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elsie Matilda Busby
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Helm Reynolds
11. Present Address of Registrant: Box 31, Challis, ID 83226

NOTARY (Seal)

Subscribed and sworn to before me on: September 26 1979
12. Signature of Notary: Dianne Spencer
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Sep.28,1979	blessed

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.10,1919	Chester, ID	Elsie M. Busby	June1,1919 Orihah Helm

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Aug.7,1927	baptized Aug.7,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.10,1919	Chester, ID	Elsie Busby	Oriah Helm

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hospital birth record, Idaho Falls, ID	Idaho Falls LDS Hospital	Feb.14,1942	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.10,1919	Chester, ID	----------	Feb.14,1942 ----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 04 1979

FORM BH 56067

Enclosure

OCT 5 1979

264-113-003-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-368

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lynn Dale Somsen			2. Date Of Birth (month) March (day) 13 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Henry Samuel Somsen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marie Mattie			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lynn D Somsen		11. Present Address of Registrant: General Delivery Sedona, Arizona 86336
NOTARY (Seal)	Subscribed and sworn to before me on: October 15, 1979	12. Signature of Notary: Lew J. Berggren		13. Notary Commission expires: AT DEATH 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment application	By whom issued and signed: Civil Service, Baton Rouge, LA	Date Issued: July28,1966	Date Orig. Entry: July28,1966
	Date of Birth: Mar.13,1919 / Birth Place: Pocatello, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Statement by attending physician	By whom issued and signed: J. H. Lynn, M.D.	Date Issued: Sep.22,1941	Date Orig. Entry: Sep.22,1941
	Date of Birth: Mar.13,1919 / Birth Place: Pocatello, ID	Full Name of Mother: Marie Mattie	Name of Father: Henry S. Somsen	
SUPPORTING RECORD 3.	Type of Document: Military discharge	By whom issued and signed: U.S. Armed Services	Date Issued: Oct.11,1945	Date Orig. Entry: enlisted Feb.24,1941
	Date of Birth: Mar.13,1919 / Birth Place: Pocatello, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Colleen Cunningham	Date Filed: OCT 23 1979

FORM BH 56067

OCT 29 1979

719-115-033-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-376

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EARL HENRY PARK
2. Date Of Birth (month) (day) (year): Feb 15 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Sugar City "Madison"
b. City or Town of Birth: Sugar City, Idaho

FATHER

6. Full Name of Father: ANDREW EL ROY PARK
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: MYRTLE AGNES BIRD
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Earl H Park
11. Present Address of Registrant: Sugar City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 16 1979
12. Signature of Notary: Nellis H Garner
13. Notary Commission expires: January 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	Oct.16,1979	9 blessed
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.15,1919 / Sugar City, ID	Myrtle Agnes Bird	Andrew Leroy Park	Feb.15,1919
SUPPORTING RECORD 2.	Affidavit by mother	Myrtle B. Park	Oct.16,1979	Oct.16,1979
	Feb.15,1919 / Sugar City, ID	Myrtle B. Park	----------	
SUPPORTING RECORD 3.	Census Marshal's Report	Madison County, ID	Oct.15,1979	Sept.,1937
	Feb.15,1919 / ----------	----------	Roy Park	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 29 1979

FORM BH 56067

ICLDS#21711

OCT 29 1976

219-17-010-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79=383

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALMA HEDIN BAILEY			2. Date Of Birth (month) July (day) 17 (year) 1919
	3. Color or Race: Cauc	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: William Thomas Bailey			7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Zina Dee Ritchie			9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma Hedin Bailey		11. Present Address of Registrant: 958 W. North Temple Salt Lake City, Utah 84116
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 19 79	12. Signature of Notary: Dorothy L. Saley		13. Notary Commission expires: 5-22 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Beneficial Insurance app.	By whom issued and signed: Beneficial Ins. Co.		Date Issued: Apr.27,1929	Date Orig. Entry: Apr.27,1929
	Date of Birth: July17,1919	Birth Place: Idaho Falls,ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church		Date Issued: Apr.2,1933	Date Orig. Entry: ordained Apr.2,1933
	Date of Birth: July17,1919	Birth Place: Idaho	Full Name of Mother: Zina D. Ritchie	Name of Father: Wm. T. Bailey	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church		Date Issued: Apr.2,1979	Date Orig. Entry: baptized Aug.12,1928
	Date of Birth: July17,1919	Birth Place: Idaho	Full Name of Mother: Zina D. Ritchie	Name of Father: Wm. T. Bailey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: Colleen Cunningham	Date Filed: OCT 31 1979

FORM BH 56067

Ly. Pd. Rec # 00058 + Lic # 2531

12-4-79

Barney

NOV 1 1979

819-216-028-767

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-395

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILMA OPAL HARTMAN
2. Date Of Birth: (month) 12 (day) 16 (year) 19
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Coeur d'Alene Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: WILLIAM ALFRED HARTMAN
7. State or Country of Father's Birth: PA.

MOTHER

8. Full Maiden Name of Mother: OPAL Elizabeth # Pogue
9. State or Country of Mother's Birth: MO.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma O. Beeks
11. Present Address of Registrant: 402 East T St Tumwater, Wa 98501

NOTARY (Seal)

Subscribed and sworn to before me on 11/3 1979

12. Signature of Notary: Jeannette Tucker
13. Notary Commission expires: Oct. 27 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record	National School Records System	Nov.7,1979	May25,1934
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec.16,1919 Coeur d'Alene,ID	----------	W. A. Hartman	
SUPPORTING RECORD 2.	Marriage application	State of Washington	Dec.8,1978	Sep.17,1962
	Dec.16,1919 Coeur d'Alene,ID	Opal E. Pogue	William A. Hartman	
SUPPORTING RECORD 3.	Voter registration	State of Washington	Nov.2,1979	Aug.15,1964
	Dec.16,1919 Idaho	----------	---------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	NOV 16 1979

FORM BH 56067

2C # 21930

11-17-78

NOV 16 1979

Dup of 1919-75447

413-204-016-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-410

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Isabelle Matthews
2. Date Of Birth (month) 9 (day) 4 (year) 19
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Declo

FATHER

6. Full Name of Father: George Samuel Matthews
7. State or Country of Father's Birth: ~~Cassia~~ Idaho

MOTHER

8. Full Maiden Name of Mother: Nell Lial Anderson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary M. Parr
11. Present Address of Registrant: Wendell, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 10 1979
12. Signature of Notary: Jane Hill
13. Notary Commission expires: May 10, 1980

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Baptized September4, 1927	Sep.3,1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.4,1919 / Declo, Idaho	Nellie Anderson	George S. Matthews	
SUPPORTING RECORD 2.	Affidavit by aunt, age 81	Genevieve Olsen	Dec.10,1979	Dec.10,1979
	Sep.4,1919 / Declo, Idaho	Nell Lial Anderson	George Samuel Matthews	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #48-741	on file	child born Jan.31,1948
	Age: 28 / Declo, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 19 1979

FORM BH 56067

11-13-79

PARR

DEC 1 [illegible]

DECEASED

815-210-034-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-421

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Hansen
2. Date Of Birth: (month) 4 (day) 10 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Minidoka, Id Minidoka; b. City or Town of Birth: Minidoka, Ida.

FATHER

6. Full Name of Father: Earl J. Hansen
7. State or Country of Father's Birth: Goshen, Utah

MOTHER

8. Full Maiden Name of Mother: Emma Pauline Comnick
9. State or Country of Mother's Birth: Arlington, Minn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Robertson
11. Present Address of Registrant: Margert Robertson, Washington Park Apt. # 12, Twin Falls, Idaho 83301

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 29 1979
12. Signature of Notary: Kathryn Peterson
13. Notary Commission expires: Life 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 78	Emma Kuhn	Oct.9,1979	Oct.9,1979
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.10,1919 / Minidoka, ID	Emma Pauline Comnick	Earl J. Hansen	
SUPPORTING RECORD 2.	Certificate of baptism	A.J. Munsterman, Pastor	Nov.29,1979	baptized ~~Aug.1,1922~~
	Apr.10,1919 / Minidoka,ID	Emma Comnick Hansen	Earl J. Hansen	
SUPPORTING RECORD 3.	hospital record Own child's birth certificate	Idaho Pocatello General Hospital	Feb.25,1940	child born Feb.25,1940
	Apr.10,1919 / Minidoka, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Grant M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 19 1979

FORM BH 56067

T-21-M

Rob tom

DEC 20 1979

681-108-038-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-431

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOHN DEXTER WHALEN
2. Date Of Birth (month) APRIL (day) 8 (year) 1919
3. Color or Race: White-Cauc.
4. Sex: Male
5. Place of Birth a. County: Payette
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: JOHN FRANCIS WHALEN
7. State or Country of Father's Birth: Wisconsin, USA

MOTHER

8. Full Maiden Name of Mother: Ione Claire Ainey
9. State or Country of Mother's Birth: Iowa, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Dexter Whalen
11. Present Address of Registrant: 83661 35 SO 8th St, Payette, ID

NOTARY (Seal)

Subscribed and sworn to before me on December 19, 1979
12. Signature of Notary: Donald H Nuerman
13. Notary Commission expires: Non- Expiring 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt, age 85	Pauline A. Peck	Dec.19,1979	Dec.19,1979
	Date of Birth / Birth Place: Apr.8,1919 / Payette, Idaho	Full Name of Mother: Ione Claire Ainey Whalen	Name of Father: John Francis Whalen	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S.A.	Date Issued: Jan.24,1946	Date Orig. Entry: entered service Nov. ~~1,1941~~
	Date of Birth / Birth Place: Apr.8,1919 / Payette, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: University of Idaho, Moscow,	Date Issued: ID June11,1976	Date Orig. Entry: Sep.18,1936
	Date of Birth / Birth Place: Apr.8,1919 / Payette, Idaho	Full Name of Mother: Eone C. Ainey Whalen	Name of Father: John F. Whalen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	DEC 21 1979

FORM BH 56067

12-19-79

DEC 26 1979

457-131-033-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80-006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Stewart Dexter			2. Date Of Birth (month) (day) (year): December 31, 1919
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: Joseph Henry Dexter			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Eva Dell Fisher			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John S. Dexter		11. Present Address of Registrant: Rt.2, St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 3, 1980	12. Signature of Notary: M T Brugham		13. Notary Commission expires: 7/27 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Dicharge	By whom issued and signed: National Guard of Idaho		Date Issued: May 17,1945	Date Orig. Entry: enlisted Sept.7,1940
	Date of Birth: Dec.31,1919	Birth Place: Plano, Idaho	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church		Date Issued: May 2,1920	Date Orig. Entry: Blessed May 2,1920
	Date of Birth: Dec.31,1919	Birth Place: Plano, Idaho	Full Name of Mother: Eva Dell Fisher	Name of Father: Joseph Dexter	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 81	By whom issued and signed: Eva F. Dexter		Date Issued: Jan.3,1980	Date Orig. Entry: ------
	Date of Birth: Dec.31,1919	Birth Place: Plano, Idaho	Full Name of Mother: Eva F. Fisher Dexter	Name of Father: Joseph H. Dexter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Jan 8,1980

FORM BH 56067

Lic #1795

10-31-91

Dexter

700

414-17-006-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-011

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Welby R Madsen
2. Date Of Birth: (month) May (day) 17 (year) 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Lyman Lorenzo Madsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Melvina Huffaker
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Welby R Madsen
11. Present Address of Registrant: 111 Fay Circle, Sacramento, CA 95831

ADELAIDE V. GRUBBS
NOTARY PUBLIC
(Seal) SACRAMENTO COUNTY, CALIFORNIA
My Commission Expires December 22, 1983

Subscribed and sworn to before me on January 4, 1980

12. Signature of Notary: Adelaide V. Grubbs
13. Notary Commission expires: December 22, 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of California	Feb.21,1979	Chld b. birth Aug.29,1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Idaho	----------	----------	
SUPPORTING RECORD 2.	Church record	LDS Church	Oct.23,1979	baptized
	May17,1919 / Shelley, Idaho	Melvina Huffaker	Lyman Madsen	Oct.2,1927
SUPPORTING RECORD 3.	Military ID card	Armed Forces of the United States	3/14/51	Mar.14,1951
	May17,1919 / ---	--------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ellis
Evidence reviewed by: Colleen Cunningham cc
Date Filed: JAN 23 1980

FORM BH 56067 (10-78) 10-23-79

doc file

JAN 24 1980

556-217-001-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Naydene NeFF
2. Date Of Birth: (month) 8 (day) 17 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County ~~Boise~~ HOME-ADA; b. City or Town of Birth: BOISE IDAHO

FATHER

6. Full Name of Father: ROSS DALE NEFF
7. State or Country of Father's Birth: JOPLIN Mo.

MOTHER

8. Full Maiden Name of Mother: ELSIE JOSEPHINE GOODMAN
9. State or Country of Mother's Birth: Okla.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Naydene "Neff" Brown
11. Present Address of Registrant: 2903 Carole St Manhattan Ka

NOTARY (Seal)

Subscribed and sworn to before me on: 1-7 1980
12. Signature of Notary: Lary D Coont
13. Notary Commission expires: 10-1 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by cousin, age 75	Esther E. Goodman Cline	Dec.27,1979	Dec.27,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1919	Boise, Idaho	Elsie Josephine Goodman	Ross Dale Neff

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's brith certificate	Idaho 373313	on file	child born May11,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Boise, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Grange Mutual Life Co.	Mar.1,1968	Mar.1,1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1919	Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 15 1980

cc

FORM BH 56067

1 cc pd

7-24-70

Brown

FEB 15 1980

Childs Cert # 397537 O.K

515-220-003-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-058

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERNA HANSEN
2. Date Of Birth (month) (day) (year): November 20, 1919
3. Color or Race: caucasion
4. Sex: female
5. Place of Birth a. County: McCammon, Ida. Bannock
b. City or Town of Birth: McCammon, Ida.

FATHER

6. Full Name of Father: Reuben Hansen
7. State or Country of Father's Birth: Hyrum, Utah

MOTHER

8. Full Maiden Name of Mother: Lauretta Allen
9. State or Country of Mother's Birth: Hyrum, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna Hansen Hunt
11. Present Address of Registrant: Rt 3 Box 244 Moses Lake, Wa

NOTARY (Seal)

Subscribed and sworn to before me on: February 13 1980
12. Signature of Notary: Betty M. Gettings
13. Notary Commission expires: October 29 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mary S. Hanson	By whom issued and signed: Mary S. Hanson, neighbor, age 76	Date Issued: Jan.31,1980	Date Orig. Entry: Jan.31,1980	
	Date of Birth: Nov.20,1919	Birth Place: McCammon, ID	Full Name of Mother: Lauretta Allen Hansen	Name of Father: Reuben Hansen	
SUPPORTING RECORD 2.	Type of Document: Church record of birth	By whom issued and signed: LDS Church	Date Issued: Feb.7,1980	Date Orig. Entry: Jan.4,1920	
	Date of Birth: Nov.20,1919	Birth Place: McCammon, ID	Full Name of Mother: Lauretta Allen	Name of Father: Reuben Hansen	
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: Salt Lake County, Utah	Date Issued: Feb.5,1980	Date Orig. Entry: Feb.7,1946	
	Date of Birth: Nov.20,1919	Birth Place: McCammon, ID	Full Name of Mother: Lauretta Allen	Name of Father: Reuben Hansen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 26 1980

FORM BH 56067

FEB 2 7 1980

893-216-010-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cordelia Hill			2. Date Of Birth (month) (day) (year): September 16, 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Jesse Ivan Hill			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Young			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cordelia Nebel		11. Present Address of Registrant: Route #6 Box 6712
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1980	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Mar.8,1929	Date Orig. Entry: baptized Sep.1,1928
	Date of Birth: Sep.16,1919	Birth Place: Iona, Idaho	Full Name of Mother: Sarah Ellen Young	Name of Father: Jesse Ivan Hill	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Nov.2,1919	Date Orig. Entry: blessed Nov.2,1919
	Date of Birth: Sep.16,1919	Birth Place: Iona, Idaho	Full Name of Mother: Sarah E. Young	Name of Father: Jesse I. Hill	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #281095		Date Issued: on file	Date Orig. Entry: child born May25,1939
	Date of Birth: Age: 19,	Birth Place: Iona, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

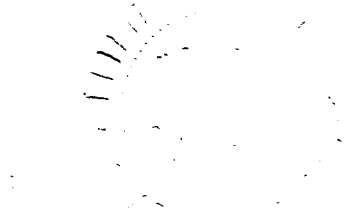
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wiske	Evidence reviewed by: Colleen Cunningham	Date Filed: FEB 26 1980

FORM BH 56067

10-23-75

Nebel

FEB 20 1903



693-201-031-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Lorane [redacted] Wilks	2. Date of Birth (month) (day) (year): March 1 1919	
	3. Color or Race: White · 4. Sex: F · 5. Place of Birth: Forest Idaho · a. County: Lewis County	b. City or Town of Birth: Forest, Idaho	
FATHER	6. Full Name of Father: George Franklin Wilks	7. State or Country of Father's Birth: Licon Nebraska	
MOTHER	8. Full Maiden Name of Mother: ALTA MAY ~~WILK~~ Roberts	9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith L Miller	11. Present Address of Registrant: 3526-11 St Lewiston Ida.
NOTARY (Seal)	Subscribed and sworn to before me on August 13 1979	12. Signature of Notary: CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER ... Leslie Koenig Deputy	13. Notary Commission expires ______ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document / Date of Birth	Birth Place	By whom issued and signed / Full Name of Mother	Date issued / Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Application for insurance		Gen State Mutual Life Ass.	Aug.13,1979	Nov.6,1951
	Mar.1,1919	Forest, ID	Alta M. Wilks	--------------------	
SUPPORTING RECORD 2.	Family bible record		Family bible	viewed Aug.28,1979	obviously old
	Mar.1,1919	Forest, ID	Alta May Wilks	George Franklin Wilks	
SUPPORTING RECORD 3.	Social Security # application		Social SEcurity Administration	Jan.29,1980	Sep.1944
	Mar.1,1919	Forest, Idaho	Alta M. Roberts	Geo. F. Wilks	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 21 1980

FORM BH 56067

7-19-79

MILLER

MAR 24 1980

445-119-034-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-095

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Leroy Mueller
2. Date Of Birth (month) (day) (year): January 19, 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth: Idaho — a. County: Minidoka — b. City or Town of Birth: Minidoka, Idaho

FATHER

6. Full Name of Father: William Ernest Mueller
7. State or Country of Father's Birth: South Dakota (Madison)

MOTHER

8. Full Maiden Name of Mother: Anna Bill
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard L. Mueller
11. Present Address of Registrant:

NOTARY (SEAL) STATE OF KANSAS Hamilton County, Ks. My Appt. Exp. July 29, 1981

Subscribed and sworn to before me on 17 1979

12. Signature of Notary: Lucille Straats
13. Notary Commission expires: July 29 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Kansas	Jan.17,1979	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Minadoka, ID	----------	Mar.8,1950 ----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Armed Services	Oct.25,1945	inducted

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.19,1919	Minnokota, ID	----------	Mar.3,1942 ----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # application	Social Security Administration	on May4,1979	Jan.1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.19,1919	Minidoka, ID	Anna Bill	William E. Mueller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: MAR 25 1980

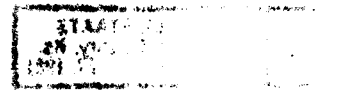
FORM BH 56067

loc # 457

1-10-79

Mueller

MAR 26 1980



289-221-033-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Mary Shirley		2. Date Of Birth (month) (day) (year): Apr. 21, 1919
	3. Color or Race: C.	4. Sex: F	5. Place of Birth a. County: Salem, Madison
			b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: James Frederick Shirley		7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Sarah Frances Virgin		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Moss	11. Present Address of Registrant: 455 Barbee, D.F.
NOTARY (Seal)	Subscribed and sworn to before me on: 3-10- 19 80	12. Signature of Notary: Linda DeMotte	13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College transcript	By whom issued and signed: Ricks College, Rexburg, ID	Date Issued: July10,1958	Date Orig. Entry: Sep.27,1938
	Date of Birth: Apr.21,1919 / Birth Place: Salem, ID	Full Name of Mother: -------	Name of Father: James Shirley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 75	By whom issued and signed: Myrtle Shirley Belnap	Date Issued: Mar.10,1980	Date Orig. Entry: Mar.10,1980
	Date of Birth: Apr.21,1919 / Birth Place: Salem, Idaho	Full Name of Mother: Sarah Frances V. Shirley	Name of Father: James Frederick Shirley	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Apr.4,1975	Date Orig. Entry: blessed ~~July6,1919~~
	Date of Birth: Apr.21,1919 / Birth Place: Salem, Idaho	Full Name of Mother: Sarah Frances Virgin	Name of Father: James Fredrick Shirley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 27 1980

FORM BH 56067

2cc pd Rec # 11238

4-26-67

Moss

MAR 28 1980

246-218-018-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Myrtle Smolinski			2. Date Of Birth (month) (day) (year): August 18 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fraser Clearwater	b. City or Town of Birth: Fraser
FATHER	6. Full Name of Father: John Smolinski			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Rilla Merta			9. State or Country of Mother's Birth: Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Myrtle Johnson		11. Present Address of Registrant: Kooskia, Idaho 83539
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 3 1979	12. Signature of Notary: [signature]		13. Notary Commission expires: 8-31 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family bible record	By whom issued and signed: Family bible	Date Issued: Viewed Dec.21,1979	Date Orig. Entry: obviously old
	Date of Birth: Aug.18,1919 / Birth Place: Fraser, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavitby brother, age 73	By whom issued and signed: Alfred Smolinski	Date Issued: Nov.29,1979	Date Orig. Entry: Nov.29,1979
	Date of Birth: August18,1919 / Birth Place: Fraser, Idaho	Full Name of Mother: Rilla Merta Smolinski	Name of Father: John Smolinski	
SUPPORTING RECORD 3.	Type of Document: Family baby book	By whom issued and signed: Family baby book	Date Issued: viewed3/27/80	Date Orig. Entry: obviously old
	Date of Birth: Aug.18,1919 / Birth Place: Fraser, ID	Full Name of Mother: Rilla Merta	Name of Father: John Smolinski	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

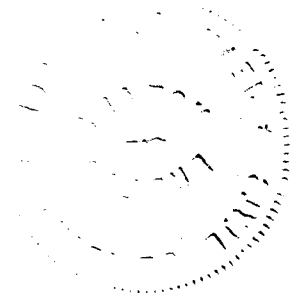
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	MAR 27 1980

FORM BH 56067

9-9-81

MAR 2 8 1980



249-16-0003-983

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Lyle Smith		2. Date Of Birth (month) 3- (day) 16 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Melvin David Smith		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Agnes LoRena Smith Rytting		9. State or Country of Mother's Birth: Utah	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin L. Smith	11. Present Address of Registrant: Pocatello Creek Road Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 1980	12. Signature of Notary: Janet M. Long	13. Notary Commission expires: July 26 1982	

APPLICANT - DO NOT WRITE BELOW THIS LINE

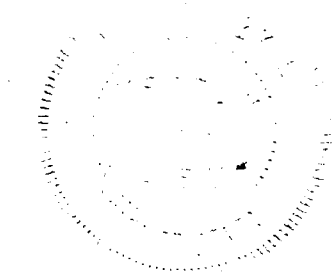
SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 70	By whom issued and signed: Douglas O. Rytting	Date Issued: Jan.8,1980	Date Orig. Entry: Jan.8,1980
	Date of Birth: Mar.16,1919 Birth Place: Pocatello, ID	Full Name of Mother: Agnes Lorena Rytting	Name of Father: Melvin David Smith	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S. Military	Date Issued: Jan.5,1946	Date Orig. Entry: inducted May19,1942
	Date of Birth: Mar.16,1919 Birth Place: Pocatello, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Mar.14,1980	Date Orig. Entry: baptized June5,1927
	Date of Birth: Mar.16,1919 Birth Place: Pocatello, ID	Full Name of Mother: Agnes L. Rytting	Name of Father: Melvin Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: APR 09 1980

FORM BH 56067

Smith

APR 10 1980



455-130-003-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORVAL Wilson Overton		2. Date Of Birth (month) (day) (year): 1919	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles O.		7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orval W. Overton	11. Present Address of Registrant: 350 W Griffith Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1979	12. Signature of Notary: John P. Wideman	13. Notary Commission expires: April 27 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Brotherhood of Locomotive Firemen and Enginemen	Date Issued: July18,1950	Date Orig. Entry: July18,1950
	Date of Birth: Sep.30,1919 / Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: Army of the United States	Date Issued: July28,1945	Date Orig. Entry: inducted ~~Feb.17,1941~~
	Date of Birth: Sep.30,1919 / Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother, age 71	By whom issued and signed: William H. Overton	Date Issued: Mar.10,1980	Date Orig. Entry: Mar.10,1980
	Date of Birth: Sep.30,1919 / Birth Place: Pocatello, ID	Full Name of Mother: Vivian Thomas	Name of Father: Charles H. Overton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	APR 09 1980

FORM BH 56067

Overton

APR 10 1980

391-220-010-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-113

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Lucille Travis		2. Date Of Birth (month) 11 (day) 20 (year) 19	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Frank Lawrence Travis		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Lillie Caldwell		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred L. Heston	11. Present Address of Registrant: R.F.D. Box 72 B, Idaho Falls.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 6 19 79	12. Signature of Notary: Colleen Schild	13. Notary Commission expires: nonexpiring 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: on file	Date Orig. Entry: child born
	Date of Birth: Age: 27	Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	Feb.24,1947
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 84		By whom issued and signed: Lydda Mattson	Date Issued: Dec.10,1979	Date Orig. Entry: Dec.10,1979
	Date of Birth: Nov.20,1919	Birth Place: Idaho Falls, ID	Full Name of Mother: Lillie Caldwell Travis	Name of Father: Frank Lawrence Travis	
SUPPORTING RECORD 3.	Type of Document: Family bible record		By whom issued and signed: family bible	Date Issued: Mar.18,1980	Date Orig. Entry: obviously old
	Date of Birth: Nov.20,1919	Birth Place: Idaho Falls, ID	Full Name of Mother: Lillie Caldwell	Name of Father: Frank Lawrence Travis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	APR 14 1980

FORM BH 56067

ICC# 4075

11-30-79

Heston

APR 15 1980

DECEASED

653-219-022-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-131

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Blanche Colleen Welker
2. Date of Birth (month) (day) (year): November 19 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Leo Alvene Welker
7. State or Country of Father's Birth: Arizona

MOTHER

8. Full Maiden Name of Mother: Cathren Morgan
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche Colleen Welker Logan
11. Present Address of Registrant: 695 Hilltop St. Chula Vista Calif

Subscribed and sworn to before me on: April 9, 1980

NOTARY

12. Signature of Notary: Patricia A. White
13. Notary Commission expires: March 22 1981

PATRICIA A. WHITE
OFFICIAL SEAL
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires March 22, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage record	Salt Lake County, Utah	Apr.3,1980	June22,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.19,1919 St. Anthony, ID	Cathren Morgan	Leo Alvene Welker	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Apr.15,1980	blessed ~~Jan.4,1920~~
	Nov.19,1919 St. Anthony, ID	Cathren Morgan	Leo A. Welker	
SUPPORTING RECORD 3.	Certificate of baptism/conf.	LDS Church	Apr.15,1980	baptized June2,1928
	Nov.19,1919 St. Anthony, ID	Catherin Morgan	Leo A. Welker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wilke	Colleen Cunningham	APR 18 1980

FORM BH 56067

Fig 2

APR 18 1980

814-227-026-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-133

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEORA EDNA HADDEN			2. Date Of Birth (month) 12 (day) 27 (year) 1919	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Perry	
FATHER	6. Full Name of Father: John Edward Hadden			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Annie Myrtle Nielsen			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leora Edna Halbert		11. Present Address of Registrant: 402 N 1st E., Paul, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 19 80	12. Signature of Notary: Joann Buttars		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 80	By whom issued and signed: Minnie Shaffer		Date Issued: Apr.8,1980	Date Orig. Entry: Apr.8,1980
	Date of Birth: Dec.27,1919	Birth Place: Perry, Idaho	Full Name of Mother: Annie Myrtle Nielsen	Name of Father: John Edward Hadden	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Apr.15,1980	Date Orig. Entry: blessed Feb.1,1920
	Date of Birth: Dec.27,1919	Birth Place: Perry, Idaho	Full Name of Mother: Annie M. Nielsen	Name of Father: John E. Hadden	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Apr.15,1980	Date Orig. Entry: baptized Mar.4,1928
	Date of Birth: Dec.27,1919	Birth Place: Perry, Idaho	Full Name of Mother: Annie M. Nielsen	Name of Father: John E. Hadden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: APR 18 1980

FORM BH 56067

IC # 14141

2-1-80

899-109-004-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-138

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Lyman Lee Hirschi
2. Date Of Birth (month) (day) (year): April 9 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Bear Lake
b. City or Town of Birth: Geneva

FATHER

6. Full Name of Father: Raynold Hirschi
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Frieda Messerli
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lyman Lee Hirschi
11. Present Address of Registrant: Geneva, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4-11 1980

12. Signature of Notary: Betty L Sorenson
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance record	Beneficial Life Ins. Co.	Sep.30,1937	Sep.30,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.9,1919 / Geneva, ID	Frieda Hirschi	Raynold Hirschi	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Apr.16,1980	blessed
	Apr.9,1919 / Geneva, ID	Freda Messerli	Raynold HIrschi	May4,1919
SUPPORTING RECORD 3.	Own child birth certificate	State of Idaho	on file	child born Aug.19,1958
	Age: 39 / Geneva, Idaho	------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 18 1980

FORM BH 56067

2 IM-10

APR 21 1980

219431-022-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bert Duane Barrett			2. Date Of Birth (month) January (day) 31 (year) 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Albert Barrett			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Alta Leon Lee			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bert D. Barrett		11. Present Address of Registrant: 190 SE Main DALLAS, ORE.
NOTARY (Seal)	Subscribed and sworn to before me on: April 30, 1980	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: Lifetime 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Number app	By whom issued and signed: Social Security Administration	Date Issued: Mar.26,1980	Date Orig. Entry: Aug.1937	
	Date of Birth: Jan.31,1919	Birth Place: St. Anthony,ID	Full Name of Mother: Alta Lee	Name of Father: Bert Barrett	
SUPPORTING RECORD 2.	Type of Document: Identification card	By whom issued and signed: U.S. Army	Date Issued: Mar.15,1956	Date Orig. Entry: Nov.27,1942	
	Date of Birth: Jan.31,1919	Birth Place: St. Anthony, ID	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage license affidavit	By whom issued and signed: Fremont County, Idaho	Date Issued: May2,1980	Date Orig. Entry: July10,1937	
	Date of Birth: Jan.31,1919	Birth Place: St. Anthony, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham	MAY 07 1980

FORM BH 56067

1-17-80

MAY 7 1980

449-207-022-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Alice Murri
2. Date Of Birth: (month) July (day) 7 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Charles Christian Murri
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Eliza Ann Stimpson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby Alice Murri Nelson
11. Present Address of Registrant: 249 So 3rd West Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 4, 1980
12. Signature of Notary: Warren K. Nielsen
13. Notary Commission expires: 12-18 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Mar.18,1980	Blessed Aug.3,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July7,1919	St. Anthony, ID	Eliza Stimpson	Chas. C. Murri

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church	Sep.4,1927	baptized Sep.3,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July7,1919	St. Anthony, ID	Eliza Stimpson	Chas. C. Murri

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by relative, age 79	Clara E. Shosted	Apr.29,1980	Apr.29,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7, 1919	St. Anthony, ID	Eliza Ann Stimpson Murri	Charles Christian Murri

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: MAY 07 1980

FORM BH 56067

Nelson

MAY 7 1980

318-215-010-191

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-162

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lana Fern TAYLOR
2. Date Of Birth (month) (day) (year): January 15 1919
3. Color or Race:
4. Sex: female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Taylor

FATHER

6. Full Name of Father: Chester George TAYLOR
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: Lana Ardell ARAVE
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern T. Peterson
11. Present Address of Registrant: Rt.#1 Box 200, Shelley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 2 1980

12. Signature of Notary: Fern D. Christensen
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Apr.30,1980	blessed Mar.7,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.15,1919	Taylor, Idaho	Lana Ardell Arave	Chester G. Taylor

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 87	Lana A. Taylor	Apr.29,1980	Apr.29,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.15,1919	Taylor, ID	Lana Ardell Arave Taylor	Chester George Taylor

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	United Benefit LIfe Ins. Co.	Jan.16,1941	Jan.16,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.15,1919	Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 20 1980

FORM BH 56067

ICC# 18664

4-25-80

Peterson

MAY 20 1900

419-213-014-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLIVIA HAZEL MARRS			2. Date Of Birth (month) July (day) 13 (year) 1919
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Ira Robert Marrs			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Della Etta Lovejoy			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olivia H. Warfield		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 19 80	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: Lifetime 19 ____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho # 51-14283	Date Issued: -----	Date Orig. Entry: Child born Nov.27, 1951	
	Date of Birth: Age 32	Birth Place: Middleton, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 80	By whom issued and signed: Della E. Marrs	Date Issued: Apr 2,1980	Date Orig. Entry: --------	
	Date of Birth: July 13,1919	Birth Place: Middleton, Ida	Full Name of Mother: Della Ette Lovejoy	Name of Father: Ira Robert Marrs	
SUPPORTING RECORD 3.	Type of Document: Social Security record	By whom issued and signed: Social Security Administration	Date Issued: May6,1980	Date Orig. Entry: Mar.23,1944	
	Date of Birth: July13,1919	Birth Place: Middleton, ID	Full Name of Mother: Della Etta Lovejoy	Name of Father: Ira Robert Marrs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	jc Colleen Cunningham	MAY 20 1980

FORM BH 56067

1 copy rec # 16231

MAY 20 1980

251-107-006-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-165

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Joseph Searle			2. Date Of Birth (month) Jan. (day) 7 (year) 1919	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Eli Clayson Searle			7. State or Country of Father's Birth: Utah County - Utah (State)	
MOTHER	8. Full Maiden Name of Mother: Avilda Green Oler			9. State or Country of Mother's Birth: Utah County - Utah (State)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl J. Searle		11. Present Address of Registrant: R.F.D. #1 Box 355 Shelley, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 29 April 1980	12. Signature of Notary: Betty L. Kirby		13. Notary Commission expires: 2-1-1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Mar.12,1927	Date Orig. Entry: baptized Mar.5,1927
	Date of Birth: Jan.7,1919	Birth Place: Shelley, ID	Full Name of Mother: Avilda G. Oler	Name of Father: Eli C. Searle	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: Nov.28,1939	Date Orig. Entry: Nov.28,1939
	Date of Birth: Jan.7,1919	Birth Place: Shelley, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present	By whom issued and signed: Clyde Oler, age 74		Date Issued: Apr.29,1980	Date Orig. Entry: Apr.29,1980
	Date of Birth: Jan.7,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Avilda G. Oler	Name of Father: Eli C. Searle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

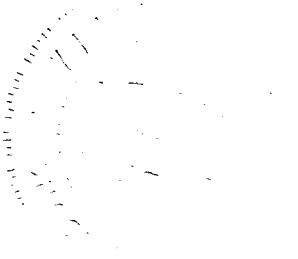
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	MAY 20 1980

FORM BH 56067

21580

1-30-80

MAY 20 1980



689-21-7034-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-168

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ina Betsy Whittaker
2. Date of Birth (month) (day) (year): May 17 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Minidoka
b. City or Town of Birth: Rupert, Idaho

FATHER

6. Full Name of Father: Zenos LeRoy Whittaker
7. State or Country of Father's Birth: Salt Lake City, Utah

MOTHER

8. Full Maiden Name of Mother: Beatrice Norton
9. State or Country of Mother's Birth: Nephi, Juab Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ina Betsy Whittaker Maxwell
11. Present Address of Registrant: Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 25 1980

12. Signature of Notary: Dorothy Peck
13. Notary Commission expires: 12-5 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Feb.14,1973	blessed May1,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May17,1919	Rupert, ID	Beatrice Norton	Zenos L. Whittaker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Feb.14,1973	baptized Aug.6,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May17,1919	Rupert, ID	Beatrice Norton	Zenos L. Whittaker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho 303994	on file	child born Aug.2,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Rupert, ID	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUN 03 1980

FORM BH 56067

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JUN 3 1980

255-101-016-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-179

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DUFFIN LEON SEVERE
2. Date Of Birth (month) DEC (day) 1 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: OAKLEY, CASSIA CO. IDA.
b. City or Town of Birth: OAKLEY, IDA

FATHER

6. Full Name of Father: LYMAN CARLOS SEVERE
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MYRTLE IDA HUNTER
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: A. L. Severe
11. Present Address of Registrant: P.O. Box 1453 Pendleton Ore. 97801

NOTARY (Seal)

Subscribed and sworn to before me on May 27 1980

12. Signature of Notary: Patricia L. Hedeen
13. Notary Commission expires 08-29 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record	LDS Church	May12,1980	Mar.7,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.1,1919 / Oakley, ID	Myrtle Hunter	Lyman Carlos Severe	
SUPPORTING RECORD 2.	Military record	U.S. Marine Corps	Nov.14,1945	Mar.1,1941 enlisted
	Dec.1,1919 / Oakley, ID	---	---	
SUPPORTING RECORD 3.	Own child's hospital record	Pendleton, Oregon St. Anthony's Hospital	July28,1957	child born July 28,1957
	Dec.1,1919 / Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

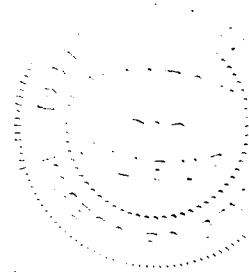
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
Date Filed: JUN 05 1980

FORM BH 56067

Severe

JUN 5 1980



639-213-006 -155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-189

Bernice

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice Helen Oliver
2. Date Of Birth: August 13, 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Arthur Maroni Oliver
7. State or Country of Father's Birth: Utah, South Jordan

MOTHER

8. Full Maiden Name of Mother: Bessie May Jensen
9. State or Country of Mother's Birth: Idaho, Shelley

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice H. Oliver Craw
11. Present Address of Registrant: RT #4 Rigby, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 16 1980
12. Signature of Notary: Karen L. Taddonpa
13. Notary Commission expires: April 2 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho	on file	child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	Jan.26,1939
	Age: 19 / Shelley, ID	------	-----	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Sep.23,1979	baptized
	Aug.13,1919 / Shelley, ID	Bessie May Jensen	Arthur Maroni Oliver	Mar.2,1929
SUPPORTING RECORD 3.	Marriage license affidavit	Bonneville County, Idaho	Sep.12,1979	Nov.2,1938
	Age: 19 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
Date Filed: JUN 09 1980

FORM BH 56067

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JUN 9 1980

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Petroulia Evangeline Spanos			2. Date Of Birth (month) March (day) 7 (year) 1919	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Colburn Bonners	b. City or Town of Birth: Colburn, Idaho	
FATHER	6. Full Name of Father: Anton Spanos			7. State or Country of Father's Birth: Greece	
MOTHER	8. Full Maiden Name of Mother: Anna May Haines			9. State or Country of Mother's Birth: Oklahoma	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Petroulia E Barrett	11. Present Address of Registrant: Walla Walla, Washington 532 E. Alder, #13	
NOTARY (Seal)	Subscribed and sworn to before me on May 9 19 80		12. Signature of Notary: Barbara A. Lucas	13. Notary Commission expires: Aug. 6, 19 83	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 71		By whom issued and signed: Philip W. Haines	Date Issued: May28,1980	Date Orig. Entry: May28,1980
	Date of Birth: Mar.7,1919	Birth Place: Colburn, ID	Full Name of Mother: Annie May Haines	Name of Father: Andrew (Anton) Spanos	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date Issued: Apr.7,1980	Date Orig. Entry: child born
	Date of Birth: Age: 21	Birth Place: Colburn, ID	Full Name of Mother: ----	Name of Father: -----	Jan.11,1941
SUPPORTING RECORD 3.	Type of Document: Walla Walla, WA Hospital record		By whom issued and signed: St. Mary Community Hosp.	Date Issued: Mar.25,1980	Date Orig. Entry: Feb.13,1945
	Date of Birth: Mar.7,1919	Birth Place: -	Full Name of Mother: Annie Haines	Name of Father: Andrew Spanos	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

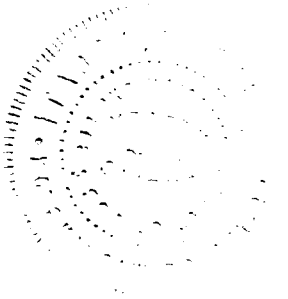
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	JUN 25 1980

FORM BH 56067

3-14-

BARRITT

JUN 26 19[illegible]



231-201-039-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-204

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Josephine Elva Blanchard
2. Date of Birth: (month) 4 (day) 1 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Rockland, Ida. Power; b. City or Town of Birth:

FATHER

6. Full Name of Father: Don Carlos Blanchard
7. State or Country of Father's Birth: Montpelier, Ida.

MOTHER

8. Full Maiden Name of Mother: Geneverie Jane Blanchard
9. State or Country of Mother's Birth: Weeping, Water, Case Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Josephine Elva Blanchard Lee
11. Present Address of Registrant: 4195 E Clan Rd. Fallon, Nev

NOTARY (Seal)

MYRTLE H. WARD
Notary Public — State of Nevada
Churchill County

Subscribed and sworn to before me on: March 13 1980

12. Signature of Notary: Myrtle H. Ward
13. Notary Commission expires: Sept. 29 1982

My Commission expires Sept. 29, 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother, born 1908	Reuben Dan Blanchard	May14,1980	May14,1980
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.1,1919 / Rockland, ID	Geneverie Jane Blanchard	Don Carlos Blanchard	
SUPPORTING RECORD 2.	Voter registration record	Churchill County, Nevada	June10,1980	July1,1953
	Apr.1,1919 / Idaho	-----	------	
SUPPORTING RECORD 3.	Church record	LDS Church	Sep.23,1978	May7,1922
	Apr.1,1919 / Rockland, ID	Geneverie Blanchard	Don Carlos Blanchard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 26 1980

FORM BH 56067

JUN 2 7 1980

942424-002-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-207

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Everett Alton Russell
2. Date Of Birth (month) (day) (year): January 24 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Adams
   b. City or Town of Birth: Council

FATHER

6. Full Name of Father: Joseph Russell
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Ida Del Towner
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Everett A Russell
11. Present Address of Registrant: MP 34.11 S.R. 14 Stanwood Wa. 98648

NOTARY (Seal)

Subscribed and sworn to before me on: June 10 1980
12. Signature of Notary: Stella Muller
13. Notary Commission expires: October 10 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Army	June5,1945	inducted Feb.18,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Ja.24,1919	Council, ID	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	National Life Ins.	May1,1943	May1,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.24,1919	Council, ID	Ida Del Russell	Joseph Russell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time	Barney Dwight Camp, age 73	June10,1980	June10,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.24,1919	Council, ID	Ida Del Towner Russell	Joseph Russell

QUALIFYING INFORMATION

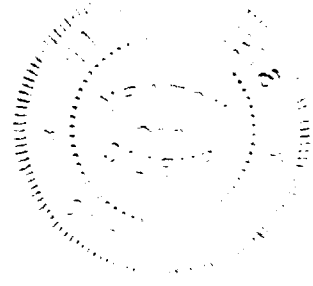
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUN 26 1980

FORM BH 56067

JUN 2 7 1980



433-223-031-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arlene Estella McClintic			2. Date Of Birth (month) (day) (year): September 23, 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Woodland, Lewis	b. City or Town of Birth: Woodland
FATHER	6. Full Name of Father: Leonard Clay McClintic			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Anna Belle Hawkins			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Wright): Arlene Estella McClintic		11. Present Address of Registrant: Rt. 3 Newport, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 19 80	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb 25 19 83

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth record	By whom issued and signed: State of Washington	Date Issued: Mar.29,1957	Date Orig. Entry: child born
	Date of Birth: Age: 29	Birth Place: Woodland, ID	Full Name of Mother: ----------	Name of Father: --------- Jan.6,1949
SUPPORTING RECORD 2.	Type of Document: Certificate of marriage	By whom issued and signed: Spokane County, Washington	Date Issued: Dec.6,1979	Date Orig. Entry: Sep.20,1936
	Date of Birth: Age: 16	Birth Place: Idaho	Full Name of Mother: Anna Hawkins	Name of Father: Leonard McClintic
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, born 1898	By whom issued and signed: Mrs. Hazel Bradley	Date Issued: Jan.30,1973	Date Orig. Entry: Jan.30,1973
	Date of Birth: Sep.23,1919	Birth Place: Woodland, ID	Full Name of Mother: Anne Hawkins McClintic	Name of Father: Leonard Clay McClintic
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JUL 16 1980

FORM BH 56067

Wright

JUL 17 1980

318-131-006-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-255

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Keith DAVIS TAYLOR
2. Date Of Birth: (month) JAN (day) 31 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County Home; b. City or Town of Birth: KIMBALL, BINGHAM, IDAHO

FATHER

6. Full Name of Father: JAMES BOYES TAYLOR
7. State or Country of Father's Birth: UTAH, SALT LAKE

MOTHER

8. Full Maiden Name of Mother: LUELLA EMMA DAVIS
9. State or Country of Mother's Birth: IDAHO, FREMONT

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Keith D. Taylor
11. Present Address of Registrant: 438 Callaway, Idaho Falls, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: June 30 1980
12. Signature of Notary: Elayne P. Rasmuson
13. Notary Commission expires: Jan 9 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	July1,1980	blessed
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.31,1919 / Kimball, ID	Luella Davis	James Taylor	Apr.6,1919
SUPPORTING RECORD 2.	Certificate of ordination	LDS Church	Apr.24,1934	ordianed Apr.24,1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.31,1919 / Kimball, ID	Luella Davis	James B. Taylor	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #56-4219	on file	child born Apr.27,1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 37 / Kimball, ID	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: AUG 14 1980

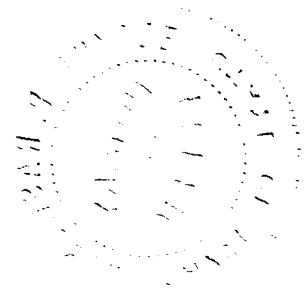
FORM BH 56067

ICCH 24083

6-18-80

TAYLOR

AUG 15 1980



331-227-010-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-270

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georganna Clark		2. Date Of Birth (month) January (day) 27 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Taylor ~~Idaho Falls~~ IDA
FATHER	6. Full Name of Father: Frank Clark		7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: Rosalia Sands		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Georganna Clark Hymas	11. Present Address of Registrant: Rt 1, Box 26 Moore, Idaho 83255	
NOTARY (Seal)	Subscribed and sworn to before me on: March 20, 1980	12. Signature of Notary: Jean H Smith	13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Aug.7,1927	Date Orig. Entry: Baptized Aug.6,1927
	Date of Birth: Jan.27,1919	Birth Place: Taylor, ID	Full Name of Mother: Rosalia Lords	Name of Father: Frank Clark
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 79	By whom issued and signed: Rosalia Clark	Date Issued: Mar.24,1980	Date Orig. Entry: Mar.24,1980
	Date of Birth: Jan.27,1919	Birth Place: Taylor, ID	Full Name of Mother: Rosalia Lords	Name of Father: Frank Clark
SUPPORTING RECORD 3.	Type of Document: CHILD'S BIRTH RECORD	By whom issued and signed: IDAHO #48-7861	Date Issued: ON FILE	Date Orig. Entry: BURN 7-1-48
	Date of Birth: AGE: 29	Birth Place: ID. FALLS, ID.	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Grant M. Wick	Colleen Cunningham cc	SEP 03 1980

FORM BH 56067

3-10

CLARK

SEP 3 1980

DECEASED

369-116-040-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-272

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Gilbert Torkelson
2. Date Of Birth (month) (day) (year): Jan. 16 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Shoshone
   b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: Sigurd Leonard Torkelson
7. State or Country of Father's Birth: Oslo Norway

MOTHER

8. Full Maiden Name of Mother: Olive Elizabeth Horsfal
9. State or Country of Mother's Birth: Dubuque Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Gilbert Torkelson
11. Present Address of Registrant: Osburn Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 15 19 80

12. Signature of Notary: Debbie Cini
13. Notary Commission expires: August 26 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage record	Shoshone County, ID	July17,1980	Oct.11,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / Wallace, ID	----------	----------	
SUPPORTING RECORD 2.	Own child's hospital birth record	Wallace Hosp.,Wallace,ID	May23,1952	child born
	Jan.16,1919 / Wallace, Idaho	----------	May23,1952	
SUPPORTING RECORD 3.	OWN BIRTH RECORD	E.E. GNAEDINGER, M.D. WALLACE HOSP., WALLACE, ID.	8-7-80	1-5-19
	1-16-19 / WALLACE, ID.	OLIVE HORSFAL	S. TORKELSON	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: SEP 03 1980

FORM BH 56067

7-9-16

SEP 3 1980

847-117-036-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Edwin Higley			2. Date Of Birth (month) (day) (year): September 17 1919	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Idaho Oneida	b. City or Town of Birth: Black Pine	
FATHER	6. Full Name of Father: Charles Stacy Higley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Arizonia Walters			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Edwin Higley		11. Present Address of Registrant: 5151 So. 4420 West Kearns, Utah 84118	
NOTARY (Seal)	Subscribed and sworn to before me on: 8-1 19 80	12. Signature of Notary: Jack N Miller		13. Notary Commission expires: 10-13 19 80	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY BROTHER	By whom issued and signed: MERLIN HIGLEY, AGE 71		Date Issued: 8-1-80	Date Orig. Entry: 8-1-60
	Date of Birth: 9-17-19	Birth Place: BLACKPINE, ID	Full Name of Mother: MARTHA ARIZONIA WALTERS	Name of Father: CHARLES STACY HIGLEY	
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH		Date Issued: 8-4-80	Date Orig. Entry: BLESSED JAN. 4, 1920
	Date of Birth: SEP. 17, 1919	Birth Place: BLACKPINE, ID	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: MILITARY RECORD	By whom issued and signed: U.S. INFANTRY		Date Issued: 11-24-45	Date Orig. Entry: INDUCTED 1-18-44
	Date of Birth: 9-17-19	Birth Place: BLACK PINE, ID	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 03 1980

FORM BH 56067

9-11-79

Higley

SEP 3 1980
APR 0 2 2009

194-201-022-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80- 290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OPAL EDITH AIMAN			2. Date Of Birth (month) 8 (day) 1 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County St Anthony / Fremont	b. City or Town of Birth: ~~St Anthony~~ St Anthony	
FATHER	6. Full Name of Father: Harvey Franklin Aiman			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Mattie Kearney			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Opal Edith Brown	11. Present Address of Registrant: 5047 67th St	
	Subscribed and sworn to before me on AUGUST 27 1980		12. Signature of Notary: J. C. Mommertz	13. Notary Commission expires: August 24 1984	

(Seal) OFFICIAL SEAL JOHN C MOMMERTZ NOTARY PUBLIC - CALIFORNIA SAN DIEGO COUNTY My comm. expires AUG 24, 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital statement from records		By whom issued and signed: Mercy Hospital, SanDiego, CA	Date Issued: Mar.18,1980	Date Orig. Entry: June19,1941
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: School record		By whom issued and signed: San Diego City Schools San Diego, CA	Date Issued: Aug.25,1980	Date Orig. Entry: Sep.8,1925
	Date of Birth: Aug.1,1919	Birth Place: ID	Full Name of Mother: Mattie Aiman	Name of Father: Harvey Aiman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time		By whom issued and signed: , age 79 Bertha B. Kearney	Date Issued: June24,1980	Date Orig. Entry: June24,1980
	Date of Birth: Aug.1,1919	Birth Place: St. Anthony, ID	Full Name of Mother: Mattie Kearney Aiman	Name of Father: Harvey Franklin Aiman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 05 1980

FORM BH 56067

7-24-19

Brown

799-123-019-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-293

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orvel Price
2. Date Of Birth: (month) Sept. (day) 23 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Custer, b. City or Town of Birth: Darlington, Darlington

FATHER

6. Full Name of Father: James William Price
7. State or Country of Father's Birth: Charleston, Wastch, Utah

MOTHER

8. Full Maiden Name of Mother: Martha Jane MacAffee
9. State or Country of Mother's Birth: Charleston, Wastach, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orvel Price
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: July 25 1980
12. Signature of Notary: Darlene Bachstead
13. Notary Commission expires: NOVEMBER 7, 1980 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment record	U.S.Civil Service Comm.	Mar.2,1972	Jan.18,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.23,1919	--------	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Military	Oct.16,1945	inducted Aug.3,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.23,1919	Darlington, ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Family record	viewed Sept.5,1980	obviously ten yrs. old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.23,1919	Darlington, ID	Martha Jane MacAfee	James William Price

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

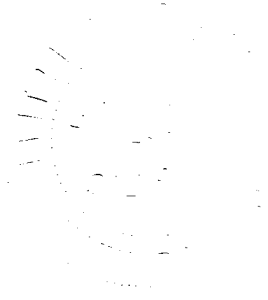
State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: SEP 05 1980

FORM BH 56067

9-17-65

Price

SEP 8 1980



389-207-003-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-296

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARNEITA MAY CHRISTENSEN		2. Date Of Birth (month) JULY (day) 07 (year) 1919	
	3. Color or Race: CAUCASIAN	4. Sex: FEMALE	5. Place of Birth a.County: POCATELLO, IDAHO, BANNOCK	b.City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: CHRISTIAN CHRISTENSEN			7. State or Country of Father's Birth: HELSTED, RANDERS DENMARK
MOTHER	8. Full Maiden Name of Mother: SYNTHIA HELEN FOX			9. State or Country of Mother's Birth: DOWNEY, CALVIN, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: December 22 1978		12. Signature of Notary: Mari Leavitt	13. Notary Commission expires: April 1 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #259723	Date Issued: on file	Date Orig. Entry: child born
	Date of Birth: Age: 18	Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------	Oct.28,1937
SUPPORTING RECORD 2.	Type of Document: Church record of membership		By whom issued and signed: LDS Church	Date Issued: Jan.3,1979	Date Orig. Entry: child baptized ~~July30,1928~~
	Date of Birth: July7,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Centhia Helen Fox	Name of Father: Christian W. Christensen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 82		By whom issued and signed: Olive M. Cook	Date Issued: Sep.15,1980	Date Orig. Entry: Sep.15,1980
	Date of Birth: July7,1919	Birth Place: Pocatello, ID	Full Name of Mother: Cynthia Helen Fox	Name of Father: Christian W. Christensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

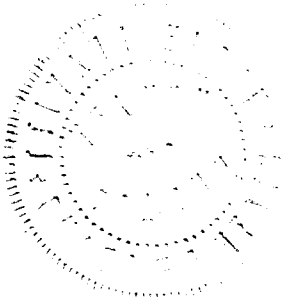
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc /cc Colleen Cunningham	SEP 22 1980

FORM BH 56067

11-28-78

Kapgaston
Kapgaston

SEP 22 1980



813-121-026-15d

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-298

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Shirley Joseph Hathaway
2. Date Of Birth (month) January (day) 21 (year) 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: Stanley Hathaway
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Nora Andrew
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley Joseph Hathaway
11. Present Address of Registrant: 471 East 3rd No. St. Anthony, Idaho 83445

NOTARY (Seal)

Subscribed and sworn to before me on: September 4, 1980
12. Signature of Notary: [signature]
13. Notary Commission expires: Life 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Nov.6,1927	Baptized Nov.6,1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.21,1919 / Menan, ID	Nora Andrew	Stanley Hathaway	
SUPPORTING RECORD 2.	Military record	U.S. Infantry	Nov.23,1945	Inducted May19,1944
	Jan.21,1919 / Menan, ID	----------	----------	
SUPPORTING RECORD 3.	Certificate of blessing	LDS Church	Sep.4,1980	blessed Apr.6,1919
	Jan.21,1919 / Menan, ID	Nora Andrew	Stanley Hathaway	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Colleen Cunningham	SEP 24 1980

K FORM BH 56067

9-2-80

HATHAWAY

SEP 25 1980

154729.010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-304

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sheridan Reuben Anderson
2. Date of Birth (month) (day) (year): August 29 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Reuben Christian Anderson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Chloe Gardner
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sheridan Anderson
11. Present Address of Registrant: 1398 Jane Poc. Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 3, 1980
12. Signature of Notary: Kathy R. Wilke
13. Notary Commission expires: Lifetime 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	July13,1980	Blessed Oct.5,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.29,1919 Idaho Falls, ID	Chloe Gardiner	Reuben Christensen Anderson	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	July13,1980	Baptized Sep.4,1927
	Aug.29,1919 Idaho Falls, ID	Chloe Gardiner	Reuben Christensen Anderson	
SUPPORTING RECORD 3.	Affidavit by father, age 87	Reuben C. Anderson	Aug.20,1980	Aug.20,1980
	Aug.29,1919 Idaho Falls, ID	Chloe Gardner	Reuben Christian Anderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wilke	Colleen Cunningham	SEP 24 1980

FORM BH 56067

10 = 4 23

7-03 50

SEP 25 1980

AN[illegible]ON

255-24-018-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80-307

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JESSIE IRENE SENTER
2. Date Of Birth (month) (day) (year): MAY 19, 1919
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: ~~OROFINO~~ CLEARWATER
b. City or Town of Birth: OROFINO

FATHER

6. Full Name of Father: JESS JAMES SENTER
7. State or Country of Father's Birth: KANSAS USA

MOTHER

8. Full Maiden Name of Mother: CORA DELL SHAWLEY
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie Irene Richards
11. Present Address of Registrant: 5901 BEECH AVE ORANGEVALE, CA 95662

NOTARY (Seal)

Subscribed and sworn to before me on September 23rd 19 80

12. Signature of Notary: Jora J. Harman
13. Notary Commission expires: ~~August 10th, 19 84~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Hulda M. Randall	Oct.18,1977	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 19,1919	Orofino, Idaho	Cora Dell Shawley	Jess James Senter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U. S. Dept. of Commerce	Jun 28,1979	Census taken ~~Jan 1, 1920~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 8 mo.	Idaho	Cora D. Senter	Jess J.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - # 268324	-----	child born Jun 5,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Orofino, Idaho	--------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	Sept. 26,1980

FORM BH 56067

815-231-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80-308

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Matilda ~~Paul~~ Hansen
2. Date Of Birth (month) (day) (year): Aug. 31 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Presto Ida. Bingham
b. City or Town of Birth: Presto Idaho

FATHER

6. Full Name of Father: Remes Peter Hansen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Amelia Hansen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Edna M. Hansen Paul x
11. Present Address of Registrant: 140 Cone Blackfoot Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: May 14, 1980

12. Signature of Notary: Ray Wilson
13. Notary Commission expires: Non Exporing 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	May 1,1955	Baptized April 30,1955
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.31,1919 / Presto, Idaho	Mary Hansen	Remes Peter Hansen	
SUPPORTING RECORD 2.	Type of Document (at time of birth) Affidavit by friend of family	By whom issued and signed: Thomas F. Ropp Age 76	Date Issued: May 1980	Date Orig. Entry: -------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.31,1919 / Presto, Idaho	Mary Amelia Hansen	Remes Peter Hanson	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Life Insurance	Date Issued: -----	Date Orig. Entry: May 11,1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug 31,1919 / Idaho	-------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

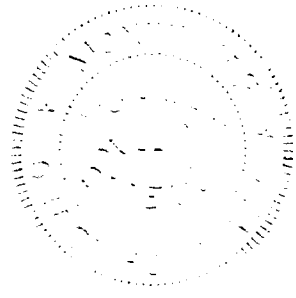
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept. 26, 1980

FORM BH 56067

3-20-80

Paul.



673-215-003-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-309

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rosalie Marguerite Ogle
2. Date Of Birth (month) December (day) 15 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Walter H. Ogle
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Mabel Rosalie Therien
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rosalie M. Durham
11. Present Address of Registrant: 1420 West Q St Tucson Ariz

NOTARY (Seal)

Subscribed and sworn to before me on Sept 29 19 80

12. Signature of Notary: Colleen Cunningham
13. Notary Commission expires: life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's hospital birth record	St. Elizabeth Hosp. Lincoln, Nebraska	Nov.28,1939	child born Nov.28,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.15,1919 / Pocatello, ID	----------	----------	
SUPPORTING RECORD 2.	Insurance application	The Prudential Ins. Co. of Am.	Nov.25,1941	Nov.25,1941
	Dec.15,1919 / Pocatello, ID	Mabel Therien	Walter Ogle	
SUPPORTING RECORD 3.	Lincoln, Nebraska School record	Lincoln Public Schools	Sep.6,1979	1937
	Dec.15,1919 / Pocatello, ID	----------	Walt Ogle	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

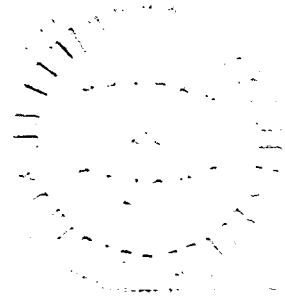
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: SEP 29 1980

FORM BH 56067

Durham

SEP 2 9 1980



613-24-010-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-317

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Waters		2. Date Of Birth (month) (day) (year): Jan. 24 1919	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: George Francis Waters		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Harriet Lavina Fisher		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Stone	11. Present Address of Registrant: P.O Box 122 Caldwell Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1980	12. Signature of Notary: Edith J Manley	13. Notary Commission expires: Continues 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho #269407	on file	Child born May13,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 19 / Idaho Falls, ID	----------	----------	
SUPPORTING RECORD 2.	Affidavit by sister, age 78	Chloe A. Collins	Sep.19,1980	Sep.19,1980
	Jan.24,1919 / Idaho Falls, ID	Harriet LaVina Fisher	George Francis Waters	
SUPPORTING RECORD 3.	Notarized copy of bible page	Family bible	June29,1959	obviously old
	Jan.24,1919 / Ammon*, Idaho	Harriet L. Fisher Waters	George Francis Waters	

QUALIFYING INFORMATION

According to the publication, Gazetteer of Cities, Villages and Landmark Sites in the State of Idaho, Ammon, Idaho is a part of the city of Idaho Falls, Idaho. The book was published in January, 1966.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 02 1980

FORM BH 56067

ICC #4045

9-6-80

STONE

OCT 02 1980

DECEASED

386-119-004-539

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-318

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Dan Lyon			2. Date Of Birth (month) 2 (day) 19 (year) 19	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: BearLake	b. City or Town of Birth: Sharon	
FATHER	6. Full Name of Father: John William Lyon			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ellen Elizabeth Neibaur			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dan Lyon		11. Present Address of Registrant: Box 216 Bancroft Idaho 83434	
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1980	12. Signature of Notary: Lee D. Murphy		13. Notary Commission expires: 7-24 1982	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military record	By whom issued and signed: U.S. Infantry		Date Issued: May19,1945	Date Orig. Entry: induction May6,1941
	Date of Birth: Feb.19,1919	Birth Place: Sharon, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: Bannock County,ID		Date Issued: Sep.25,1980	Date Orig. Entry: Aug.27,1954
	Date of Birth: Age: 35	Birth Place: Sharon, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 75	By whom issued and signed: Elva Marie Wood		Date Issued: Sep.19,1980	Date Orig. Entry: Sep.19,1980
	Date of Birth: Feb.19,1919	Birth Place: Sharon, ID	Full Name of Mother: Ellen Elizabeth Neibaur	Name of Father: John William Lyon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 02 1980

FORM BH 56067

LYON

OCT 8 1980

639-221-036-217

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE80-331
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLADYS ANN OLIVER
2. Date of Birth (month) (day) (year): APRIL 21 1919
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: DELMORE-ONEIDA CO. IDAHO
b. City or Town of Birth: DELMORE

FATHER

6. Full Name of Father: JOHN LEE OLIVER
7. State or Country of Father's Birth: FRST MILLCREEK, UTAH

MOTHER

8. Full Maiden Name of Mother: MARY ELLEN BAGGETT
9. State or Country of Mother's Birth: PIKEVILLE, TENNESEE

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys A. Fairweather
11. Present Address of Registrant: 4605 - So. SNOQUALMIE SEATTLE, WA 98118

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 8 1980
12. Signature of Notary: Laura J. Boyt
13. Notary Commission expires: 7-15 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Sep.30,1980	blessed
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
Apr.21,1919	Delmore, ID	Mary Ellen Baggett	Aug.,1919 John Lee Oliver

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance record	Metropolitan Life Ins. Co.	Oct.1,1959	Oct.1,1959
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
Age: 40	----	------	-------

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #307420	Dec.28,1959	child born ~~Dec.25,1940~~
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
Age: 21	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 09 1980

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 Dup. #8279

FAIRWEATHER

OCT 1 0 1980

312-105-4001-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-332

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Archie Wm Lake, Jr.
2. Date Of Birth (month) (day) (year): April 5 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Archie Wm Lake, Sr.
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Emma Idona Petersen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Archie Wm Lake
11. Present Address of Registrant: 8445 Top of World Dr. Salt Lake City, Ut. 84121

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 29 1980

12. Signature of Notary: Kim F Hodges

13. Notary Commission expires: 5-6 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Seaman Passport	United States of America	Mar.9,1943	Mar.9,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.5,1919 / Boise, ID	-	-	
SUPPORTING RECORD 2.	Church record	LDS Church	Apr.29,1942	July6,1919
	Apr.5,1919 / Boise, ID	Emma I. Peterson	Archibald Wm. Lake	
SUPPORTING RECORD 3.	Affidavit by aunt, age 93	Ethel B. Lake	Sep.18,1980	Sep.18,1980
	Apr.5,1919 / Boise, ID	Emma Petersen Lake	Archie W. Lake, Sr.	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wiske
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 09 1980

FORM BH 56067

3/14/79

Lake.

OCT 0 9 1980

157-22-024-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-335

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bethany Alberta Angell			2. Date Of Birth (month) (day) (year): Feb. 24, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Wendall
FATHER	6. Full Name of Father: Frank M. Angell			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Charlotte Marie Thompson			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William A. Westwood	11. Present Address of Registrant: 139 N. 5th E. Provo, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 8, 19 79		12. Signature of Notary: Betty J. Henderson	13. Notary Commission expires: June 1, 19 82

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism		By whom issued and signed: Roman Catholic Church	Date Issued: Mar.7,1978	Date Orig. Entry: baptized Apr.9,1928
	Date of Birth: Feb.24,1919	Birth Place: Wendell, ID	Full Name of Mother: Charlotte Thompson	Name of Father: Frank Angell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 80		By whom issued and signed: Charlotte Angell McEnulty	Date Issued: June8,1979	Date Orig. Entry: June8,1979
	Date of Birth: Feb.24,1919	Birth Place: Wendell, Idaho	Full Name of Mother: Charlotte Marie Thompson	Name of Father: Frank M. Angell	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Utah	Date Issued: Oct.2,1980	Date Orig. Entry: child born May29,1939
	Date of Birth: Age: 20	Birth Place: Wendell, ID	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: OCT 2[illegible] 1980

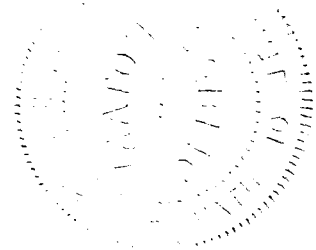
FORM BH 56067

2 C It 7062

3-23-79

Westwood

OCT 22 1980



165-19027-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-354

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Clinton Jones			2. Date of Birth (month) (day) (year): January 19, 1919
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Jerome, Idaho Jerome	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Alva Clinton Jones			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Ina Letitia Baker			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert C Jones	11. Present Address of Registrant: P O Bx 44211, Parkland Washington 98444
NOTARY (Seal)	Subscribed and sworn to before me on: October 8th 1973		12. Signature of Notary: Daniel J Murray	13. Notary Commission expires: October 23 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Alva Clinton Jones	Date Issued: Oct.9,1973	Date Orig. Entry: ---
	Date of Birth: Jan.19,1919 / Birth Place: Jerome, Idaho	Full Name of Mother: Ina Letitia Jones (Baker)	Name of Father: Alva Clinton Jones	
SUPPORTING RECORD 2.	Type of Document: Report of Induction of Selective Service Man	By whom issued and signed: U.S. Government	Date Issued: Jan.18,1978	Date Orig. Entry: Mar.8,1941
	Date of Birth: Jan.19,1919 / Birth Place: Jerome, Idaho	Full Name of Mother:	Name of Father: Alva Jones	
SUPPORTING RECORD 3.	Type of Document: Marriage license	By whom issued and signed: Kootenai County, Idaho	Date Issued: Oct.29,1980	Date Orig. Entry: Sep.27,1975
	Date of Birth: Age: 56 / Birth Place: Jerome, ID	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Colleen Cunningham cc	NOV 05 1980

FORM BH 56067

2 2 71

Jones

NOV 6 1980

DELAYED

dup of 1919-75551

815-219-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80=367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sidonia B Hansen		2. Date Of Birth (month) 9 (day) 19 (year) 1919	
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Central, Idaho
FATHER	6. Full Name of Father: Joseph Hansen		7. State or Country of Father's Birth: Utah Wales	
MOTHER	8. Full Maiden Name of Mother: Annie Andersen		9. State or Country of Mother's Birth: Utah Wash	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sidonia Hansen	11. Present Address of Registrant: 150 I St.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 16 1980	12. Signature of Notary: Paul Hoover Jr.	13. Notary Commission expires: Sept. 29 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital	Date Issued: Nov. 1946	Date Orig. Entry: Admitted Nov. 24, 1946	
	Date of Birth: Jun.19,1919	Birth Place: Central, Idaho	Full Name of Mother: Annie Andersen	Name of Father: Joseph Hansen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin age 69	By whom issued and signed: Hazel Geneva Zimmer	Date Issued: Nov.16,1980	Date Orig. Entry: -----	
	Date of Birth: Jun.19,1919	Birth Place: Central, Idaho	Full Name of Mother: Annie Andersen	Name of Father: Joseph Hansen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho # 360532	Date Issued: ----	Date Orig. Entry: child born Oct.13,1942	
	Date of Birth: age 23	Birth Place: Central, Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

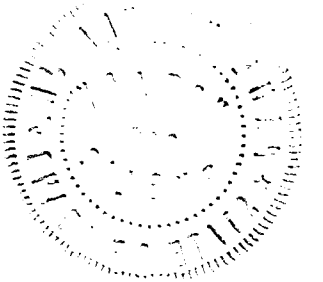
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Nov. 25, 1980

FORM BH 56067

9-12-79

NOV 25 1980

Dunne



264-129-010-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-385

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERNON C. SOUTHWICK
2. Date Of Birth (month) (day) (year): MARCH 29, 1919
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: BONNEVILLE
b. City or Town of Birth: Idaho Falls, IDAHO

FATHER

6. Full Name of Father: JAMES VENUS SOUTHWICK
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: LEONA CHAFFIN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernon C. Southwick
11. Present Address of Registrant: 227 VILLAGE SQUARE FILLMORE, CA. 93015

NOTARY (Seal) NOTARY PUBLIC SANDRA L. DEVIS

Subscribed and sworn to before me on: April 4, 1980
VENTURA COUNTY
My commission expires APR 4, 1981

12. Signature of Notary: Sandra L. DeVis
13. Notary Commission expires: April 4, 1981

3320 Jessica St., Newbury Park, CA 91320

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	June1,1919	blessed June1,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.29,1919 / Idaho	Leona Chaffin	James Venus Southwick	
SUPPORTING RECORD 2.	Military record	US.Infantry	Apr.30,1946	inducted June6,1944
	Mar.29,1919 / Idaho Falls, ID	----------	----------	
SUPPORTING RECORD 3.	School record	Fillmore Unified School Distr.	Nov.17,1980	May6,1935
	Mar.29,1919 / Idaho Falls, ID	Mrs. J. V. Southwick Fillmore, CA	J. V. Southwick	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 11 1980

FORM BH 56067

DEC 12 1980

(Individual)

STATE OF CALIFORNIA
COUNTY OF VENTURA } SS.

On August 19, 1980 before me, the undersigned, a Notary Public in and for said State, personally appeared Vernon C. Southwick, known to me to be the person in whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Sandra J. DeVio

SANDRA J. DEVIO
Name (Typed or Printed)

OFFICIAL SEAL
SANDRA J. DEVIO
NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My comm. expires APR 4, 1981

3320 Jessica St., Newbury Park, CA 91320

STAPLE HERE

CLT-D136

(This area for official notarial seal)

845-22-036-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-390

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifton Merle Hunsaker
2. Date Of Birth: (month) 4 (day) 22 (year) 19
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Holbrook

FATHER

6. Full Name of Father: Thomas Earl Hunsaker
7. State or Country of Father's Birth: Utah Box Elder

MOTHER

8. Full Maiden Name of Mother: Laura Merle Higginson
9. State or Country of Mother's Birth: Utah Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merle H. Williams
11. Present Address of Registrant: 924 Country Hills Dr. Ogden Ut

NOTARY (Seal)

Subscribed and sworn to before me on: 2 October 1979
12. Signature of Notary: Colleen Hicken
13. Notary Commission expires: 8-16 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record of birth	LDS Church	June11,1979	Sep.7,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Holbrook, Idaho	Laura Higginson	Thomas Earl Hunsaker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father, age 85	Thomas Earl Hunsaker	Oct.4,1979	Oct.4,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Holbrook, Idaho	Laura Merle Higginson	Thomas Earl Hunsaker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census report	U.S. Department of Commerce	Oct.24,1980	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9 months	Idaho	Laura Hunsaker	Earl Hunsaker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hick	cc Colleen Cunningham	DEC 16 1980

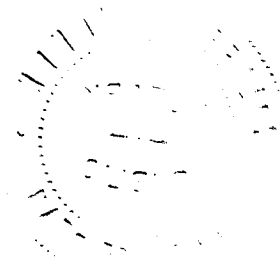
FORM BH 56067

Rec # 12609

5-8-19

Williams

DEC 17 1980



993-228-010-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen ZITTING			2. Date Of Birth (month) (day) (year): June 28th, 1919
	3. Color or Race: Cau	4. Sex: F	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Charles John Zitting			7. State or Country of Father's Birth: United States of America
MOTHER	8. Full Maiden Name of Mother: Ellen Sophronia Phillips			9. State or Country of Mother's Birth: United States of America
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Helen Zitting Matthews		11. Present Address of Registrant: P.O. Box #293 Soda Springs, Ida 83276
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 4, 1980	12. Signature of Notary: Nona Jean Benson		13. Notary Commission expires: Lifetime

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: May2,1980	Date Orig. Entry: Aug.3,1919
	Date of Birth: June28,1919 / Birth Place: Idaho Falls, ID	Full Name of Mother: Ellen S. Phillips	Name of Father: Charles J. Zitting	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 256465	Date Issued: on file	Date Orig. Entry: child born June29,1937
	Date of Birth: Age: 18 / Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend	By whom issued and signed: Amanda Wright, age 89	Date Issued: Aug.23,1980	Date Orig. Entry: Aug.23,1980
	Date of Birth: June28,1919 / Birth Place: Idaho Falls, ID	Full Name of Mother: Ellen Sophronia Phillips Zitting	Name of Father: Charles John Zitting	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

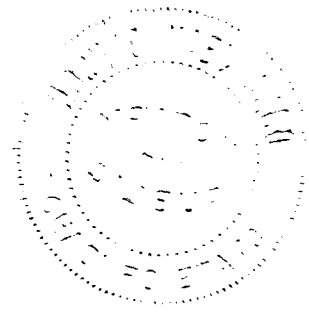
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 16 1980

FORM BH 56067

Ref. 13907

Matthews

DEC 17 1980



453-212-013-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-397

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: June Kelso
2. Date Of Birth (month) (day) (year): June 12 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Camas
b. City or Town of Birth: Hill City, Idaho

FATHER

6. Full Name of Father: George W. Kelso
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Clara Lockman
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: June K. Larsen
11. Present Address of Registrant: 990 E. 15 N. Mtn. Home, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Dec. 3 1980

12. Signature of Notary: Janet D. Sands
13. Notary Commission expires: June 10 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's birth certificate	State of Idaho #370603	Apr.12,1948	child born Mar.3,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Hill City, ID	-------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital statement	St. Luke's Hospital, Boise, ID	Dec.23,1980	1969

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June12,1919	Hill City, ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Aug.12,1967	baptized Aug.1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June12,1919	Hill City, ID	Clara Lockman	George Washington Kelso

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

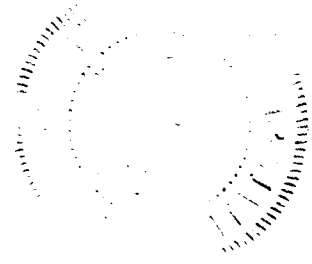
State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: DEC 23 1980

FORM BH 56067

10-31-80

LARSEN

DEC 23 1950



219-122-021-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-005

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RICHARD WARREN KARTCHNER
2. Date Of Birth (month) (day) (year): SEPT 22. 1919
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: PRESTON FRANKLIN
b. City or Town of Birth: PRESTON

FATHER

6. Full Name of Father: ALVIN EARNEST KARTCHNER
7. State or Country of Father's Birth: SNOWFLAKE ARISONA

MOTHER

8. Full Maiden Name of Mother: LuRea SHARP
9. State or Country of Mother's Birth: IDHO FRANKLIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard W Kartchner
11. Present Address of Registrant: 362 W 17th OGDEN UTAH

NOTARY (Seal)

Subscribed and sworn to before me on: 9th September 19 78
12. Signature of Notary: Anita Sadel
13. Notary Commission expires: July 5 19 82

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 83	LuRea Sharp Kartchner	Sep.9,1978	Sep.9,1978
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.22,1919 Preston, Idaho	LuRea Sharp Kartchner	Alvin Earnest Kartchner	
SUPPORTING RECORD 2.	Certificate of Baptism/conf.	LDS Church	Sep.14,1980	baptized
	Sep.22,1919 Preston, ID	LuRea Ellsworth Sharp	Alvin Ernest Kartchner	Oct.30,1927
SUPPORTING RECORD 3.	Employment record	Federal government	Apr.9,1951	Apr.9,1951
	Sep.22,1919 Preston, ID	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: EE Colleen Cunningham
Date Filed: JAN 5 1981

K FORM BH 56067

3-24-78

Kartchner

JAN 6 1981

DECEASED

194-213-044-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-009

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE JANE JIMERSON
2. Date Of Birth (month) Feb. (day) 13, (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Weiser, Ida.
b. City or Town of Birth:

FATHER

6. Full Name of Father: C. Wesley Jimerson
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Alta Jane Cox
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Jane Trail
11. Present Address of Registrant: Box 66-King Hill, Id. 83633

NOTARY (Seal)

Subscribed and sworn to before me on 1-21 19 80

12. Signature of Notary: Elana S. Carr
13. Notary Commission expires 10-25 19 82

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Alta Jane Jimerson Shamberger	21/1/80	21/1/80

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/13/19	Weiser, Id.	Alta Jane Cox	C. Wesley Jimerson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #11792	Bankers Union Life	16/1/45	16/1/45

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/13/19	Weiser, Id.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #299015	1/21/80	child born 7/4/40

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Weiser, Id.	---	---

QUALIFYING INFORMATION

Social Security # application, dated July, 1957, lists the birth date as February 13, 1919, in Weiser, Idaho (Washington County) and lists the parents' names as Charles W. Jimerson and Alta J. Cox. Viewed by vital statistics January 9, 1981.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

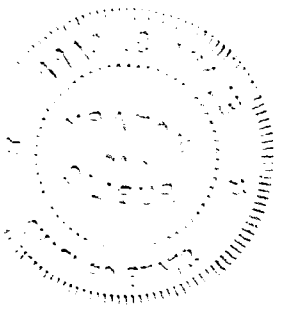
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 09 1981

FORM BH 56067

1-16-90

JAN 09 1981

JAN 14 1998



314-129-030-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MERRILL MARVAL LAMBETH			2. Date Of Birth (month) SEPT. (day) 29 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: May, Idaho Lemhi	b. City or Town of Birth: May, Idaho
FATHER	6. Full Name of Father: David Leslie Lambeth			7. State or Country of Father's Birth: Cambridge, Idaho
MOTHER	8. Full Maiden Name of Mother: Clarissa Beatrice Mann			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merrill Marval Lambeth		11. Present Address of Registrant: P.O. BOX 294 Canyon City ORe.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 10 19 80	12. Signature of Notary: Dennis L. Laurance		13. Notary Commission expires 97820: August 5 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 73	By whom issued and signed: Clarissa B. Lambeth		Date Issued: Aug.s20,1980	Date Orig. Entry: Aug.20,1980
	Date of Birth: Sep.29,1919	Birth Place: May, ID	Full Name of Mother: Clarissa Beatrice Mann	Name of Father: David Leslie Lambeth	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S. Army		Date Issued: Sep.22,1945	Date Orig. Entry: Jan.23,1941
	Date of Birth: Sep.29,1919	Birth Place: May, ID	Full Name of Mother: ----------	Name of Father: inducted ----------	
SUPPORTING RECORD 3.	Type of Document: Voter registration	By whom issued and signed: Grant County, Oregon		Date Issued: Oct.13,1980	Date Orig. Entry: Mar.6,1958
	Date of Birth: Sep.29,1919	Birth Place: May, Idaho	Full Name of Mother: Clarissa Mann	Name of Father: David Lambeth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JAN 09 1981

K.

FORM BH 56067

9-8-80

LAMBETH

JAN 09 1981

244-209-006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-018

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Lamone Kump
2. Date Of Birth (month) (day) (year): February 9 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Idaho Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Lionel Lamont Kump
7. State or Country of Father's Birth: Moroni Sandpoint, Utah

MOTHER

8. Full Maiden Name of Mother: Tillie Ann Mitchell
9. State or Country of Mother's Birth: Shelley Bingham Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora L. Scott
11. Present Address of Registrant: 288 Hwy 16, Emmett, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: January 21 19 81
12. Signature of Notary: Kim Flower
13. Notary Commission expires: April 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #58-11660	on file	child born ~~Sep.1,1958~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 39	Shelley, ID	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Apr.6,1919	Apr.6,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.9,1919	Shelley, ID	Tillie Mitchell	Lionel Kump blessed

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Temple Recommend	LDS Church	June19,1949	June19,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.9,1919	Shelley, ID	Tillie Mitchell	Lionel L. Kump

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	JAN 22 1981

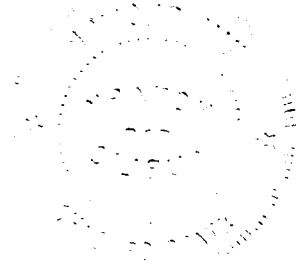
K

FORM BH 56067

in Office 1-15-81 no record. 1 cc per rec # 16293

Scott

JAN 22 1981



249-115-003-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Wallace Smith			2. Date Of Birth (month) (day) (year): August 15, 1919
	3. Color or Race: W	4. Sex: m	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: Thomas Blunt Smith			7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: Mary Ann ~~Smith~~ (Meese)			9. State or Country of Mother's Birth: OHIO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Wallace Smith		11. Present Address of Registrant: 985 S Shilling Blackfoot Id
NOTARY (Seal)	Subscribed and sworn to before me on: 30 Dec 1980	12. Signature of Notary: [signature]		13. Notary Commission expires: 6-6-1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: MARY ANN SMITH, AGE 89	Date Issued: DEC. 30, 1980	Date Orig. Entry: DEC. 30, 1980
	Date of Birth: AUG. 15, 1919 / Birth Place: POCATELLO, ID	Full Name of Mother: MARY ANN MEESE SMITH	Name of Father: THOMAS BLUNT SMITH	
SUPPORTING RECORD 2.	Type of Document: MILITARY I.D.	By whom issued and signed: U.S. ARMY	Date Issued: 1941	Date Orig. Entry: 1941
	Date of Birth: AUG. 15, 1919 / Birth Place: —	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: CHURCH RECORD	By whom issued and signed: EPISCOPAL CHURCH	Date Issued: 11-24-80	Date Orig. Entry: JUNE 5, 1932
	Date of Birth: AUG. 15, 1919 / Birth Place: IDAHO	Full Name of Mother: MARY ANN SMITH	Name of Father: THOMAS BLUNT SMITH	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Colleen Cunningham	Date Filed: FEB 4 1981

FORM BH 56067 (1-78) # 9726

10-31-80

FEB 5 1981

SMITH

434-10-026-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph William Ulm			2. Date Of Birth (month) May (day) 10 (year) 1919	
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Jefferson	b. City or Town of Birth: Roberts	
FATHER	6. Full Name of Father: Claude Hatten Ulm			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Beatrice Una Griner			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ralph William Ulm	11. Present Address of Registrant: Star Route, Box 154 Winston, Oregon 97496	
NOTARY (Seal)	Subscribed and sworn to before me on 12/29/ 19 80		12. Signature of Notary: [illegible]	13. Notary Commission expires 6/28/ 1983	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Beatrice Una Ulm	Date Issued: Jan.5,1981	Date Orig. Entry: Jan.5,1981	
	Date of Birth: May10,1919	Birth Place: Roberts, Idaho	Full Name of Mother: Beatrice Una Griner	Name of Father: Claude Hatten Ulm	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: Army of the United States	Date Issued: Oct.31,1945	Date Orig. Entry: entered Dec.27,1941	
	Date of Birth: May10,1919	Birth Place: Roberts, ID	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Roseburg, Oregon School record	By whom issued and signed: Douglas Ed. Service Distr.	Date Issued: Jan.2,1981	Date Orig. Entry: Oct.25,1931	
	Date of Birth: Age: 12	Birth Place: -----	Full Name of Mother: --------	Name of Father: Claude Ulm	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

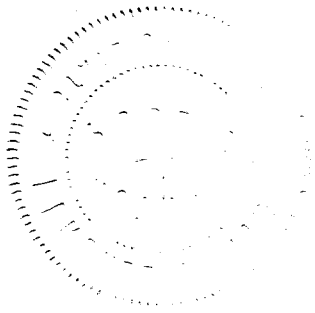
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 5 1981

FORM BH 56067

12-5

ULM

FEB 6 1981



DECEASED

213-204-016-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-035

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Bates
2. Date Of Birth (month) 4 (day) 4 (year) 19
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Basin Ida. Cassea
b. City or Town of Birth: Basen.

FATHER

6. Full Name of Father: Charles Emery Bates
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Leona Fairchild
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Bates
11. Present Address of Registrant: Burley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on October 12 1978

12. Signature of Notary: Florence Sirtright
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by uncle, born 1898	George W. Fairchild	Mar.9,1978	Mar.9,1978
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.4,1919 / Basin, Idaho	Mary Fairchild Bates	Emery Bates	
SUPPORTING RECORD 2.	Marriage application	Elko County, Nevada	Mar.17,1978	Feb.5,1967
	Apr.4,1919 / -------	- ---------	---------	
SUPPORTING RECORD 3.	Church record	LDS Church	Jan.16,1981	baptized July5,1927
	Apr.4,1919 / Basin, ID	Mary L. Fairchilds	Emery Bates	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: FEB 6 1981

FORM BH 56067

FEB 6 1981

437-216-044-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nola Ilene McGarr
2. Date Of Birth: (month) 03 (day) 16 (year) 19
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: Dallas McGarr
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Cordelia Graham
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nola D. McGarr
11. Present Address of Registrant: 2908 Hunt Ave, Nampa

NOTARY (Seal)

Subscribed and sworn to before me on Feb 17 19 81

12. Signature of Notary: Colleen Cunningham
13. Notary Commission expires: [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security # application	Social Security Administration	Feb.17,1981	Jan.4,1956
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar.16,1919 Weiser, ID	Cordelia Graham	Dallas M. McGarr	
SUPPORTING RECORD 2.	Affidavit by sister, age 62	Clara Blessinger	Jan.31,1968	Jan.31,1968
	Mar.16,1919 Weiser, ID	Cordelia McGarr	Dallas McGarr	
SUPPORTING RECORD 3.	Family bible record	Family bible	viewed Feb.17,1981	obviously old
	Mar.16,1919 ----------	Cordelia McGarr	Dallas McGarr	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 17 1981

K

FORM BH 56067

FEB 17 1981

DECEASED

212-213-036-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-051

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helena Beth Sasser
2. Date Of Birth: (month) October (day) 13 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Onieda; b. City or Town of Birth: Holbrook, Idaho

FATHER

6. Full Name of Father: Luther Blaine Sasser
7. State or Country of Father's Birth: Wayne County, North Carolina

MOTHER

8. Full Maiden Name of Mother: Helena Martha Michaelis
9. State or Country of Mother's Birth: Leipzig, Saxony, Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beth S. Valentine
11. Present Address of Registrant: Downey, Idaho 83234

NOTARY (Seal)

Subscribed and sworn to before me on January 13 19 81

12. Signature of Notary: D. Morgan Evans
13. Notary Commission expires: November 1 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance record	National Public Service Ins.	Jan.6,1969	Jan.6,1969

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.13,1919	Idaho	-------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Feb.1,1975	blessed ~~Dec.21,1919~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.13,1919	Holbrook, ID	Helena Martha Michaelis	Luther Blaine Sasser

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Feb.1,1975	baptized June3,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.13,1919	Holbrook, ID	Helena Martha Michaelis	Luther Blaine Sasser

QUALIFYING INFORMATION

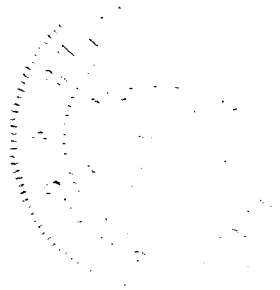
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
Date Filed: FEB 20 1981

FORM BH 56067

FEB 23 1981



281-228-021-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-058

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INA SHARP
2. Date Of Birth: (month) July (day) 28 (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or town of Birth: Mapleton

FATHER

6. Full Name of Father: Joseph Truman Sharp
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie Woodhead
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ina S. Stocks
11. Present Address of Registrant: Preston Idaho Rt#3

NOTARY (Seal)

Subscribed and sworn to before me on 16 May 1980

12. Signature of Notary: Ron J. Chadwick
13. Notary Commission expires: 3 Oct 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record	LDS Church	Oct.2,1927	baptized Sep.22,1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July28,1919 Mapleton, ID	Annie Woodhead	Joseph T. Sharp	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Sep.14,1919	Sep.14,1919
	July28,1919 Mapleton, ID	Annie Woodhead	Joseph T. Sharp	Blessed
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #312479	on file	child born Apr.4,1941
	Age: 21 / Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1981

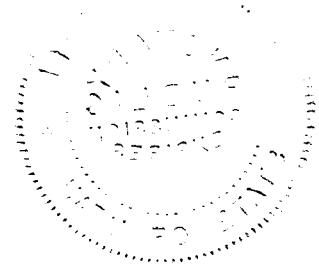
K

FORM BH 56067

5-8-80

Stocks.

FEB 23 1981



312-120-014-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-062

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER CHARLES LASATER
2. Date of Birth: (month) 8 (day) 20 (year) 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County CALDWELL IDAHO CANYON; b. City or Town of Birth CALDWELL ~~IDAHO~~ IDAHO

FATHER

6. Full Name of Father: CHARLES AUGUSTUS LASATER
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: MARY PRISCILLA NEWTON
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter C. Lasater
11. Present Address of Registrant: 529 Root Rd. Modesto Calif.

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 18 1972

12. Signature of Notary: Anna Kathryn Heisel
13. Notary Commission expires Mar. 18 1973

ANNA KATHRYN HEISEL NOTARY PUBLIC, CALIFORNIA PRINCIPAL OFFICE IN STANISLAUS COUNTY My Commission Expires March 18, 1973 OFFICIAL SEAL

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Ethel Lasater Wilder	Sep.18,1972	Sep.18,1972

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.20,1919	Caldwell, ID	Mary Priscilla Newton	Charles Augustus Lasater

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Army	Aug.13,1945	Mar.10,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.20,1919	Caldwell, ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family bible record	Family bible	viewed 2/20/81	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.20,1919	Caldwell, ID	----------	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1981

FORM BH 56067

8-19-71

FEB 23 1981

867-212-027-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-063

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Mildred Hogue
2. Date Of Birth (month) 3 (day) 12 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth (a. County): Eden - Jerome
b. City or Town of Birth: Eden Idaho

FATHER

6. Full Name of Father: James Franklin Hogue
7. State or Country of Father's Birth: Arkansas (Collins

MOTHER

8. Full Maiden Name of Mother: Edith Pearl Blair
9. State or Country of Mother's Birth: Ill.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel M. Otte
11. Present Address of Registrant: Rt #1 Jerome Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan 6 1981

12. Signature of Notary: Reed Skinner
13. Notary Commission expires: 4-3 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family bible record	Family bible	viewed Feb.20,1981	obviously old
	Date of Birth / Birth Place: Mar.12,1919 ------	Full Name of Mother: Edith Pearl Hogue	Name of Father: James Franklin Hogue	
SUPPORTING RECORD 2.	Affidavit by person present	Maude Metcalf, age 92	Jan.6,1981	Jan. 6,1981
	Mar.12,1919 Eden, ID	Edith Pearl Blair	James Franklin Hogue	
SUPPORTING RECORD 3.	Own child's birth record	St. Benedict's Hosp. Jerome, ID	Mar.10,1953	Mar.10,1953
	Mar.12,1919 Eden, ID	----------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

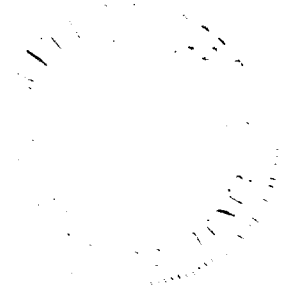
State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: FEB 20 1981

FORM BH 56067

12-23-80

OTTO

FEB 23 1981



753-125-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-066

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Farrell Peterson		2. Date Of Birth (month) July (day) 25 (year) 1919
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Grace (Bannock [Caribou now]) b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Emil Ephraim Peterson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Mathilda Petersen		9. State or Country of Mother's Birth: Idaho - USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Farrell Peterson	11. Present Address of Registrant: 114 E. 1st S. CARLSON AVE. MIDVALE UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1981	12. Signature of Notary: Blanche Hayes	13. Notary Commission expires: September 14 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Aug.7,1927	Date Orig. Entry: baptized
	Date of Birth: July25,1919 / Birth Place: Grace, ID	Full Name of Mother: Mathilda Petersen	Name of Father: Emil Ephraim Peterson	July25,1927
SUPPORTING RECORD 2.	Type of Document: Insurance record	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Jan.19,1981	Date Orig. Entry: Mar.13,1930
	Date of Birth: July25,1919 / Birth Place: Grace, ID	Full Name of Mother: Matilda Peterson	Name of Father: Emil Peterson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 81	By whom issued and signed: Glenn Howard Peterson	Date Issued: Jan.2,1981	Date Orig. Entry: Jan.2 ,1981
	Date of Birth: July25,1919 / Birth Place: Grace, ID	Full Name of Mother: Mathilda Petersen	Name of Father: Emil Ephraim Peterson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

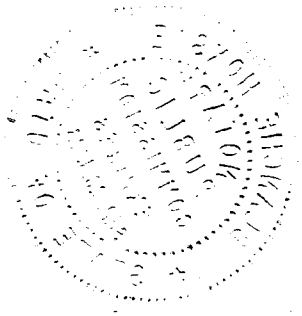
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	FEB 20 1981

FORM BH 56067

PETERSON

FEB 23 1997



293-208-010-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-068

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zovalier Billman
2. Date Of Birth: (month) July (day) 8 (year) 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County ~~XXXX~~ Bonneville; b. City or Town of Birth: Ucon; Idaho

FATHER

6. Full Name of Father: Fredrick (NMI) Billman
7. State or Country of Father's Birth: Idaho Falls, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Ann Silcocks
9. State or Country of Mother's Birth: Riverton, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zovalier Blackerner
11. Present Address of Registrant: 314 West Cherry Lane #33 Meridian, Idaho 83642

NOTARY (Seal)

Subscribed and sworn to before me on Jan 28 19 81

12. Signature of Notary: Joyce Clay
13. Notary Commission expires: Lifetime 19___

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth record	State of Idaho	on file	child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 36 / Ucon, ID	----------	--------	July4,1956
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Aug.3,1919	blessed Aug.3,1919
	July8,1919 / Ucon, ID	Mary Ann Silcocks	Fredrick Billman	
SUPPORTING RECORD 3.	Certificate of baptism	LDS Church	Mar.4,1928	baptized
	July8,1919 / Ucon, ID	Mary Ann Silcocks	Fredrick Billman	Mar.4,1928

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: FEB 20 1981

FORM BH 56067

FEB 24 1981

893-131-022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-072

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William John Hill
2. Date Of Birth (month) (day) (year): 7 - 31 - 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: Hyrum LeRoy Hill
7. State or Country of Father's Birth: Utah West Jordan

MOTHER

8. Full Maiden Name of Mother: Lodica Josephine Farnsworth
9. State or Country of Mother's Birth: Utah Mt. Pleasant

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William J Hill
11. Present Address of Registrant: 7957 Junction Blvd Palermo Ca. 95968

NOTARY (Seal)

OFFICIAL SEAL
GARY D. FIFE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
BUTTE COUNTY
My Commission Expires March 20, 1981

Subscribed and sworn to before me on: October 31, 19 80

12. Signature of Notary: Gary D. Fife
13. Notary Commission expires: 3 - 20 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	Army of the United States	Dec.7,1945	inducted Mar.20,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July31,1919	Ashton, ID	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by family friend	Verl Davis, age 72	Jan.26,1981	Jan.26,1981

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July31,1919	Ashton, ID	Lodica Josephine Farnworth	Hyrum Roy Hill

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth record	State of California	Jan.26,1981	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:33	Idaho	----------	---------- Sep.18,1952

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	FEB 20 1981

FORM BH 56067

2-14-78

Hill

FEB 23

913-419-022-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-074

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Warren Don RACKHAM			2. Date Of Birth (month) March (day) 19 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton City	
FATHER	6. Full Name of Father: Claude Victor RACKHAM			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Janettie STEWART			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. Don Rackham		11. Present Address of Registrant: 1460 West 1460 North Provo, Utah 84601	
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1981	12. Signature of Notary: Mildred Thomas		13. Notary Commission expires: November 8 1981	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth from church	By whom issued and signed: LDS Church		Date Issued: Apr.26,1957	Date Orig. Entry: baptized July3,1927
	Date of Birth: Mar.19,1919	Birth Place: Teton, ID	Full Name of Mother: Nettie Stewart	Name of Father: Claude V. Rackham	
SUPPORTING RECORD 2.	Type of Document: Military discharge	By whom issued and signed: U.S.A.		Date Issued: Sep.20,1945	Date Orig. Entry: Sep.13,1940
	Date of Birth: Mar.19,1919	Birth Place: Teton City, ID	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: May4,1919	Date Orig. Entry: blessed May4,1919
	Date of Birth: Mar.19,1919	Birth Place: Teton City, ID	Full Name of Mother: Jennett Stewart	Name of Father: Claud Victor Rackham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Colleen Cunningham	Date Filed: FEB 20 1981

FORM BH 56067

12-2-81

FEB 23 1981

Kaskidm

415-131-025-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Oscar Daniel			2. Date Of Birth (month) (day) (year): March 31st 1919
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: St. Anthony, Idaho	b. City or Town of Birth: Freemont County St. Anthony
FATHER	6. Full Name of Father: Homer Knox Daniel			7. State or Country of Father's Birth: Ky.
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Corry			9. State or Country of Mother's Birth: Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Oscar Daniel		11. Present Address of Registrant: 763 S. 40th, Tacoma Wn. 98408
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 9th, 1980 19	12. Signature of Notary: Joseph John Sullivan		13. Notary Commission expires: April 1st, 1981 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military record	By whom issued and signed: U.S. Infantry	Date Issued: June18,1945	Date Orig. Entry: inducted Jan.18,1945
	Date of Birth: Mar.31,1919 / Birth Place: St. Anthony, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit mother age 95	By whom issued and signed: Mary Elizabeth Daniel	Date Issued: Dec 15, 1980	Date Orig. Entry: Dec 15, 1980
	Date of Birth: Mar 31, 1919 / Birth Place: St. Anthony, Ida.	Full Name of Mother: Mary Elizabeth Corry	Name of Father: Homer Knox Daniel	
SUPPORTING RECORD 3.	Type of Document: Employment Application	By whom issued and signed: Civil Service Dept., Tacoma WA	Date Issued: Feb 19, 1981	Date Orig. Entry: Apr 4, 1951
	Date of Birth: Mar 31, 1919 / Birth Place: St. Anthony, Ida	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Teresa L. Cleverly	FEB 25 1981

cc

FORM BH 56067

DANIEL

FEB 25 1981
APR 11 2000

717-104-005-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FREDERICK ELMER GAGE			2. Date of Birth (month) July (day) 4 (year) 1919	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Plummer Id. BENEWAH	b. City or Town of Birth: Plummer Idaho	
FATHER	6. Full Name of Father: ADIN E. GAGE			7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: GRACE MADELINE MOHR			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frederick Elmer Gage	11. Present Address of Registrant: 9401-E-VALLEY WAY Spokane Wn. 99206	
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1980		12. Signature of Notary: Jack Bennett	13. Notary Commission expires: Sept. 24 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 74		By whom issued and signed: Mrs. Evelyn Babbitt	Date Issued: Oct.2,1980	Date Orig. Entry: Oct.2,1980
	Date of Birth: July4,1919	Birth Place: Plummer, ID	Full Name of Mother: Grace M. Gage	Name of Father: Adin E. Gage	
SUPPORTING RECORD 2.	Type of Document: Military record		By whom issued and signed: Army of the United States	Date Issued: Oct.9,1944	Date Orig. Entry: inducted
	Date of Birth: Age: 22½	Birth Place: Plummer, ID	Full Name of Mother: ----------	Name of Father: Jan.9,1942 ----------	
SUPPORTING RECORD 3.	Type of Document: Federal census report		By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Feb.11,1981	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6 months	Birth Place: Idaho	Full Name of Mother: Grace Gage	Name of Father: Edward Gage	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
c Joyce M. Wick	cc Colleen Cunningham	FEB 27 1981

FORM BH 56067

LOC # 18261

Gage

FEB 27 1981

DELAYED

Dup of ~~1926~~ 1919 - 386134

217-117-039-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-095

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RAYMON ELTON SAGER
2. Date Of Birth: (month) 3 (day) 17 (year) 1919
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: POWER; b. City or Town of Birth: ROY, IDAHO

FATHER

6. Full Name of Father: HARRY ELTON SAGER
7. State or Country of Father's Birth: 10-24-94 Iowa

MOTHER

8. Full Maiden Name of Mother: MARY IDA REIMANN
9. State or Country of Mother's Birth: 6-11-98 ~~WASHINGTON~~ OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond Elton Sager
11. Present Address of Registrant: 123 E 23 BURLEY, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on FEB 24 19 81

12. Signature of Notary: [illegible]
13. Notary Commission expires: OCT 1 19 82

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family bible record	Family bible	viewed Feb.27,1981	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1919	Roy, ID	Mary Reimann Sager	Harry Elton Sager

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 82	Mary Sager	Feb.24,1981	Feb.24,1981

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1919	Roy, ID	Mary I. Sager	Harry Elton Sager

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Navy	Feb.3,1946	entered service Mar.1,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1919	Roy, ID	----------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

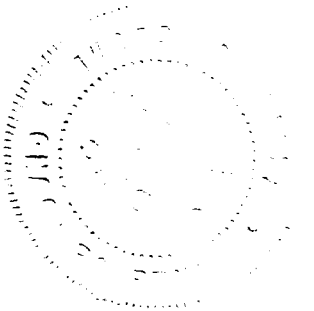
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 27 1981

FORM BH 56067

DBC FILE

FEB 2 7 1981



396-212 0025-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-097

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leola May Crossman
2. Date Of Birth (month) 9 (day) 12 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Horseshoe Bend Idaho
b. City or Town of Birth: Horseshoe Bend Idaho

FATHER

6. Full Name of Father: Frank Albert Crossman
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Harriette Mable Crossman
9. State or Country of Mother's Birth: Chicago, Ill.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leola Holtzclaw
11. Present Address of Registrant: 1026 Manitou Ave - Boise

NOTARY (Seal)

Subscribed and sworn to before me on: March 4, 1981
12. Signature of Notary: Florence Kurtright
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security card application	Social Security	Mar 3,1967	Mar 3,1967
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept 19, 1919 Horshoe Bend, Ida	Harriet M. Clarke	Frank A. Crossman	
SUPPORTING RECORD 2.	Census record	Bureau of the Census	Jan 30, 1981	Jan 1, 1920
	age; 4months Idaho	----------	----------	
SUPPORTING RECORD 3.	Affidavit by Aunt age: 80	Mona Rutledge	June 7, 1975	
	Sept.12,1919 Horseshoe Bend, Idaho	Harriette Mable Clark	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Teresa L. Cleverly
Date Filed: MAR 4 1981

FORM BH 56067

986-215-001-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-137

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice Eileen Rhoads
2. Date Of Birth (month) (day) (year): Aug. 15 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Otto Victor Lyman Rhoads
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: May Ellen Rhoads
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Bernice E. Ward
11. Present Address of Registrant: Meridian, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: 3-30 19 81

12. Signature of Notary: Lu Nerene W. Brown
13. Notary Commission expires: 3-17 19 83

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother age 91	May E. Rhoads	Mar.30,1981	-------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.15,1919 / Boise, Idaho	Otto Victor Lyman Rhoads	May Ellen Kingsley	
SUPPORTING RECORD 2.	Own child's birth certificate	St. Alphonsus Hospital	July 26,1941	child born July 26, 1941
	Aug.15,1919 / Boise, Idaho	------	------	
SUPPORTING RECORD 3.	Marriage license affidavit	Ada County, State of Idaho	Oct.27,1934	Oct.27,1934
	age 15 / Boise, Idaho	May Ellen Kingsley Rhoads	-------	

QUALIFYING INFORMATION

~~School Record issued by Supervisor of Records, Loyle V. Washam, April 16, 1981,~~ Boise, Idaho gives name as Bernice Eileen Rhoads born August 15, 1919, Father listed as Otto V. L. Rhoads

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

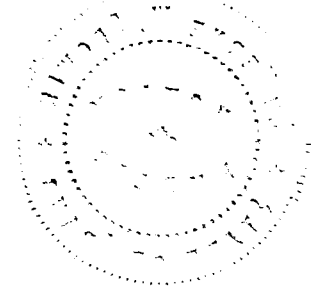
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	April 23,1981

FORM BH 56067

1-31-81

WARD

APR 23 1981



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419-214-034-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDNA MAIER
2. Date Of Birth (month) (day) (year): 7 - 14 - 19
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: PAUL, IDAHO MINADOKA
b. City or Town of Birth: PAUL IDAHO

FATHER

6. Full Name of Father: JACOB J. MAIER
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: ELIZABETH BEIDERMAN
9. State or Country of Mother's Birth: GERMANY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Edna Maier
11. Present Address of Registrant: 21810 VINE RD BRIER, WASH. 98036

NOTARY (Seal)

Subscribed and sworn to before me on: April 13 1981
12. Signature of Notary: Jeanne L. Hailey
13. Notary Commission expires: May 3 1982

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	on file in Idaho	May28,1942	Apr 17,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22 yrs	Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage application	Washington	Mar17,1981	Oct 8,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July14,1919	Idaho	Elizabeth Beiderman	Jacob J. Maier

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal record	German Lutheran Church	Baptized July 4, 1920	Baptized July4,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July14,1919	Paul, Idaho	Elizabeth Bitterman	Jacob J. Maier

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Teresa L. Cleverly
Date Filed: MAY 7 1981

FORM BH 56067

Sec # 17296 loc

2-6-41

MAY 7 1981

Lawler

696-204-019-717

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-165

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Lou Frost			2. Date Of Birth (month) 4 (day) 4 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Clayton, Ida - Custer	b. City or Town of Birth: Clayton	
FATHER	6. Full Name of Father: Lew Frost			7. State or Country of Father's Birth: Idaho - Custer	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Verla Papworth			9. State or Country of Mother's Birth: ~~Idaho - Custer~~ Ogden Ut.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bessie Cresto	11. Present Address of Registrant: Own Mobil Home Est. 24370 Paem - T-319 - Hemet Cal	
NOTARY (Seal)	Subscribed and sworn to before me on: May 11th 1981		12. Signature of Notary: Linda Adamson	13. Notary Commission expires: April 3rd 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: Bureau of Census, WA D.C.	Date Issued: Apr.15,1981	Date Orig. Entry: Jan. 1920
	Date of Birth: Age 9 mo.	Birth Place: Idaho	Full Name of Mother: Lizzie Frost	Name of Father: Lew Frost	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate-Daughter		By whom issued and signed: State of Idaho #281153	Date Issued: -----	Date Orig. Entry: child born June 25,1939
	Date of Birth: Age 20 yrs	Birth Place: Clayton, ID	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: at time of birth Affidavit by family friend		By whom issued and signed: E. Ione Clark	Date Issued: Feb.19,1981	Date Orig. Entry: ------
	Date of Birth: Apr.4,1919	Birth Place: Clayton, ID	Full Name of Mother: Elizabeth Verla Papworth	Name of Father: Lewis Frost	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Adamson	MAY 11 1981

FORM BH 56067

2-3-81

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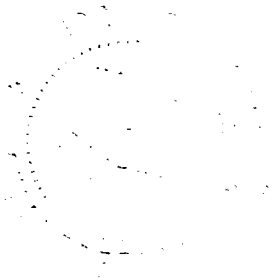

815-215-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-205

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leona Hanson
2. Date Of Birth (month) (day) (year): Oct. 15 1919
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: Shelley; b. City or Town of Birth: Shelley
6. Full Name of Father: Hakan (Hogan) Ostlin Hanson
7. State or Country of Father's Birth: Idaho
8. Full Maiden Name of Mother: Mary Marinda Johnsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leona H. Johnsen
11. Present Address of Registrant: Rt.3 Box 8 Idaho Falls Ida.

NOTARY (Seal)

Subscribed and sworn to before me on April 30, 19 81

12. Signature of Notary: Jane S. Bowman
13. Notary Commission expires: July 1, 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Membership record Church	LDS Church, Salt Lake, Utah	Endowed Junel,1943	Blessed Decl, 1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct 15, 1919 / Shelley, Idaho	Mary Johnson	Hogan Ostlin Hanson	
SUPPORTING RECORD 2.	Job application	Idaho Falls Public Schools	Sept7,1959	Sept7, 1959
	Oct15,1919 / Shelley, Idaho	----------	----------	
SUPPORTING RECORD 3.	Affidavit by brotherage 80	Lorenzo Hansen	Apr26,1981	-------
	Oct15, 1919 / Shelley, Idaho	Mary Marinda Johnsen	Hakan(Hogan) Ostlin Hanson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 17 1981

FORM BH 56067

4-17-81

Johnson

JUN 17 1981

753-121-010-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-208

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAWRENCE PETERSON			2. Date Of Birth (month) APRIL (day) 21 (year) 1919	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BONNEVILLE	b. City or Town of Birth: AMMON	
FATHER	6. Full Name of Father: SOREN PETER PETERSON			7. State or Country of Father's Birth: DENMARK	
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE MOCK PETERSON			9. State or Country of Mother's Birth: WISCONSIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lawrence Peterson	11. Present Address of Registrant: 450 EVE DRIVE IDAHO FALLS ID	
NOTARY (Seal)	Subscribed and sworn to before me on: 25th day of March 1981		12. Signature of Notary: Ella Turcs	13. Notary Commission expires: 4-1 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Soc. Sec. #		By whom issued and signed: Social Security Administration	Date Issued: Mar 1981	Date Orig. Entry: June 8, 1937
	Date of Birth: Apr21,1919	Birth Place: Ammon, Idaho	Full Name of Mother: Lottie Peterson	Name of Father: Sorum Pete Peterson	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers		By whom issued and signed: U.S. Army	Date Issued: July30,1945	Date Orig. Entry: Apr22,1941
	Date of Birth: Apr21,1919	Birth Place: Ammon, Idaho	Full Name of Mother: ----------	Name of Father: - ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family age 77yrs		By whom issued and signed: Ora Williams	Date Issued: Mar25,1981	Date Orig. Entry: ------
	Date of Birth: Apr21,1919	Birth Place: Ammon, Idaho	Full Name of Mother: Charlotte Mock	Name of Father: Soren Peter Peterson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R. N.	Evidence reviewed by: TEresa L. Cleverly	Date Filed: JUN 18 1981

FORM BH 56067

2-3-81

JUN 19 1981

365-128-010-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-209

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DELBERT EDWARD CONE
2. Date Of Birth (month) (day) (year): SEPT. 28 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: IDAHO BONNEVILLE
b. City or Town of Birth: RIRIE

FATHER

6. Full Name of Father: SAMUEL EDWARD CONE
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: MAGGIE MAE ROLF CONE
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delbert E Cone
11. Present Address of Registrant: 902 GRANT AVE. MEDFORD OREGON

NOTARY (Seal)

Subscribed and sworn to before me on: June 2nd 1981
12. Signature of Notary: Kathleen N. Kearney
13. Notary Commission expires: Dec 29th 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Birth record	Maggie Mae Rolf Cone	Obviously Old	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept 28, 1919 Ririe, Idaho	Maggie Mae Rolf	Samuel Edmond Cone	
SUPPORTING RECORD 2.	Affidavit by half-sister age78	Margaret Collingwood	Apr 30, 1981	-----
	Sept28,1919 Ririe, Idaho	Maggie Mae Rolf	Samuel Edward Cone	
SUPPORTING RECORD 3.	Honorable Discharge papers	U.S. Navy	Feb9,1946	May30,1944
	Sept28,1919 Ririe, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 19 1981

FORM BH 56067

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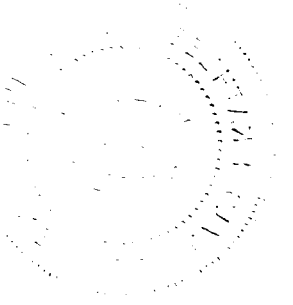
JUN 19 1981



249-20-4041-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elda Bernice Burnside			2. Date Of Birth (month) (day) (year): October 4, 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Chapin
FATHER	6. Full Name of Father: Lawrence Burnside			7. State or Country of Father's Birth: Darby, Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Samantha Nickell			9. State or Country of Mother's Birth: Rigby, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elda L. Hansen		11. Present Address of Registrant: Fetonia, Idaho 83452
NOTARY (Seal)	Subscribed and sworn to before me on: June 3, 1981	12. Signature of Notary: Myra Beasley		13. Notary Commission expires: 2/22/1984

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record	By whom issued and signed: LDS Church		Date Issued: Aug51930	Date Orig. Entry: Baptized July 27, 1930
	Date of Birth: Oct4,1919	Birth Place: Chapin, Idaho	Full Name of Mother: Elizabeth Nickell	Name of Father: Lawrence Burnside	
SUPPORTING RECORD 2.	Type of Document: Church membership record	By whom issued and signed: LDS Church Salt Lake Cty, UT		Date Issued: Mar3,1977	Date Orig. Entry: Blessed Jan4,1920
	Date of Birth: Oct4,1919	Birth Place: Chapin, Idaho	Full Name of Mother: Elizabeth Nickell	Name of Father: Lawrence Burnside	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Lawrence Burnside		Date Issued: Sept20.1976	Date Orig. Entry: ----------
	Date of Birth: Oct4,1919	Birth Place: Chapin, Idaho	Full Name of Mother: Elizabeth Samantha Nickell	Name of Father: Lawrence Burnside	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

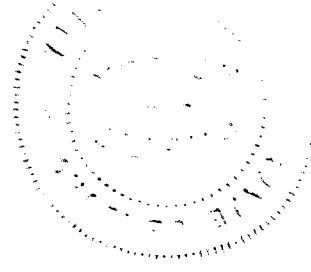
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date
Bee Biggs, R. N.	tc Teresa L. Cleverly	JUN 23 1981

FORM BH 56067 Copy of #2949

JUN 9 1981 5-2681

JUN 2 3 1981



231-22-003-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-227

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virginia Lee Stanley
2. Date Of Birth (month) 6 (day) 22 (year) 1919
3. Color or Race: W.
4. Sex: F.
5. Place of Birth a. County: Idaho BANNOCK
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: John William Stanley
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Winnifred Edith Jaggi
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia Lee Stanley
11. Present Address of Registrant: 24157 Race St. Newhall Ca 91321

NOTARY (Seal)

Subscribed and sworn to before me on 5-30 19 81

12. Signature of Notary: Major Betty L. Penrod
13. Notary Commission expires 7-16 19 82

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage record	State of Montana	Apr24,1981	Dec16,1937
	Date of Birth: age 18yrs.	Birth Place: Pocatello,Ida.	Full Name of Mother: ---------	Name of Father: --------
SUPPORTING RECORD 2.	School record	Flathead County, Montana	Feb1981	1931
	Date of Birth: June 22,1919	Birth Place: Idaho	Full Name of Mother: Winnifred Stanley	Name of Father: John W. Stanley
SUPPORTING RECORD 3.	Affidavit by family member age71yr	Herbert H. Stanley	Mar23,1981	----
	Date of Birth: June22,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Winifred E. Stanley	Name of Father: John W. Stanley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 23 1981

FORM BH 56067

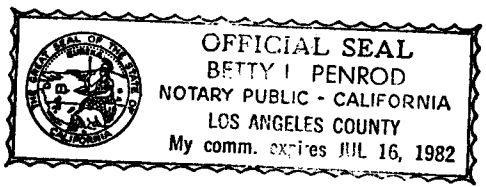
1-31-41

JUN 2 3 1981

MAJORS

Subscribed & sworn to before me on
5-30-81

Betty L. Penrod



291-110-028-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-228

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Weshie Brayman			2. Date Of Birth (month) 12 (day) 10 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenia	b. City or Town of Birth: Harrison	
FATHER	6. Full Name of Father: Henry William Brayman			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Mary Torresa Torchie			9. State or Country of Mother's Birth: Penn	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Weshie Brayman		11. Present Address of Registrant: 1702-N 5th Coeur d'Alene, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1981	12. Signature of Notary: Georgia Dalkenberg		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers	By whom issued and signed: U. S. Army		Date Issued: Oct 4,1941	Date Orig. Entry: Sept 18, 1940
	Date of Birth: age 21 yrs	Birth Place: Harrison, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: SacredHeart Hosp.,Spokane, WA		Date Issued: child born Mar 1,1951	Date Orig. Entry: child born Mar 1, 1951
	Date of Birth: Dec 10,1919	Birth Place: Harrison, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Church, Idaho		Date Issued: May23,1981	Date Orig. Entry: Baptized Sept10,1922
	Date of Birth: Dec10,1919	Birth Place: Harrison, Idaho	Full Name of Mother: Mary Torchie	Name of Father: Henry W. Brayman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	tc Teresa L. Cleverly	JUN 23 1981

FORM BH 56067

4-1-81

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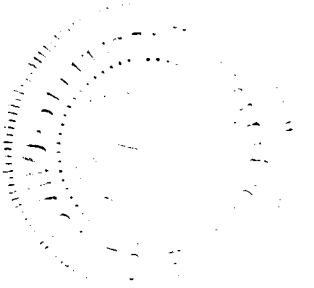
JUN 2 3 1981



357-228-004-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Leguineche			2. Date Of Birth (month) May (day) 28, (year) 1919	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding	
FATHER	6. Full Name of Father: Juan Leguineche			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Casilda Bidaguren			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Juanita Leguineche	11. Present Address of Registrant: 1318 Franklin Street	
NOTARY (Seal)	Subscribed and sworn to before me on June 25, 19 81		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Vital Statistics - Idaho	Date Issued: Mar 23,1953	Date Orig. Entry: child born July 12, 1940
	Date of Birth: Age 21	Birth Place: Gooding, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate		By whom issued and signed: St. Peter Roman Catholic Church-Shoshone	Date Issued: Feb.1977	Date Orig. Entry: Baptized Feb. 1, 1920
	Date of Birth: May 28,1919	Birth Place: Gooding, Idaho	Full Name of father: Juan Leguineche	Name of mother: Casilda Bidazuren	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # G-16967-0		By whom issued and signed: New York Life Ins. Co.	Date Issued: Mar.1,1980	Date Orig. Entry: March 1974.
	Date of Birth: May 28,1919	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION					

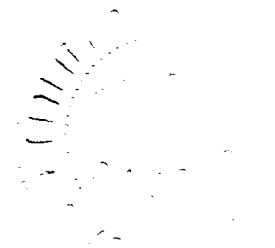
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	June 25, 1981

FORM BH 56067

JUN 25 1981



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693-22-0-022-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-241

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zola Wilson
2. Date Of Birth (month) (day) (year): 4 20 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Twin Groves, Ida Fremont
b. City or Town of Birth: Twin Groves, Idaho

FATHER

6. Full Name of Father: Henry Levern Wilson
7. State or Country of Father's Birth: Fremont County, Idaho

MOTHER

8. Full Maiden Name of Mother: Treva Gladys Young
9. State or Country of Mother's Birth: Madison County, Ida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zola Wilson Hart
11. Present Address of Registrant: Box 95 Menan, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1981
12. Signature of Notary: Margaret L. Treasure
13. Notary Commission expires: 6-15 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth Certificate	State of Idaho #59-16572	Child born Dec31,1959	Child born Dec31, 1959
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 40yrs / Twin Groves, Ida.	----------	-------	
SUPPORTING RECORD 2.	Family record bymother	Zola Hart	Aug 7,1962	Aug 8,1941
	Apr20,1919 / Twin Groves, Ida.	Treva Gladys Young	Henry Lavern Wilson	
SUPPORTING RECORD 3.	Affidavit by Aunt age 78yrs	Opal Y. Scott	May 28, 1981	-----
	Apr 20, 1919 / TwinGroves, Ida.	Treva Gladys Young	Henry Lavern Wilson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs,R.N.	Teresa L. Cleverly	JUL 2 1981

FORM BH 56067

5-19-81

JUL 13 1981

695-123-010-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Could be told as an i.

State File No. DE81-244

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Varcel Edwon Winder			2. Date Of Birth (month) (day) (year): November 23 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona, Idaho
FATHER	6. Full Name of Father: Ransom Wiley Winder			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Margaret ELLA WALker			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Varcel Edwon Winder		11. Present Address of Registrant: Box 132 Iona, Ida 83427
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 19 81	12. Signature of Notary		13. Notary Commission expires: July 31 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 82		By whom issued and signed: Margaret Ella Winder	Date Issued: Apr 16,1981	Date Orig. Entry: --------
	Date of Birth: Nov23,1919	Birth Place: Iona, Idaho	Full Name of Mother: Margaret Ella Walker	Name of Father: Ransom Wiley Winder	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers		By whom issued and signed: United State Navy	Date Issued: Oct 12,1945	Date Orig. Entry: Sept 7,1939
	Date of Birth: Nov 23,1919	Birth Place: Iona, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church,	Date Issued: Feb21,1928	Date Orig. Entry: Feb5,1928
	Date of Birth: Nov23,1919	Birth Place: Iona, Idaho	Full Name of Mother: Margaret Ella Walker	Name of Father: Ramson Wiley Winder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	tfc Teresa L. Cleverly	JUL 7 1981

FORM BH 56067

4/11/21

JUL 7 1981

695-210-006-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lurlia Fielding			2. Date Of Birth (month) Jan. (day) 10 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham, Idaho	b. City or Town of Birth: Jameston
FATHER	6. Full Name of Father: Nephi Fielding			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lillie Cannon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lurlia Fielding Yorgesen		11. Present Address of Registrant: 846 S TAYLOR RD OTHELLO, WA 99344
NOTARY (Seal)	Subscribed and sworn to before me on 5-26- 1981	12. Signature of Notary: Meg J C Sloan		13. Notary Commission expires 7-19- 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Idaho		Date Issued: Jan4,1960	Date Orig. Entry: Baptized Aug 3,1929
	Date of Birth: Jan 10, 1919	Birth Place: Jameston	Full Name of Mother: Lillie Cannon	Name of Father: Nephi Fielding	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighborage 86	By whom issued and signed: Marvin Yorgesen		Date Issued: May 26, 1981	Date Orig. Entry: -----
	Date of Birth: Jan10, 1910	Birth Place: Jameston, Idaho	Full Name of Mother: Lille Cannon	Name of Father: Nephi Fielding	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of IDAHO#49-7055		Date Issued: child born June5 1949	Date Orig. Entry: child born June 5, 1949
	Date of Birth: age 30yrs	Birth Place: Jameston, Idaho	Full Name of Mother: ----------	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs,R.N.	tc Teresa L. Cleverly	JUL 16 1981

FORM BH 56067

12-76-16

Fielding

JUL 16 1987

553-213-034-916

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-265

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Helmer			2. Date Of Birth (month) June (day) 13 (year) 1919	
	3. Color or Race: Caucasion	4. Sex: F	5. Place of Birth a. County: Paul, Idaho U.S.A.	b. City or Town of Birth: Paul	
FATHER	6. Full Name of Father: Gottfred Helmer			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Susan Raw			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Gunderson	11. Present Address of Registrant: Box 1526 Olds, Alberta	
NOTARY (Seal)	Subscribed and sworn to before me on January 20th 19 81		12. Signature of Notary: [illegible] cc	13. Notary Commission ~~expires~~ in force at pleasure of Lieutenant Governor, 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Susan Helmer		Date Issued: Oct.11,1973	Date Orig. Entry: Oct.11,1973
	Date of Birth: June13,1919	Birth Place: Paul, Idaho	Full Name of Mother: Susan Helmer	Name of Father: Gottfred Helmer	
SUPPORTING RECORD 2.	Type of Document: (Canada) Application from Social Ins.No	By whom issued and signed: Canada Employment & Immagration Commision		Date Issued: Mar18,1981	Date Orig. Entry: Jan9,1938
	Date of Birth: June 13,1919	Birth Place: Paul, Idaho	Full Name of Mother: Susan Raw	Name of Father: Gottfred Helmer	
SUPPORTING RECORD 3.	Type of Document: Canadian Citizenship Registr.	By whom issued and signed: (Canada) Dept of the Sec. of State		Date Issued: Apr28,1981	Date Orig. Entry: Sept4,1974
	Date of Birth: June13, 1919	Birth Place: Paul, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

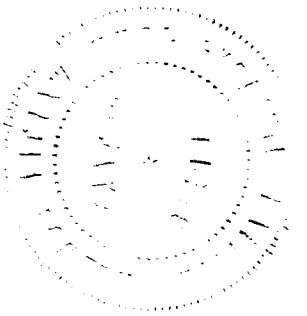
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc Teresa L. Cleverly	JUL 22 1981

FORM BH 56067

DBC FILE

JUL 22 1981



594-220-006-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-271

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Larene Humphries			2. Date Of Birth (month) (day) (year): August 20, 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Woodville
FATHER	6. Full Name of Father: William C. Humphreis			7. State or Country of Father's Birth: ~~Bing~~ Cedar City, Dron Co. Utah
MOTHER	8. Full Maiden Name of Mother: Rilda M. Chaffin			9. State or Country of Mother's Birth: Circleville, Piute Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Larene Baptie		11. Present Address of Registrant: Rigby Idaho RFD 2. Box 99.
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 1981	12. Signature of Notary: [signature]		13. Notary Commission expires: 4-24 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by fatherage 83	By whom issued and signed: William C. Humphries		Date Issued: May27,1981	Date Orig. Entry: -----
	Date of Birth: Aug20,1919	Birth Place: Woodville, Idaho	Full Name of Mother: Rilda Humphries	Name of Father: William C. Humphries	
SUPPORTING RECORD 2.	Type of Document: Blessing certificate	By whom issued and signed: LDS Church, Idaho		Date Issued: Blessed Sept 7,1919	Date Orig. Entry: Blessed Sept 7, 1919
	Date of Birth: Aug 20,1919	Birth Place: Woodville, Idaho	Full Name of Mother: Rilda Chaffin	Name of Father: William C. Humphries	
SUPPORTING RECORD 3.	Type of Document: Certificateof Baptism	By whom issued and signed: LDS Church, Woodville, Ida.		Date Issued: Nov6,1927	Date Orig. Entry: Blessed Nov5,1927
	Date of Birth: Aug 20,1919	Birth Place: Woodville,Idaho	Full Name of Mother: Marilda Chaffin	Name of Father: William C. Humphries	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: JUL 24 1981

FORM BH 56067

6-17-81

JUL 24 1981

155-212-003-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-273

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Veda Jensen
2. Date Of Birth (month) (day) (year): Dec. 12, 1919
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Cleveland, Bannock, Idaho "Home Birth"
b. City or Town of Birth: Cleveland, Idaho

FATHER

6. Full Name of Father: Elcanna Chrest Jensen
7. State or Country of Father's Birth: Bear River City, Utah

MOTHER

8. Full Maiden Name of Mother: Ella Butler Austin
9. State or Country of Mother's Birth: Cleveland, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Veda Jensen Morgan
11. Present Address of Registrant: 730 Oak St. Kimberly, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 15 1981
12. Signature of Notary: Frank J. Frost
13. Notary Commission expires: July 15 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church Idaho	Oct12,1928	Baptized Sept 1,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec12,1919	Cleavland, Idaho	Ella B. Austin	Eleanna C. Jensen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Hosp. birth Certif.	Anacortes Hosp, Inc, Anacortes Wash.	Child born Jan 19,1946	Child born Jan19, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec12, 1919	Cleveland, Idaho	--------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Western Life Ins. Co.	Nov4,1942	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec12, 1919	Cleveland, Ida	--------	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

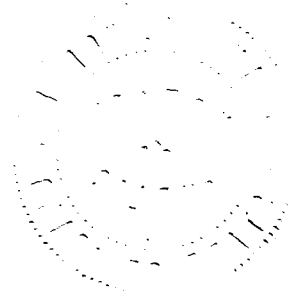
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUL 24 1981

FORM BH 56067

7-15-81

JUL 27 1981



799-226-024-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-280

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Genevieve Grissom
2. Date Of Birth: (month) 9th (day) 26th (year) 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Gooding Idaho

FATHER

6. Full Name of Father: William Grissom
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Minnie ~~Stimson~~ Grisson
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva G. Koonce
11. Present Address of Registrant: 31A Waha Glen Est. Lewiston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 23 1981

12. Signature of Notary: Jari A. Beck
13. Notary Commission expires: June 1 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt age 82yrs	Myrtle M. Nelson	June 29, 1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept 26, 1919	Gooding, Idaho	Minnie Stimson Grissom	William Grissom

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Birth Certificate of child	State of Idaho #429855	-----	born Dec.3,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Gooding, Idaho	---------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marshall's School Census Report	Gooding County, Idaho	July28,1981	Sept. 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept26,1919	Idaho	Minnie Grissom	William Grissom

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Linda Adamson	AUG 7 1981

FORM BH 56067

6-8-81

AUG 7 1981

464-103-021-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-281

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARVIN LEON MOULTRIE
2. Date Of Birth (month) (day) (year): NOV.3 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: FRANKLIN
b. City or Town of Birth: DAYTON IDAHO

FATHER

6. Full Name of Father: CLARENCE HENRY MOULTRIE
7. State or Country of Father's Birth: THAYNE UINTA WYO.

MOTHER

8. Full Maiden Name of Mother: ADA MANILA PALMER
9. State or Country of Mother's Birth: DEMPSY BINGHAM IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin L Moultrie
11. Present Address of Registrant: 9211 NE 11 ST. Vancouver, Wash 98664

NOTARY (Seal)

Subscribed and sworn to before me on: June 24 1981
12. Signature of Notary: Barbara Edmunds
13. Notary Commission expires: 4-1 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Dayton, Idaho	Blessed Jan4,1920	Blessed Jan4,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov3,1919	Dayton, Idaho	Ada Palmer	Clarence Moultrie

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother 83yrs	Ada M. P. Moultrie Shambow	June24,1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov3,1919	Dayton, Idaho	Ada Manila Palmer	Clarence Henry Moultrie

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge Papers	U. S. Navy	Mar15, 1946	Mar23,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov3,1919	Dayton, Idaho	-------	---------

QUALIFYING INFORMATION

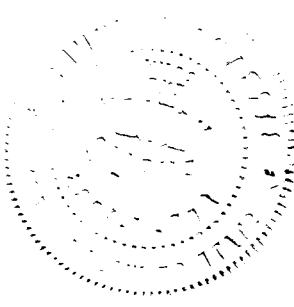
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TEresa L. Cleverly	AUG 10 1981

FORM BH 56067

AUG 1 0 1981



251-207-010-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-296

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BEAN- Phyllis
2. Date Of Birth (month) (day) (year): June 7 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Idaho Falls (Bnnvlle)
b. City or Town of Birth: Idaho Falls, Ida. (Bonneville)

FATHER

6. Full Name of Father: BEAN, Harold MALVERN
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Kirby, Florence JARMAN
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Phyllis Bean Ellsworth
11. Present Address of Registrant: Emhi, Idaho 83465

NOTARY (Seal)

Subscribed and sworn to before me on: July 3 1980
12. Signature of Notary: Cary S. Cook
13. Notary Commission expires: 9 12 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Aug.7,1927	baptized
	Date of Birth / Birth Place: June7,1919 / Idaho Falls, ID	Full Name of Mother: Florence J. Bean	Name of Father: Harold M. Bean	Aug.5,1927
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	July6,1919	blessed
	Date of Birth / Birth Place: June7,1919 / Idaho Falls, ID	Full Name of Mother: Florence J. Kirby	Name of Father: Harold M. Bean	July6,1919
SUPPORTING RECORD 3.	Affidavit by mother age 85yrs	Florence K. Bean	July 8, 1981	-----
	Date of Birth / Birth Place: June7,1919 / Idaho Falls, Ida.	Full Name of Mother: Florence Kirby	Name of Father: Harold M. Bean	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc Teresa L. Cleverly	AUG 13 1981

FORM BH 56067

ELLSWORTH 6-4-80

AUG 14 1981

S14-201-002 Yss

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-307
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Mae Vadney			2. Date Of Birth (month) Oct. (day) 4 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Adams	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: George Edward Vadney			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Margaret Bernie Denham			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Bernie Vadney Nickl		11. Present Address of Registrant: 456 SW 14th Ct. Pompano Bch.
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 20 1970	12. Signature of Notary: Allen M. Kalagian		13. Notary Commission expires: NOTARY PUBLIC, STATE OF FLORIDA AT LARGE MY COMMISSION EXPIRES APR. 2, 1972 BONDED THROUGH FRED W. DIETZELHORST

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Margaret Bernie Vadney	Date Issued: Feb.25,1955	Date Orig. Entry: ----	
	Date of Birth: Oct.4,1919	Birth Place: Council, Idaho Adams County	Full Name of Mother: Mrs. Margaret Bernie Vadney	Name of Father: ----	
SUPPORTING RECORD 2. Class_____	Type of Document: Census record 1920	By whom issued and signed: Bureau of Census, Wash D.C.	Date Issued: Oct 28, 1955	Date Orig. Entry: ------	
	Date of Birth: age 3months	Birth Place: Idaho	Full Name of Mother: Marguerite Vadney	Name of Father: George R. Vadney	
SUPPORTING RECORD 3. Class_____	Type of Document: Child's own birth certificate	By whom issued and signed: State of California53-11840	Date Issued: Oct27,1959	Date Orig. Entry: Child born July 31,1953	
	Date of Birth: age 33yrs	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	gml Teresa L. Cleverly tc	AUG 28 1981

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 2 3 1981

363-17-034-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Don Cole		2. Date Of Birth (month) OCT (day) 17 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: William Basford Cole		7. State or Country of Father's Birth: Ogden Utah	
MOTHER	8. Full Maiden Name of Mother: Pearl Lida Bullock		9. State or Country of Mother's Birth: Warren Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles D Cole	11. Present Address of Registrant: 1011 6th Rupert, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 29 1981	12. Signature of Notary: Verga E. Mazoner	13. Notary Commission expires: Life time 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Papers	By whom issued and signed: U. S. Army	Date Issued: Jan29,1946	Date Orig. Entry: Aug24,1944	
	Date of Birth: Oct17,1919	Birth Place: Rupert,Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Church Blessing certif.	By whom issued and signed: LDS Church, Rupert, Idaho	Date Issued: Blessed Dec7,1919	Date Orig. Entry: Blessed Dec7,1919	
	Date of Birth: Oct17,1919	Birth Place: Rupert, Idaho	Full Name of Mother: Pearl L. Bullock	Name of Father: Wm. B. Cole	
SUPPORTING RECORD 3.	Type of Document: Certif of Baptism	By whom issued and signed: LDS Church, Rupert, Idaho	Date Issued: Baptized Feb5,1928	Date Orig. Entry: Baptized Feb5,1928	
	Date of Birth: Oct17,1919	Birth Place: Rupert, Idaho	Full Name of Mother: Pearl L. Bullock	Name of Father: William B. Cole	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	Teresa L. Cleverly	AUG 31 1981

FORM BH 56067

8-19-81

Cole.

AUG 31 1981

812-213-025-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-311

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARGARET Rosella HASKIN
2. Date Of Birth (month) (day) (year): Nov 13 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bayview, Kootenia
City or Town of Birth: BAYVIEW

FATHER

6. Full Name of Father: JAMES ALFRED HASKIN
7. State or Country of Father's Birth: Eugene Oregon

MOTHER

8. Full Maiden Name of Mother: Pearl Nell Delzell
9. State or Country of Mother's Birth: Mo. Ash Grove

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Hope
11. Present Address of Registrant: 620 So Boise Ave Emmett Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 1 1981
12. Signature of Notary: J. D. Lofthouse
13. Notary Commission expires: 10-19 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible record	Margaret Hope	Obviously old	- - - -

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov 13,1919	Bayview, Idaho	Nell Pearl Delzell	James Alfred Haskin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School transcript	Cascade Grade School, Ida.	May17,1935	Sept2,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov13,1919	Bayview, Idaho	-------	J. A. Haskin

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Idaho Mutual Benefit Assoc.	Oct28,1955	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov13,1919	Bayview, Idaho	-------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

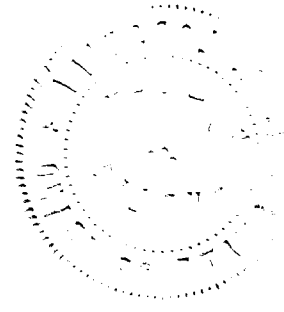
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	Teresa L. Cleverly	SEP 1 1981

FORM BH 56067

nm 8-25-81

Hope

SEP 1 1981



IST-21-003-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Marelda Jensen		2. Date Of Birth (month) 7 (day) 11 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lund Bannock; b. City or Town of Birth: Lund
FATHER	6. Full Name of Father: Peters Burt Jensen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Johanna Kathrine Schenk		9. State or Country of Mother's Birth: Idaho,
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marelda Barfuss	11. Present Address of Registrant: Bancroft Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: 4-27 1981	12. Signature of Notary: Ford L. Maude	13. Notary Commission expires: 1-14 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDs Church, Lund, Idaho	Date Issued: Blessed Aug3,1919	Date Orig. Entry: Blessed Aug 3,1919	
	Date of Birth: July11,1919	Birth Place: Lunda, Idaho	Full Name of Mother: Johanna K. Schenk	Name of Father: Peters Burt Jensen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church , Lund, Idaho	Date Issued: Aug9, 1927	Date Orig. Entry: Baptized Aug6,1927	
	Date of Birth: July 11, 1919	Birth Place: Lund Idaho	Full Name of Mother: Johanna K. Schenk	Name of Father: Peters Burt Jensen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of Family	By whom issued and signed: Raymond L. Maughan	Date Issued: July21, 1981	Date Orig. Entry: -------	
	Date of Birth: July11,1919	Birth Place: Lund, Idaho	Full Name of Mother: Johanna Katherine Schenk	Name of Father: Peters Burt Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	Teresa L. Cleverly	SEP 1 1981

FORM BH 56067

2-20-81

Barfuss

SEP 1 1981

DECEASED

DUP OF 1919-70583

695-213-016-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-313

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearl Katie Winn
2. Date Of Birth (month) (day) (year): 12 13 19
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Declo Idaho Cassia
b. City or Town of Birth: Declo Idaho

FATHER

6. Full Name of Father: William LeRoy Winn
7. State or Country of Father's Birth: American Fork Utah

MOTHER

8. Full Maiden Name of Mother: Martha Irene Kinder
9. State or Country of Mother's Birth: Payson Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl Katie Christiansen
11. Present Address of Registrant: 5021 Rose Ave. L.B. Calif 90807

NOTARY (Seal)

Subscribed and sworn to before me on 4 - 8 - 1981

12. Signature of Notary: Lavella Nadal
13. Notary Commission expires: 2- 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church	Baptized Sept 18,1949	Baptized Sept18,1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec13,1919 / Declo, Idaho	Irene Kinder	Roy Winn	
SUPPORTING RECORD 2.	Blessing record	LDS Church Idaho	Mar25,1981	Blessed Feb 9, 1920
	Dec13,1919 / Declo, Idaho	Irene Kinder	Roy Winn	
SUPPORTING RECORD 3.	Affidavit by brother age72yrs	Neldon Elmer Sommerville	Aug18,1981	------
	Dec13,1919 / Declo, Idaho	Martha Irene Kinder	William LeRoy Winn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs. R. N.	tc Teresa L. Cleverly	SEP 1 1981

FORM BH 56067 C # 17247 4-19-80

SEP 1 1981

653-206-010-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-324

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Ruth Feld		2. Date Of Birth (month) Dec. (day) 6 (year) 1919
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: a. County: Bonneville / Idaho; b. City or Town of Birth: Idaho Falls / Idaho Falls
FATHER	6. Full Name of Father: Albert William Feld		7. State or Country of Father's Birth: Springfield, Ill
MOTHER	8. Full Maiden Name of Mother: Olga Justina Rathie Leffelbein Feld		9. State or Country of Mother's Birth: Berosina Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita R. Meir	11. Present Address of Registrant: 447 Spurlock St. Layton Ut
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1981	12. Signature of Notary: Francene D Montgomery	13. Notary Commission expires: March 1984

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Utah	Date Issued: Apr9,1963	Date Orig. Entry: child born July 5, 1957
	Date of Birth: age 37yrs	Birth Place: Idaho Falls, Ida.	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St.John'sLutheran Church, Id.	Date Issued: Baptized Apr20,1930	Date Orig. Entry: Baptized Apr20,1930
	Date of Birth: Dec6,1919	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Olga Leffelbein	Name of Father: A. W. Feld	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 80yrs		By whom issued and signed: Olga Rathie Feld Willey	Date Issued: Sept. 14,1981	Date Orig. Entry: ----
	Date of Birth: Dec 6,1919	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Olga Justina Rathie	Name of Father: Albert William Feld	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 18 1981

FORM BH 56067

Birth Certificate No. 5948

1-24-67

SEP 18 1981

466-214-026-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-334

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ARDITH MOORE
2. Date Of Birth (month) MAY (day) 19 (year) 1919
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: RIGBY, DA. JEFFERSON
b. City or Town of Birth: RIGBY

FATHER

6. Full Name of Father: CLARENCE EUGENE MOORE
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: LUELLA T. ADAMS
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ardith M. Caughley
11. Present Address of Registrant: 2270 E. 4800 So. SALT LAKE CITY, UTAH 84117

NOTARY (Seal)

Subscribed and sworn to before me on April 29th 19 81

12. Signature of Notary: Linda Adamson
13. Notary Commission expires: April 3rd 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	June5,1927	Baptized June4,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May19,1919	Rigby, ID	Luella Moore	Clarence E. Moore

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	July6,1919	Blessed July6,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May19,1919	Rigby, ID	Luella Adams	Clarence E. Moore

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Lic. Marriage	State of Utah	July27,1981	Nov2,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May19, 1919	Rigby, Idaho	Luella Adams	Clarence E. Moore

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	la TEresa L. Cleverly	SEP 23 1981

FORM BH 56067

ICC# 1684

8-4-80

CLOUGHLEY

SEP 24 1981

263-206-001-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-337

REGISTRANT (Person whose birth is being recorded)

1. Registrant's Full Name at Birth: Maria Josepha Solozabal
2. Date Of Birth: (month) July (day) 6 (year) 1919
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Boise, Idaho Ada; b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Joaquin Sabozabal
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Philomena Silluoga
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maria Josepha Solozabal
11. Present Address of Registrant: 525 Owarnes Prairie Canyon County

NOTARY (Seal)

Subscribed and sworn to before me on 6-26- 1981
12. Signature of Notary: Ronald Thaler
13. Notary Commission expires: Feb 1 1985

OFFICIAL SEAL — RONALD THALER — NOTARY PUBLIC — CALIFORNIA — LOS ANGELES COUNTY — My comm. expires FEB 1 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. John's Cathedral, Boise	Mar7,1977	Baptized Aug23,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July6,1919 / Boise,Idaho	Philomena Sillvage	Joachim Solozabal	
SUPPORTING RECORD 2.	Affidavit by Cousin age 76yrs	Joe Solozabal	Aug 10, 1981	-----
	July6,1919 / Boise, Idaho	Filomena Ciluoga	Joaquin Solosabal	
SUPPORTING RECORD 3.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	Aug.7,1981	April 1,1930
	Age: 10 / Idaho	Filomena Solosobal	Juaquin Solosobal	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Linda Adamson	OCT 2 1981

FORM BH 56067

1-29-91

DALTON

Mary J. Dalton
15750 Warmspring Rd.
Canyon Country, Ca.
91351

(91351)

OCT 2 1981

S66-228-010-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Treva Howard			2. Date Of Birth (month) Dec. (day) 28 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville Co.	b. City or Town of Birth: Shelton
FATHER	6. Full Name of Father: Albert Clarence Howard			7. State or Country of Father's Birth: Davis Co., Utah
MOTHER	8. Full Maiden Name of Mother: Zilpah E. Bush			9. State or Country of Mother's Birth: Sevier Co., Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Treva H. Petersen		11. Present Address of Registrant: Macks Inn, Idaho 83433
NOTARY (Seal)	Subscribed and sworn to before me on: 31st of July 19 81	12. Signature of Notary: Jane S Burman		13. Notary Commission expires: July 1, 19 86

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth(Church)	By whom issued and signed: LDS Church, SLC, Utah		Date Issued: Aug20,1981	Date Orig. Entry: March 7,1920
	Date of Birth: Dec28,1919	Birth Place: Shelton, Idaho	Full Name of Mother: Zilpah E. Bush	Name of Father: Albert C. Howard	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Idaho Falls,ID		Date Issued: March1,1928	Date Orig. Entry: Baptized Jan.8,1928
	Date of Birth: Dec28,1919	Birth Place: Shelton, Idaho	Full Name of Mother: Zilpah E. Bush	Name of Father: Albert C. Howard	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age73yrs	By whom issued and signed: Leland O. Howard		Date Issued: July31,1981	Date Orig. Entry: -----
	Date of Birth: Dec28,1919	Birth Place: Shelton, Idaho	Full Name of Mother: Zilpah E. Bush	Name of Father: Albert Clarence Howard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 13 1981

FORM BH 56067

7-27-81

Ottawa.

OCT 1 3 1981

284-122-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-347

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARVIN DEAN SHURTLIFF			2. Date Of Birth (month) Sept (day) 22 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville Cnty	b. City or Town of Birth: Iona	
FATHER	6. Full Name of Father: Thomas Ira Shurtliff			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Maymie Mae Smith			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marvin D. Shurtliff	11. Present Address of Registrant: 311 Gladstone, Idaho Falls, ID 83401	
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 19 81		12. Signature of Notary: Lily M Sheen	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father age 92yr	By whom issued and signed: Thomas I. Shurtliff		Date Issued: June22,1981	Date Orig. Entry: ----
	Date of Birth: Sept22,1919	Birth Place: Iona, Idaho	Full Name of Mother: Maymie Smith	Name of Father: Thomas Ira Shurtliff	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination (teacher)	By whom issued and signed: LDS Church, IOna, Idaho		Date Issued: Ordained Jan6,1935	Date Orig. Entry: ------
	Date of Birth: Sept22,1919	Birth Place: Iona, Idaho	Full Name of Mother: Maymie Smith	Name of Father: Thomas I. Shurtliff	
SUPPORTING RECORD 3.	Type of Document: Certificate of Birth	By whom issued and signed: State of Idaho#50-6580		Date Issued: ------	Date Orig. Entry: child born June23,1950
	Date of Birth: age-30yrs	Birth Place: Iona, Idaho	Full Name of Mother: -------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N. tc	Teresa L. Cleverly	OCT 15 1981

FORM BH 56067

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OCT 16 1981

236-112-021-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD ROY STOCKING		2. Date Of Birth (month) (day) (year): 9 12 1919	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FRANKLIN COUNTY	b. City or Town of Birth: CENTRAL, IDAHO
FATHER	6. Full Name of Father: JOHN MROY STOCKING		7. State or Country of Father's Birth: SALT LAKE COUNTY, UTAH	
MOTHER	8. Full Maiden Name of Mother: CARRIE C. GEISLER		9. State or Country of Mother's Birth: MENEN, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Roy Stocking	11. Present Address of Registrant: 18111 Rt 84 N East Weber	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 31 19 81	12. Signature of Notary: Rebecca Smith	13. Notary Commission expires: Dec 18 19 82	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Baptized March6,1932	Date Orig. Entry: Baptized March 6,1932	
	Date of Birth: Sept12,1919	Birth Place: Central, ID	Full Name of Mother: Carrie Geisler	Name of Father: John Mroy Stocking	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: Blessed Dec. 22, 1919	
	Date of Birth: Sept12,1919	Birth Place: Idaho	Full Name of Mother: Carry Geisler	Name of Father: John R. Stocking	
SUPPORTING RECORD 3.	Type of Document: Military discharge papers	By whom issued and signed: Army of the United States	Date Issued: Aug.8,1945	Date Orig. Entry: Induction Feb.24, 1941	
	Date of Birth: Sept12,1919	Birth Place: Central, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Linda Adamson	Date Filed: OCT 28 1981

FORM BH 56067

OCT 28 1981

659-131-003-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Horace Ferrin			2. Date Of Birth (month) (day) (year): October 31, 1919
	3. Color or Race	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Horace Leland Ferrin			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fern Allen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Horace Ferrin		11. Present Address of Registrant: 749 N. 10th Pocatello, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: 17th June 19 81	12. Signature of Notary: Elaine C. Beebe		13. Notary Commission expires: December 8 19 84

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt age 70yrs	By whom issued and signed: Katie E. Allen Simmons	Date Issued: June 17, 1981	Date Orig. Entry: ------	
	Date of Birth: Oct31,1919	Birth Place: Pocatello, Idaho	Full Name of Mother: Fern Allen	Name of Father: Horace Leland Ferrin	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: POCATELLO PUBLIC Schools Idaho	Date Issued: June 11,1935	Date Orig. Entry: ------	
	Date of Birth: Oct31,1919	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: H. L. Ferrin	
SUPPORTING RECORD 3.	Type of Document: Church Certificateof Birth	By whom issued and signed: LDS Church, Utah	Date Issued: Oct15,1981	Date Orig. Entry: Jan12,1930	
	Date of Birth: Oct31,1919	Birth Place: Pocatello,Idaho	Full Name of Mother: Fern Allen	Name of Father: Horace L. Ferrin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: NOV 4 1981

FORM BH 56067 1000 printed.

6-13-81

Ferrin

NOV 4 1981

759-119-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-380

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Perry
2. Date Of Birth (month) 5 (day) 19 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho, Bannock
b. City or Town of Birth: Perry

FATHER

6. Full Name of Father: Henry R. Perry
7. State or Country of Father's Birth: Logan, Utah

MOTHER

8. Full Maiden Name of Mother: Eleanor Yates
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne Perry
11. Present Address of Registrant: Franklin, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 17 September 1981
12. Signature of Notary: Darleen M. Hatch
13. Notary Commission expires: Lifetime 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt age 80yrs	Thelma Perry Shumway	Sept8,1981	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May19,1919 / Perry, Idaho	Eleanor Yates	Henry R. Perry	
SUPPORTING RECORD 2.	HonorableDischarge papers	U.S. Army	Oct27,1945	Mar24,1942
	May19,1919 / Idaho	------	------	
SUPPORTING RECORD 3.	Baptismal record	LDS Church	Baptized May6,1928	Baptized May6,1928
	May19,1919 / Perry, Idaho	Eleanor Yates	Henry R. Perry	

QUALIFYING INFORMATION

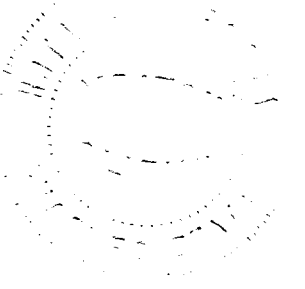
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 4 1981

FORM BH 56067

NOV 6 1981



165-112107I-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE81-383

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: James Hyrum Jones			2. Date Of Birth: (month) April (day) 12 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: At Home a. County: Teton	b. City or Town of Birth: Victor Idaho	
FATHER	6. Full Name of Father: James Hyrum Jones			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Iva Marie Jones			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James H. Jones	11. Present Address of Registrant: P.O. Box 227 Victor, Id. 83455	
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 19 81		12. Signature of Notary: Lynn S. Loveley	13. Notary Commission expires: Feb. 21, 19 83	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church	Date Issued: Sept21,1981	Date Orig. Entry: Blessed June1,1919
	Date of Birth: Apr12,1919	Birth Place: Victor, Idaho	Full Name of Mother: Ivy Marie Jones	Name of Father: James Hyrum Jones	
SUPPORTING RECORD 2.	Type of Document: Honorable discharge		By whom issued and signed: U.S. Army	Date Issued: Nov9,1945	Date Orig. Entry: Apr28,1943
	Date of Birth: Apr12,1919	Birth Place: Victor, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Iva Marie Jones	Date Issued: Aug17,1981	Date Orig. Entry: ----
	Date of Birth: Apr12,1919	Birth Place: Victor, Idaho	Full Name of Mother: Iva Marie Jones	Name of Father: James Hyrum Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

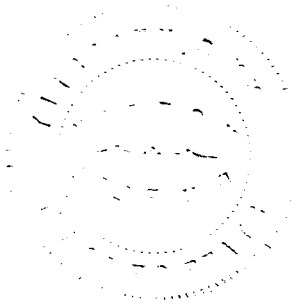
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 4 1981

FORM BH 56067

8-14-81

Jones

NOV 6 1981



113-325-310-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-389

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cora Bernice Jacobson
2. Date Of Birth: (month) 10 (day) 25 (year) 19
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Leslia LeRoy Jacobson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Malinda Maude Jacobson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: C. Bernice Byerly
11. Present Address of Registrant: 696 Gladstone Idaho Falls Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 19 81
12. Signature of Notary: Floyd H Hellman
13. Notary Commission expires: Jan. 23 19 82

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother age 69	Alton Sylvestorous Jacobson	Apr 8, 1981	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct 25,1919	Idaho Falls, Ida.	Malinda Maude Oakden	Leslia Leroy Jacobson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #56-305	child born Jan 16, 1956	Child born Jan 16, 1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 36 yrs	Idaho Falls, Ida	-------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record of Membership	LDS Church	July22,1981	Baptized Aug. 3,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.25,1919	Idaho Falls, ID	Maud Oakden	Leslie Jacobson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Linda Adamson	NOV 9 1981

K

FORM BH 56067

NOV 9 1981
NOV 9 1981

168-701-041-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-411

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLYDE D. JOHNSON			2. Date Of Birth (month) 7 (day) 1 (year) 1919	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: TETON	b. City or Town of Birth: TETONIA	
FATHER	6. Full Name of Father: MARTIN JOHNSON JR			7. State or Country of Father's Birth: PRESTON, IDAHO	
MOTHER	8. Full Maiden Name of Mother: ADELINE KERSHAW			9. State or Country of Mother's Birth: PRESTON, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde D. Johnson		11. Present Address of Registrant: 350 W 2ND N Rigby IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: OCT. 9, 1981	12. Signature of Notary: Anthony J. Aldrich		13. Notary Commission expires: 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Baptismal Record	By whom issued and signed: LDS Church, Tetonia, Idaho	Date Issued: --------	Date Orig. Entry: Baptized Aug. 14, 1927	
	Date of Birth: July1, 1919	Birth Place: Tetonia, Idaho	Full Name of Mother: Adeline Kershaw	Name of Father: Martin Johnson	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Army	Date Issued: May28, 1946	Date Orig. Entry: Dec27, 1944	
	Date of Birth: July1, 1919	Birth Place: Tetonia, Idaho	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister age 79yrs	By whom issued and signed: Alverta Wood	Date Issued: October 19, 1981	Date Orig. Entry:	
	Date of Birth: July 1, 1919	Birth Place: Tetonia, Idaho	Full Name of Mother: Adeline Kershaw	Name of Father: Martin Johnson, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	NOV 17 1981

FORM BH 56067

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NOV 17 1981

236-215-026-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-412

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Amelia Scott			2. Date Of Birth (month) August (day) 15 (year) 1919
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: LaBelle(home) Jefferson	b. City or Town of Birth: LaBelle Idaho
FATHER	6. Full Name of Father: Hyram Edward Scott			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Marla Carpenter			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Amelia Scott Fennett		11. Present Address of Registrant: Route 3 Box A36 Rigby, Ida. 83442
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 19 81	12. Signature of Notary: Nola Tenker		13. Notary Commission expires: life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit bybrother age72yrs	By whom issued and signed: Verl Scott		Date Issued: July21,1981	Date Orig. Entry: -------
	Date of Birth: Aug15,1919	Birth Place: LaBelle, Idaho	Full Name of Mother: Ma-Mora Carpenter	Name of Father: Hyram Edward Scott	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDs Church, Ririe, Idaho		Date Issued: Blessed Nov 2,1947	Date Orig. Entry: Blessed Nov 2,1947
	Date of Birth: Oct11,1946	Birth Place: Rigby, Idaho	Full Name of Mother: Pearl Scott	Name of Father: Charles Scott	
SUPPORTING RECORD 3.	Type of Document: Membership record	By whom issued and signed: LDS Church		Date Issued: Mar25,1978	Date Orig. Entry: Baptized Oct31,1936
	Date of Birth: Aug15,1919	Birth Place: LaBelle, Idaho	Full Name of Mother: Mamoria Carpenter	Name of Father: Edward Scott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	NOV 17 1981

FORM BH 56067

7-20-81

NOV 17 1981

Barnett

418-236-004-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-423

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Donnetta Dayton
2. Date Of Birth (month) (day) (year): December 26 1919
3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: Idaho | a. County: Bear Lake | b. City or Town of Birth: Dingle

FATHER

6. Full Name of Father: Marvin Moroni Dayton
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Rebecca Bird
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Donnetta Roberts
11. Present Address of Registrant: Cokeville Wyo - 83114

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 13 1981
12. Signature of Notary: Marvel L. Reed
13. Notary Commission expires: Dec 1 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother age72	Emford William Dayton	Nov13,1981	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.26,1919	Dingle, Idaho	Alice Rebecca Bird	Marvin Moroni Dayton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Blessed Apr4,1920	Blessed Apr4,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec26,1919	Dingle, Idaho	Alice R. Bird	Marvin M. Dayton

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Sept 10,1928	Aug5,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec26,1919	Dingle, Idaho	Alice R. Bird	Marvin M. Dayton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 24 1981

FORM BH 56067

2CC PD # 18959

11-5-81

Roberts

NOV 2 1981

359-09-026-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Evert Terry			2. Date Of Birth (month) 1 (day) 9 (year) 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Clark Jefferson	b. City or Town of Birth: CLARK	
FATHER	6. Full Name of Father: Enos Clyde Terry Sr.			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Anna Margaret Evert			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin E. Terry		11. Present Address of Registrant: RR #8 Box 269 Idaho Falls Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 3 16 19 81	12. Signature of Notary: Debra Douglas		13. Notary Commission expires: NOTARY PUBLIC LIFE TIME COMMISSION RIGBY, IDAHO 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certif of Baptism	By whom issued and signed: LDS Church, MelbaWard, Ida.	Date Issued: June24,1927	Date Orig. Entry: Baptized Jan9,1919	
	Date of Birth: Jan9,1919	Birth Place: Clark, Idaho	Full Name of Mother: Anna Evert	Name of Father: Enos C. Terry	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church Idaho	Date Issued: June2,1935	Date Orig. Entry: Ordained June 2,1935	
	Date of Birth: Jan9,1919	Birth Place: Clark, Idaho	Full Name of Mother: Ann a Evert	Name of Father: Enos Clyde Terry	
SUPPORTING RECORD 3.	Type of Document: Insurance policy	By whom issued and signed: Occidental of. N.C.	Date Issued: Feb.3,1967	Date Orig. Entry: -----	
	Date of Birth: Jan.9,1919	Birth Place: Clark, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 9 1981

FORM BH 56067

7-14-16

Jerry

DEC 10 1981

415-208-010-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-446

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BLANCHE ELIZABETH DAVIDSON			2. Date Of Birth (month) FEB (day) 8 (year) 1919
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona.
FATHER	6. Full Name of Father: Arland LoRenzo Davidson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Pearce			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche E Christensen		11. Present Address of Registrant: 5765 Linden St Murray Utah 84107
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd Jan. 1981	12. Signature of Notary: Joan O. Draper		13. Notary Commission expires: May 9 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 88		By whom issued and signed: Arland Lorenzo Davidson	Date Issued: Aug.23,1978	Date Orig. Entry: Aug.23,1978
	Date of Birth: Feb.8,1919	Birth Place: Iona, ID	Full Name of Mother: Sarah Elizabeth Davidson	Name of Father: Arland Lorenzo Davidson	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing		By whom issued and signed: LDS Church	Date Issued: Junel,1919	Date Orig. Entry: Junel,1919 blessed
	Date of Birth: Feb.8,1919	Birth Place: Iona, ID	Full Name of Mother: Sarah Elizabeth Pearce	Name of Father: Arland L. Davidson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #49-13038	Date Issued: child born Oct.13,1949	Date Orig. Entry: child born Oct. 13, 1949
	Date of Birth: age 30yrs	Birth Place: Iona, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc Teresa L. Cleverly	DEC 14 1981

FORM BH 56067

ICC# 12640

8-9-78

Chinook

DEC 17 1981

269-204-003-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Sorensen			2. Date Of Birth (month) (day) (year): December 4, 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Lago
FATHER	6. Full Name of Father: John Cornelius Sorensen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie Lindsay			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Thurgood		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: December 16 1981	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church		Date Issued: Aug.1,1920	Date Orig. Entry: Blessed Aug 1, 1920
	Date of Birth: Dec.4,1919	Birth Place: Lago, Idaho	Full Name of Mother: Minnie Lindsay	Name of Father: John C. Sorensen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - # 48=4117		Date Issued: ----	Date Orig. Entry: child born ~~Apr. 29, 1948~~
	Date of Birth: age 28	Birth Place: Lago, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life		Date Issued: Jun 20,1939	Date Orig. Entry: June 12, 1939
	Date of Birth: Dec.4,1919	Birth Place: Lago, Idaho	Full Name of Mother: Minnie L. Sorensen	Name of Father: John C. Sorensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	Dec.16,1981

FORM BH 56067

DEC 1 6 1981

249-121-036-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-449

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lowell Bartley Burnett
2. Date Of Birth (month) April (day) 21 (year) 1919
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Idaho — Oneida
b. City or Town of Birth: Holbrook

FATHER

6. Full Name of Father: Joseph William Burnett
7. State or Country of Father's Birth: Farmington, Utah

MOTHER

8. Full Maiden Name of Mother: Edith Maud Silvester
9. State or Country of Mother's Birth: Takely Essex Old England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lowell Bartley Burnett
11. Present Address of Registrant: 710 Dayton Avenue, Vancouver, WA 98664

NOTARY (Seal)

Subscribed and sworn to before me on: November 26 1981
12. Signature of Notary: Beth M Woodward
13. Notary Commission expires: 1-24 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Blessing record	LDS Church	Blessed Aug.10,1919	Blessed Aug. 10, 1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.21,1919 / Holbrook, Idaho	Edith Sylvester	Joseph W. Burnett	
SUPPORTING RECORD 2.	Honorable Discharge papers	U.S. Army	Jan.31,1946	May28,1943
	Apr.21,1919 / Holbrook, Idaho	--------	--------	
SUPPORTING RECORD 3.	Family group record	family	Nov.1981	Apr1 1919
	Apr.21,1919 / Holbrook, Idaho	Edith Maud Silvester	Joseph William Burnett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

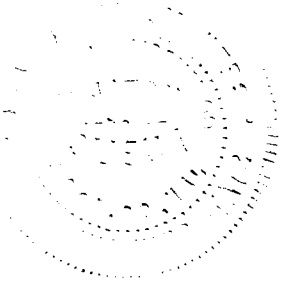
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 17 1981

FORM BH 56067 ICC PD II 14791

10-8-81

Bennett

DEC 17 1981



312-207-026-748

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-451

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Lake			2. Date Of Birth (month) Sept (day) 7 (year) 1919	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Roberts, Idaho-Jefferson	b. City or Town of Birth: Roberts	
FATHER	6. Full Name of Father: George Lake			7. State or Country of Father's Birth: Harrisville - Utah	
MOTHER	8. Full Maiden Name of Mother: Agnes Maria Guymon			9. State or Country of Mother's Birth: Richfield - Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Lake Barzee		11. Present Address of Registrant: Roberts, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 1981	12. Signature of Notary: [illegible]		13. Notary Commission expires: Life 19___	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal certificate		By whom issued and signed: LDS church	Date Issued: Oct21,1981	Date Orig. Entry: Baptized July 6, 1929
	Date of Birth: Sept7,1919	Birth Place: Roberts, Idaho	Full Name of Mother: Agnes Guyman	Name of Father: George Lake, Sr.	
SUPPORTING RECORD 2.	Type of Document: Family Group record		By whom issued and signed: family	Date Issued: May30,1947	Date Orig. Entry: ------
	Date of Birth: Sept 7, 1919	Birth Place: Roberts, Idaho	Full Name of Mother: Agnes Maria Guymon	Name of Father: George Lake	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 86yrs		By whom issued and signed: s Lynn Lake	Date Issued: Nov.11,1981	Date Orig. Entry: -------
	Date of Birth: Sept.7,1919	Birth Place: Roberts, Idaho	Full Name of Mother: Agnes Maria Guyman	Name of Father: George Lake	
QUALIFYING INFORMATION					

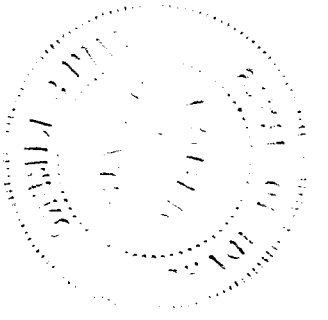
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	DEC 17 1981

FORM BH 56067

DEC 17 1981



719-223-042-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Fay Parrott		2. Date Of Birth (month) Dec. (day) 23 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho - Twin Falls	b. City or Town of Birth: Berger
FATHER	6. Full Name of Father: Benjamin Franklin Parrott		7. State or Country of Father's Birth: Neb.	
MOTHER	8. Full Maiden Name of Mother: Leura Ruth Martin		9. State or Country of Mother's Birth: Kans	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther F Hall	11. Present Address of Registrant: Hot Springs, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 2 1982	12. Signature of Notary: James H LaSure	13. Notary Commission expires: Feb. 4 1984	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt age 84yrs	By whom issued and signed: Oglie Ruth Lammers	Date Issued: Dec.15,1981	Date Orig. Entry: ----
	Date of Birth: Dec.23,1919 / Birth Place: Berger,Idaho	Full Name of Mother: Leura R. Martin	Name of Father: Benjamin F. Parrott	
SUPPORTING RECORD 2.	Type of Document: Family Bible records	By whom issued and signed: family member	Date Issued: -------	Date Orig. Entry: obviously old
	Date of Birth: Dec.23,1919 / Birth Place: Berger, Idaho	Full Name of Mother: Leura Ruth Parrott	Name of Father: Benjamin Franklin Parrott	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #316664	Date Issued: childborn June9,1941	Date Orig. Entry: child born June 9,1941
	Date of Birth: age21yrs / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JAN 19 1982

FORM BH 56067

Hall

JAN 29 1982

915-223-025-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 82-048

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Evangeline Rankin
2. Date Of Birth (month) Dec (day) 23 (year) 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Harpster Idaho
b. City or Town of Birth: Harpster

FATHER

6. Full Name of Father: Robert James Rankin
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Viola Corina Nance
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah Evangeline Jarvie
11. Present Address of Registrant: P. O. Box 545, Ferndale

NOTARY (Seal)

Subscribed and sworn to before me on Nov 19 19 81
12. Signature of Notary: Karla C Jarvis
13. Notary Commission expires 2/20 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School transcript	Clarkston High school, Idaho	May1938	Sept 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec23,1919	Harpster, Idaho	Corina Viola Rankin	Robert James Rankin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate (Hospital)	Miner's Hosp. of New Mexico	child born May 19, 1952	child born May19,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1919	Harpster, Idaho	-------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Voter's Registration	Whatcom Co. Washington	Apr.26,1956	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1919	Harpster, Idaho	-------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

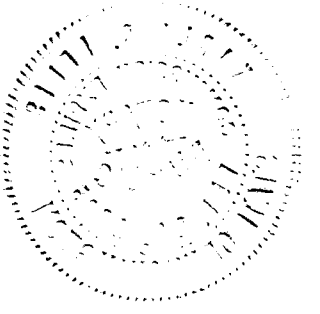
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAR 8 1982

FORM BH 56067

1 cp pd

9-20-81

MAR 1 0 1982



557-229-041-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ione Engberson			2. Date Of Birth (month) Oct. (day) 29 (year) 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Driggs, Idaho Teton	b. City or Town of Birth: Driggs, Idaho
FATHER	6. Full Name of Father: Alma Johnson Engberson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eve Little			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ione E. Turnier		11. Present Address of Registrant: Box 593, Condon, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1982	12. Signature of Notary: Judy Long		13. Notary Commission expires: July 31 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #383350	Date Issued: child born Oct.21,1943	Date Orig. Entry: child born Oct.21,1943
	Date of Birth: age23yrs	Birth Place: Driggs, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Family group record		By whom issued and signed: family	Date Issued: Baptized Oct.30,1927	Date Orig. Entry: Baptized Oct.30,1927
	Date of Birth: Oct.29,1919	Birth Place: Driggs, Idaho	Full Name of Mother: Eva Little	Name of Father: Alma Johnson Engberson	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: Metropolitan Life Ins.	Date Issued: Oct.26,1942	Date Orig. Entry: ----
	Date of Birth: Oct.29,1919	Birth Place: Driggs, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

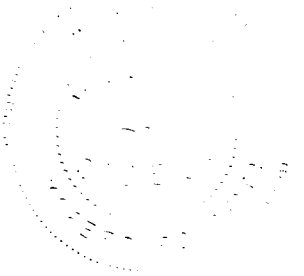
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 11 1982

FORM BH 56067

MAR 11 1982



437-107-003-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dee Reed McGregor			2. Date Of Birth (month) (day) (year): May 7, 1919	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: family home bannock	b. City or Town of Birth: Perry, Idaho	
FATHER	6. Full Name of Father: James Davis McGregor			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ruth Curtis			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: D. Reed McGregor	11. Present Address of Registrant: Box 96 Thatcher, Idaho 83283	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 22 19 82		12. Signature of Notary: Ross L Rasmussen	13. Notary Commission expires: Life time 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination (Preist)		By whom issued and signed: LDS Church	Date Issued: Dec.7,1936	Date Orig. Entry: -----
	Date of Birth: May 7,1919	Birth Place: Perry, Idaho	Full Name of Mother: Ruth Curtis	Name of Father: J. D. McGregor	
SUPPORTING RECORD 2.	Type of Document: Blessing record (1919)		By whom issued and signed: LDS Church	Date Issued: Blessed July6,1919	Date Orig. Entry: Blessed July 6,1919
	Date of Birth: May 7,1919	Birth Place: Perry, Idaho	Full Name of Mother: Ruth Curtis	Name of Father: James D. McGregor	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: National Public Serv. Ins. Co.	Date Issued: Feb.8,1962	Date Orig. Entry: -----
	Date of Birth: May 7,1919	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAR 16 1982

FORM BH 56067

MAR 19 1982

365-123-014-653

P.O. Box 1763 Mt Mesa
Lake Isabella Ca.
93240

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-062

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD WILLIAM LONG
2. Date of Birth (month) 4 (day) 23 (year) 19
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: CALDWELL IDAHO b. City or Town of Birth: CALDWELL

FATHER

6. Full Name of Father: WILLIAM LONG
7. State or Country of Father's Birth: IRELAND

MOTHER

8. Full Maiden Name of Mother: BESSIE WELLMAN
9. State or Country of Mother's Birth: S DAKOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold W Long
11. Present Address of Registrant: ~~3105 W Princeton Fresno Ca 93711~~

NOTARY (Seal)

OFFICIAL SEAL
MARTHA B. PEART
NOTARY PUBLIC - CALIFORNIA
KERN COUNTY
My comm. expires JUL 6, 1984

THE GREAT SEAL OF THE STATE OF CALIFORNIA

Subscribed and sworn to before me on March 3 19 82

12. Signature of Notary: Martha B. Peart
13. Notary Commission expires: July 6 19 84

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage record	State of Nebraska	Dec.11,1981	marriage Aug.14, 1954
	Date of Birth: age35yrs / Birth Place: Idaho	Full Name of Mother: Bessie C. Wellman	Name of Father: Wm. F. Long	
SUPPORTING RECORD 2.	child's own birth certificate	State of Iowa #56-03725	Dec.14,1981	child born Jan.31,1956
	Date of Birth: age 36yrs / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Social Security Number App.	Social Security Administration	Feb.3,1982	June 1939
	Date of Birth: Apr.23,1919 / Birth Place: Caldwell, Idaho	Full Name of Mother: Bessie Wellman	Name of Father: William Long	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAR 17 1982

FORM BH 56067

MAR 19 1982

Dated March 3, 1982

STATE OF CALIFORNIA
COUNTY OF KERN } SS.

On March 3, 1982 before me, the undersigned, a Notary Public in and for said State, personally appeared

Harold W. Long

, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Martha B. Peart
Martha B. Peart

OFFICIAL SEAL
MARTHA B PEART
NOTARY PUBLIC - CALIFORNIA
KERN COUNTY
My comm. expires JUL 6, 1984

(This area for official notarial seal)

666-107-006-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-068

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Edward Glen Fowler
2. Date Of Birth (month) (day) (year): September 7, 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bingham
   b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: John Hyram Fowler
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mildred Jane Crofts
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen Fowler
11. Present Address of Registrant: Box 302 Rt 1 Shelley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 18 1982
12. Signature of Notary: Linda Adamson
13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church - Shelley	Blessed Dec.7,1919	Blessed Dec. 7,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept7,1919 / Shelley, ID	Mildred Crofts	John Fowler	
SUPPORTING RECORD 2.	Certificate of Baptism	LDS Church - Shelley	Nov.6,1927	Baptized Nov.5, 1927
	Sept7,1919 / Shelley, ID	Mildred Croft	John Hiram Fowler	
SUPPORTING RECORD 3.	Birth certificate of child	State of Idaho #403876	------	child born Mar. 9, 1945
	Age: 25 / Shelley, ID	----------	----------	

QUALIFYING INFORMATION

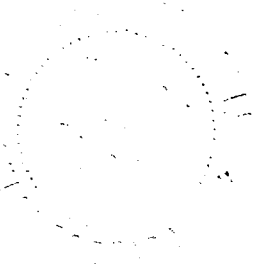
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Linda Adamson	MAR 18 1982

FORM BH 56067

MAR 18 1982



753-211-006-693 #1

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE82-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Petersen			2. Date Of Birth (month) (day) (year): September 11, 1919
	3. Color or Race	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Melvin (Pete) Petersen			7. State or Country of Father's Birth: Utah U. S. A.
MOTHER	8. Full Maiden Name of Mother: Goldie P. Willeford			9. State or Country of Mother's Birth: Missouri, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Ogan		11. Present Address of Registrant: 1912 W. Valencia dr. Fullerton, Calif.
NOTARY (Seal) notary sign.onback	Subscribed and sworn to before me on: February 11, 1982 19	12. Signature of Notary: Frank L. Spillers		13. Notary Commission expires: May 3, 1985 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record	By whom issued and signed: U.S. Census Bureau		Date Issued: Aug25,1981	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: 3 months	Birth Place: Idaho	Full Name of Mother: Godlie P. Peterson		Name of Father: Melvin A. Peterson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: County of Los Angeles, CA		Date Issued: May25,1959	Date Orig. Entry: child born Jan. 18, 1943
	Date of Birth: age23yrs.	Birth Place: Idaho	Full Name of Mother: -----		Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Membership record	By whom issued and signed: Eastern Star		Date Issued: Mar.6,1964	Date Orig. Entry: Mar.6, 1964
	Date of Birth: Sept.11,1919	Birth Place: Blackfoot, Ida.	Full Name of Mother: -------		Name of Father: --------
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 23 1982

FORM BH 56067

MAR 24 1982

#1

STATE OF CALIFORNIA
COUNTY OF ORANGE } ss.

On FEB- 11, 1982, before me, the undersigned, a Notary Public in and for said State, personally appeared MAXINE OGAN

known to me to be the person (1) whose name IS subscribed to the within instrument and acknowledged to me that SHE executed the same.

WITNESS my hand and official seal.

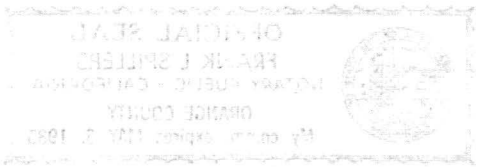
Signature

FRANK L. SPILLERS
Name (Typed or Printed)

OFFICIAL SEAL
FRANK L SPILLERS
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My comm. expires MAY 3, 1985

(This area for official notarial seal)

Form 3001—(Individual) First American Title Company



412-117-037-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neil Robert Mathews		2. Date Of Birth (month) (day) (year): August 17, 1919
	3. Color or Race:	4. Sex: male	5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Grandview
FATHER	6. Full Name of Father: Elmer Winfred Mathews		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Evalyne Hallford		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neil Robert Mathews	11. Present Address of Registrant: 210 N. BLAKELY MONTESANO, WA. 98563
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 31 1981	12. Signature of Notary: Robert Backstrom	13. Notary Commission expires: APRIL 9, 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brotherage71yrs	By whom issued and signed: Francis E. Mathews	Date Issued: Sept.15,1981	Date Orig. Entry: ----
	Date of Birth: Aug 17,1919 Birth Place: Grandview,IDAHO	Full Name of Mother: Mary Evalyne Hallford	Name of Father: Elmer Winfred Mathews	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Grays Harbor Com. Hosp., Wash.	Date Issued: child born Feb. 11,1955	Date Orig. Entry: child born Feb.11,1955
	Date of Birth: Aug.17,1919 Birth Place: Grandview, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Appl. for Social Sec. Number	By whom issued and signed: Social Security Administration	Date Issued: Mar.5,1982	Date Orig. Entry: Mar.16,1940
	Date of Birth: Aug.17,1919 Birth Place: Grandview, Idaho	Full Name of Mother: Mary E. Hallford	Name of Father: Elmer W. Mathews	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc tc Teresa L. Cleverly	APR 23 1982

FORM BH 56067

12 18-81

Mathews

APR 23 1982

319-214-026-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-105

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leitha La Vesa Larsen
2. Date Of Birth (month) 6 (day) 14 (year) 1919
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Chris Larsen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Viola Rowe
9. State or Country of Mother's Birth: Richfield Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leitha Vesa Hawker
11. Present Address of Registrant: 2258 W Samuel Dr. S.L.C. Utah

NOTARY (Seal)

Subscribed and sworn to before me on February 10 19 82

12. Signature of Notary: Helen Larsen
13. Notary Commission expires: April 19 83

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Oct.15,1977	Baptized Aug.5,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June14,1919	Rigby, Idaho	Viola Rowe	Chris Almer Larsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth certif.	State of California 54-191931	July30,1979	Childborn Aug.15,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25yrs	Idaho	------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother age 85yrs	Viola Larsen	Feb.10,1982	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June14,1919	Jefferson Co,Ida.	Viola Larsen	Chris Larsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs. R.N.	Teresa L. Cleverly	APR 29 1982

FORM BH 56067

NM

2-1-82

Hawker

APR 30 1982

212-117-024-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-116

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ralph James Kassens
2. Date Of Birth (month) (day) (year): May 17, 1919
3. Color or Race: X WHITE
4. Sex: male
5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Tuttle

FATHER

6. Full Name of Father: Ira Arthur Kassens
7. State or Country of Father's Birth: X GREENSBURG DECATUR INDIANA

MOTHER

8. Full Maiden Name of Mother: Annie Lubessie Pearson
9. State or Country of Mother's Birth: X MT. PLEASANT SANPETE UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Ralph James Kassens
11. Present Address of Registrant: X 1121 WEST AVE-J-9 LANCASTER CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: MAY 5, 1982
12. Signature of Notary: X John J. Croft
13. Notary Commission expires: MAY 10, 1985

JOHN J. CROFT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
OFFICIAL SEAL
MY COMMISSION EXPIRES MAY 10, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Ordination certif.for Priest	LDS Church	Mar.17,1940	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 17,1919 / Tuttle, Idaho	Bessie Parson	Ira A. Kassens	
SUPPORTING RECORD 2.	Baptismal record	LDS Church	Sept.17,1932	Baptized Dec. 4, 1927
	May17,1919 / Tuttle, Idaho	Bessie Parson	Ira A. Kassins	
SUPPORTING RECORD 3.	Affidavit by Aunt age 77yrs	Florence A. Stevens	Aug.20,1981	----
	May17,1919 / Tuttle, Idaho	Annie Lubessie Pearson	Ira Arthur Kassens	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TC Teresa L. Cleverly	MAY 10 1982

FORM BH 56067 20 Copies 9525

4-27-82

MAY 12 1982

256-110-034-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-139

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBERT IVAN KNOPP			2. Date Of Birth (month) March (day) 10 (year) 1919	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Paul	
FATHER	6. Full Name of Father: John Knopp			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Carolina Koch			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Albert Ivan Knopp	11. Present Address of Registrant: 859 Upland Drive, Sunnyside, WA 98944	
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 19 81		12. Signature of Notary: Phyllis L. Schroder	13. Notary Commission expires: January 30, 19 85	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance		By whom issued and signed: Public Servi ce Life, Health & Accid.	Date Issued: June27,1941	Date Orig. Entry: -----
	Date of Birth: Mar.10, 1919	Birth Place: Paul , Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: John Knopp	Date Issued: Nov.3,1981	Date Orig. Entry: ------
	Date of Birth: Mar.10,1919	Birth Place: Paul, Idaho	Full Name of Mother: Carolina Koch Knopp	Name of Father: John Knopp	
SUPPORTING RECORD 3.	Type of Document: Baptismal record		By whom issued and signed: Heinrich Horsch, Pastor	Date Issued: Baptized June15,1919	Date Orig. Entry: Baptized June 15, 1919
	Date of Birth: Mar.10,1919	Birth Place: Paul, Idaho	Full Name of Mother: Carlina Koch	Name of Father: John Knopp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUL 7 1982

M BH 56067 Accept # 13408

9-1-81

Clarke

JUL 7 1982

243-22-041-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-145

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Butler
2. Date Of Birth (month) (day) (year): April 22 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Teton
b. City or Town of Birth: Victor Idaho

FATHER

6. Full Name of Father: Christopher Lorenzo Butler
7. State or Country of Father's Birth: Spanish Fork, Utah

MOTHER

8. Full Maiden Name of Mother: Reba Hutchings
9. State or Country of Mother's Birth: Springville, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Butler Hall
11. Present Address of Registrant: 569 S. 630 E. Orem Utah

NOTARY (Seal)

Subscribed and sworn to before me on: MAY 12 19 82
12. Signature of Notary: Jenny Bawden
13. Notary Commission expires: 1-7 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Blessed July 6, 1919	Blessed July 6, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 22, 1919	Victor, Idaho	Reba Hutchings	Christopher L. Butler

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	State of Utah	June 27, 1938	June 27, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 22, 1919	Victor, Idaho	Reba Hutchings	Christopher L. Butler

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Utah	May 17, 1982	child born July 17, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24yrs	Victor, Idaho	------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

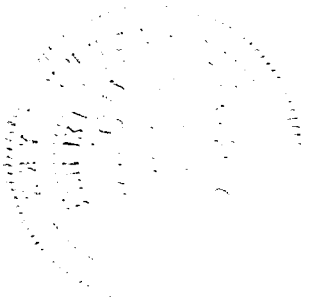
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 13 1982

FORM BH 56067

ICC PD II-12412

9-10-84

JUL 13 1982



693-104-006-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-154

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Boyd Clark Wilson.
2. Date Of Birth (month) (day) (year): Nov 24 1919
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Shelley Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: William Clark Wilson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ermina Augusta Bates
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Boyd Clark Wilson
11. Present Address of Registrant: 448 So Byron, Shelley

NOTARY (Seal)

Subscribed and sworn to before me on: March 1 19 82

12. Signature of Notary: Drew O. Anderson
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend who was present at birth age 89yrs	Nellie S. Holland	Mar. 1, 1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.24,1919	Shelley, Idaho	Ermina Augusta Bates	William Clark Wilson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	American National Ins. Co.	Nov.19,1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.24,1919	Shelley, Idaho	----------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application from Social Security for number	Social Security Admin.	Apr.13,1982	January 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.24,1919	Shelley, Idaho	Ermina A. Bates	William C. Wilson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 19 1982

FORM BH 56067

ICC RQ # 0205

2-18-82

JUL 19.1982

619-109-022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-206

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Willard Eugene Farley, Jr.
2. Date Of Birth (month) (day) (year): June 9, 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Parker

FATHER

6. Full Name of Father: Willard Eugene Farley, SR
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Geneva Grace Wardle
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willard Eugene Farley Jr.
11. Present Address of Registrant: 1305 Comb St. Redding Calif 96001

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 13 1982
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Willard Eugene Farley, SR	Sept.13,1982	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun 9,1919	Parker, Idaho	Geneva Grace Wardle	Willard Eugene Farley, Sr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - # 366163	----	child born Nov.28,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Idaho	--------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	State of Wyoming	Jan.2,1942	Jan. 2,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.9,1919	Parker, Idaho	Grace Wardle	W. E. Farley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	fc Florence Curtright	Sept. 16, 1982

FORM BH 56067

SEP 16 1982

906

236-216-036-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-220

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Velma Marian Scott			2. Date Of Birth (month) (day) (year): April 16 1919
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Annis, Ida. Jefferson	b. City or Town of Birth: Annis, Idaho
FATHER	6. Full Name of Father: Albert Josiah Scott			7. State or Country of Father's Birth: Annis, Idaho
MOTHER	8. Full Maiden Name of Mother: Ida Marian Carlson			9. State or Country of Mother's Birth: Smithfield, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma Marian Scott Anderson		11. Present Address of Registrant: Rt 5 Box 96 Rexburg Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 12 1982	12. Signature of Notary: Lorell Wilson		13. Notary Commission expires: 12-14- 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: Aug 5,1928	Date Orig. Entry: Aug. 4, 1928
	Date of Birth: Apr.16,1919	Birth Place: Annis, Idaho	Full Name of Mother: Ida Marian Carlson	Name of Father: Albert Scott	
SUPPORTING RECORD 2.	Type of Document: Certificate of child's birth	By whom issued and signed: State of Idaho #281624		Date Issued: child born June18,1939	Date Orig. Entry: child born June 18,1939
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Family Group Sheet	By whom issued and signed: Opal Scott		Date Issued: Jan.23,1937	Date Orig. Entry: ----
	Date of Birth: Apr.16,1939	Birth Place: Annis, Idaho	Full Name of Mother: Ida Marian Carlson	Name of Father: Albert Josiah Scott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Linda Adamson	Date Filed: SEP 29 1982

FORM BH 56067

1 copy # 14404

6-23-82

Anderson

SEP 28 1982

281-107-028-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE82-241

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LESTER MARION SHADDUCK
2. Date Of Birth: (month) 10 (day) 7 (year) 1919
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Coeur d'Alene, Kootenai; b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: LESTER CARSON SHADDUCK
7. State or Country of Father's Birth: NORTH DAKOTA

MOTHER

8. Full Maiden Name of Mother: MARY JEANETTE FURGASON
9. State or Country of Mother's Birth: OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Marion Shadduck
11. Present Address of Registrant: 2103 W 11th Ave POST FALLS IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 16 1982
12. Signature of Notary: Lila R Brundell
13. Notary Commission expires: 8-7 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Nov.23,1944	July27,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20 9/12yrs.	Coeur D'Alene, ID	------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother age 75yrs	s. Avery Shaddock	Sept.16,1982	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7,1919	Coeur d'Alene, ID	Mary Jeanette Furgason	Lester Carson Shadduck

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by church	Tinity Luthern Church	Oct.13,1982	Baptized Mar. 29,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.7,1919	Coeur d'Alene,ID	Mary Jeanette Furgason	Lester Carson Shadduck

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 21 1982

FORM BH 56067

9-7-82 Accpd Rev # 20775

OCT 21 1982

766-126-024-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAX M GOODMILLER		2. Date Of Birth (month) FEB (day) 26 (year) 1919	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: GOODING	b. City or Town of Birth: GOODING
FATHER	6. Full Name of Father: ROY MANN GOODMILLER		7. State or Country of Father's Birth: OKLAHOMA	
MOTHER	8. Full Maiden Name of Mother: KATHRYN VIRGINIA BECK		9. State or Country of Mother's Birth: PA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Max M. Goodmiller	11. Present Address of Registrant: 1726 MERRILL, ST	
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1982	12. Signature of Notary: Becky Greene	13. Notary Commission expires: 4-24 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Nov.11,1945	Date Orig. Entry: Apr.14,1942
	Date of Birth: Feb.26,1919	Birth Place: Gooding, Idaho	Full Name of Mother: ------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: National Ser. Life Ins.	Date Issued: Mar.1,1943	Date Orig. Entry:
	Date of Birth: Feb.26,1919	Birth Place: Gooding, Idaho	Full Name of Mother: Kathryn Virginia Goodmiller	Name of Father: Ray Mann Goodmiller
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Kathryn V. Goodmiller	Date Issued: Nov.16,1982	Date Orig. Entry: ----
	Date of Birth: Feb.26,1919	Birth Place: Gooding, Idaho	Full Name of Mother: Kathryn V. Goodmiller	Name of Father: Roy M. Goodmiller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 18 1982

FORM BH 56067 10-19-82 Rec'd 2330 1cc pd.

NOV 18 1982

251-129-010-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Hickman Beasley			2. Date Of Birth (month) 5 (day) 29 (year) 19	
	3. Color or Race: Caucasian	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Arel Harwood Beasley			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Mabel Irene Gray			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Hickman Beasley	11. Present Address of Registrant: 18321 94th Avenue N.E. Bothell, WA 98011	
NOTARY (Seal)	Subscribed and sworn to before me on: November 19, 1982		12. Signature of Notary: Norma Yost	13. Notary Commission expires: July 7 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cradle Roll		By whom issued and signed: Trinity Methodist Church	Date Issued: Oct. 1919	Date Orig. Entry:
	Date of Birth: May29,1919	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mrs. A. H. Beasley	Name of Father: Mr. A. H. Beasley	
SUPPORTING RECORD 2.	Type of Document: Census record		By whom issued and signed: Census Bureau	Date Issued: July12, 1982	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: 10 months	Birth Place: Idaho	Full Name of Mother: Mable G. Beasley	Name of Father: Able H. Beasley	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Navy	Date Issued: Oct.16,1945	Date Orig. Entry: Oct.5, 1939
	Date of Birth: May29, 1919	Birth Place: Idaho Falls, Ida.	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: NOV 24 1982

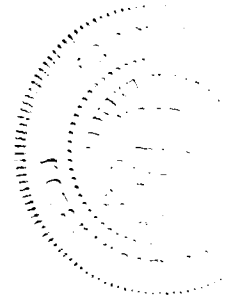
FORM BH 56067

1 Copy # 9223

4-23-82

Beasley

NOV 24 1982



381-125-028-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE82-287

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Rexford Chamberlain
2. Date Of Birth (month) (day) (year): September 25, 1919
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Worley

FATHER

6. Full Name of Father: Gilbert Cahmberlain
7. State or Country of Father's Birth: U.S.

MOTHER

8. Full Maiden Name of Mother: Lula Hilburn
9. State or Country of Mother's Birth: U.S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rexford Chamberlain
11. Present Address of Registrant: 127 BROWN DR. CLAREMONT CA 91711

NOTARY

Subscribed and sworn to before me on OFFICIAL SEAL LOIS WHITLEY NOTARY PUBLIC - CALIFORNIA ... 1982

12. Signature of Notary: Lois Whitley
13. Notary Commission expires: July 11 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Scail Security number	Social Security Administration	Apr.1982	Dec. 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.25,1919 Worley, Idaho	Lula Hilburn	Lewis G. Chamberlain	
SUPPORTING RECORD 2.	Honorable Discharge papers	United States Coast Guard	Oc.t25,1945	Mar.19,1942
	Sept.25,1919 Worley, Idaho	-----	------	
SUPPORTING RECORD 3.	Application for Employment	Consolidated Freightways	Nov.24,1982	June 29,1951
	Sept.25,1919 Worley, Idaho	------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	DEC 8 1982

FORM BH 56067 Copy Copy 23903 (delayed file) 62582

Chamberlain

DEC 8 1982

619-116-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-295

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorin Loveland Ward
2. Date Of Birth (month) (day) (year): August 16, 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
   b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: George Jones Ward
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Annie Luella Loveland
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorin L. Ward
11. Present Address of Registrant: 260 Ronglyn, Idaho Falls, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 13 1982
12. Signature of Notary: Dewan Silvester
13. Notary Commission expires: Nov 25, 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Blessed Sept.7,1919	Blessed Sept.7,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.16,1919	Iona, Idaho	Luella Loveland	George Jones Ward

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Sept.18,1927	Baptized Sept.11,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.16,1919	Iona, Idaho	A. Lovella Loveland	George J. Ward

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother age 77yrs	Wilford J.Ward	Dec.7,1982	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 16,1919	Iona, Idaho	Annie Luella Loveland	George Jones Ward

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	DEC 15 1982

FORM BH 56067 10CPdH 6238 (Library Copy) 12-10-82

DEC 15 1982

191-208-010-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-015

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nola Mae Arave
2. Date Of Birth (month) (day) (year): Jan 8 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Herchel Dell Arave
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mae Clark
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant:
11. Present Address of Registrant: 3113 8th St. Lewiston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 6 1981

12. Signature of Notary: William C. [illegible]

13. Notary Commission expires: 12/19 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother 87yrs	Mae Arave,	Dec.14,1982	Dec. 14, 1982
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.8,1919 / Idaho Falls, Ida.	Mae Clark Arave	Herchel Dell Arave	
SUPPORTING RECORD 2.	Marriage record	Kootenai Co., Idaho	Jan. 7,1983	May 16, 1948
	age 29 yrs / Idaho Falls, ID	-----	-------	
SUPPORTING RECORD 3.	Hospital Admission papers	St. Joseph's Hosp., Lewis, Ida	Dec. 1982	Aug. 12, 1957
	Jan.8,1919 / Idaho Falls, Ida.	Mae Clark	Herchel Arave	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly cc	JAN 21 1983

FORM BH 56067

JAN 21 1983

546-22-006-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gwendolyn Ivora Edwards			2. Date Of Birth (month) January (day) 25, (year) 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: -----			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Mary Marguerite Edwards			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gwendolyn Ivora Edwards		11. Present Address of Registrant: Box 863 Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 19 83	12. Signature of Notary: Norma E. Carlson		13. Notary Commission expires: March 20 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle age 78	By whom issued and signed: William A. Edwards		Date Issued: Aug 18,1982	Date Orig. Entry: -----
	Date of Birth: Jan.25,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Marguerite Edwards	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Page 56 History of Idaho book	By whom issued and signed: S. J. Clarke publishing Co.		Date Issued: 1920	Date Orig. Entry: -----
	Date of Birth: Jan.25,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Margaret Edwards	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Crookham Company		Date Issued: Mar.10,1971	Date Orig. Entry: ------
	Date of Birth: Jan.25,1919	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: fc	Date Filed

FORM BH 56067

1 cp pd rec # 14322

MAR 1 8 1983

248-213-039-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-117

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rowene Kujawa
2. Date Of Birth (month) (day) (year): August 13 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Power; b. City or Town of Birth: Rockland, Idaho

FATHER

6. Full Name of Father: Peter James Kujawa
7. State or Country of Father's Birth: Liberty Township Wisconsin

MOTHER

8. Full Maiden Name of Mother: Lou Sabrina Darling
9. State or Country of Mother's Birth: Washington State

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Rowene Kujawa Bromley
11. Present Address of Registrant: 3055 N. Main

NOTARY (Seal)

Notary Public - State of Nevada
Appointment Recorded in Washoe County
MY APPOINTMENT EXPIRES OCT. 28, 1984

Subscribed and sworn to before me on March 7 19 83

12. Signature of Notary: Jane Acorda
13. Notary Commission expires: Oct 28 19 84

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family record	mother	obviously old	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.13,1919 / Rockland, Idaho	------	------	
SUPPORTING RECORD 2.	Own childs birth certificate	Schiltz Mem. Hosp., Idaho	Nov.18,1940	-----
	Aug.13, 1919 / Rockland, Idaho	-----	------	
SUPPORTING RECORD 3.	Application for Soc. Sec. No.	Social Security Administration	Mar.31, 1983	Aug. 1938
	Aug.13,1919 / Rockland, Idaho	Lou Darling	Pete J. Kujawa	

QUALIFYING INFORMATION

Affidavit by Uncle, Earl N. Darling age 91years old, lists name as Rowene Kujawa
Affidavit dated Feb. 26,1983
born August 13, 1919 in Rockland, Idaho,Parents: Pete Kujawa and Lou Sabrina Darling

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 28 1983

FORM BH 56067 2-3-83 (wpd rev # 11663

APR 2 8 1983

Thornbery

443-221-032-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-138

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leslie Ora Mulliner
2. Date Of Birth (month) 2 (day) 21 (year) 1919
3. Color or Race: Cauc.
4. Sex: F
5. Place of Birth: a. County Lincoln; b. City or Town of Birth Shoshone

FATHER

6. Full Name of Father: Samuel R. Mulliner
7. State or Country of Father's Birth: Teshi Utah

MOTHER

8. Full Maiden Name of Mother: Louie L. Jackson
9. State or Country of Mother's Birth: Wales Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leslie Ora Mulliner
11. Present Address of Registrant: Shoshone Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 28 1983

12. Signature of Notary: Dorothy Selna
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	family book(record)	June 1,1919	Blessed June 1, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.21,1919	Shoshone, Idaho	-------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Thomas E. Jackson	July 8,1928 Baptized	Baptized July 8, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.21,1919	Shoshone, Idaho	Louie Jackson	Samuel R. Mulliner

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Applicationfor insurance	New York Life Ins. Co.	July 11, 1939	July 11, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.21,1919	Shoshone, Idaho	----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 20 1983

FORM BH 56067

lapel rec # 11989 2-8-83

Carothers

MAY 2 6 1983

369-11-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-140

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANCIS VIRGIL LORDS
2. Date of Birth (month) (day) (year): NOVEMBER 11 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: IDAHO; b. City or Town of Birth: BONNEVILLE; IDAHO FALLS

FATHER

6. Full Name of Father: CECIL WAYNE LORDS
7. State or Country of Father's Birth: UTAH, USA

MOTHER

8. Full Maiden Name of Mother: WACEL DORA GARDNER
9. State or Country of Mother's Birth: UTAH, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Francis L. Lords
11. Present Address of Registrant: 5235 MEDINA RD. Woodland Hills CA, 91364

OFFICIAL SEAL
PATRICIA E. SHELP
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires OCT 1, 1986

Subscribed and sworn to before me on: 5th day of May 1983

12. Signature of Notary: Patricia E. Shelp

13. Notary Commission expires: 10-1 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church, A. Stanley Crowley	Blessed Jan. 25, 1920	Blessed Jan. 25, 1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 11, 1919 / Idaho Falls, Idaho	Wacel D. Gardner	Cecil W. Lords	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination (Deacon)	By whom issued and signed: LDS Church	Date Issued: May 4, 1983	Date Orig. Entry: Oct. 2, 1932
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 11, 1919 / Idaho Falls, Idaho	Wacel Gardner	Cecil W. Lords	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Nov. 10, 1945	Date Orig. Entry: Nov 7, 1941
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 11, 1919 / Idaho Falls, Idaho	------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa Cleverly	MAY 23 1983

FORM BH 56067

MAY 2 3 1983

155-124-003-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorse Jensen			2. Date Of Birth (month) (day) (year): September 24, 1919
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Marsh Center
FATHER	6. Full Name of Father: John Vamous Jensen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Veda Orene Gunter			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorse Jensen		11. Present Address of Registrant: P.O. Box 1598 Fairbanks AK 99707
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1983	12. Signature of Notary: Linda Gallinger		13. Notary Commission expires: 2/11 1986

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record	By whom issued and signed: Mrs. John V. Jensen(mother)	Date Issued: Obviously old	Date Orig. Entry	
	Date of Birth: Sept.24,1919	Birth Place: Marsh Center,ID	Full Name of Mother: Veda Orine Gunter	Name of Father: John Vamous Jensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 89yrs	By whom issued and signed: Veda Orene Jensen	Date Issued: Apr.8,1983	Date Orig. Entry: ----	
	Date of Birth: Sept.24,1919	Birth Place: Marsh Center,ID	Full Name of Mother: Veda Orene Gunter	Name of Father: John Vamous Jensen	
SUPPORTING RECORD 3.	Type of Document: Blessing record	By whom issued and signed: LDS Church	Date Issued: Blessed Jan.4,1920	Date Orig. Entry: Blessed Jan. 4, 1920	
	Date of Birth: Sept.24,1919	Birth Place: Marsh Center,ID	Full Name of Mother: Veda Orien Gunter	Name of Father: John V. Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 25 1983

FORM BH 56067

100 pd # 18315

4-1883

Green

MAY 25 1983

366-209-014-748

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-168

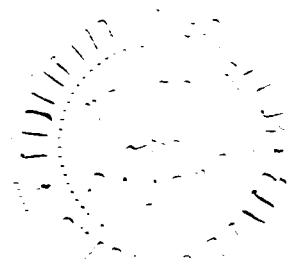
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Mary Bowen			2. Date Of Birth (month) Sept. (day) 9, (year) 1919
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Walter Hiriam Bowen			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Guyett			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Mary O'Very		11. Present Address of Registrant: 4377 Johns Landing Way
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 19 83	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20, 19 86

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: on file - Idaho	Date Issued: -----	Date Orig. Entry: child born Jan 9, 1939
	Date of Birth: age 19 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 71	By whom issued and signed: R. D. Earl Bowen	Date Issued: Apr.10,1981	Date Orig. Entry: ----
	Date of Birth: Sept. 9,1919 / Birth Place: Nampa, Idaho	Full Name of Mother: Mary Elizabeth Bowen	Name of Father: Walter Hiriam Bowen	
SUPPORTING RECORD 3.	Type of Document: U. S. Census Record	By whom issued and signed: U. S. Dept. of Commerce	Date Issued: Jun.13,1983	Date Orig. Entry: Census taken April 1, 1930
	Date of Birth: age 10 / Birth Place: Idaho	Full Name of Mother: Mary Bowen	Name of Father: Walter H. Bowen	
QUALIFYING INFORMATION	Mother's death certificate on file in Idaho May 8, 1968 gives maiden name as Guyett, brother signed as informatin, Roy E. bowen			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: Florence Curtright		Date Filed: June 16, 1983

K FORM BH 56067

FN #21365



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-195

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Lola Ralph			2. Date Of Birth (month) 6 (day) 21 (year) 1919	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caldwell	Canyon	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: Albert Edward Ralph			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Mary Ruth (Ralph) Lewis			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth L. McGowan		11. Present Address of Registrant: 1605 S.W. 22nd Pendleton, Oregon 97801	
NOTARY (Seal)	Subscribed and sworn to before me on: May 23, 1983	12. Signature of Notary: Mary K. Whitten		13. Notary Commission expires: November 1986	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 63yrs	By whom issued and signed: Mary Ruth Ralph	Date Issued: May24,1983	Date Orig. Entry: -----
	Date of Birth / Birth Place: June 21,1919 Caldwell, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Family Bible record	By whom issued and signed: mother, Mary Ruth Ralph	Date Issued: Obviously Old	Date Orig. Entry: ----
	Date of Birth / Birth Place: June 21,1919 Caldwell, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security number	By whom issued and signed: Social Security Administration	Date Issued: Apr.15,1940	Date Orig. Entry: July 1983
	Date of Birth / Birth Place: June 21, 1919 Caldwell, Ida.	Full Name of Mother: Ruth Lewis	Name of Father: Albert Edward Ralph	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 1 1983

FORM BH 56067

Copy pd. # 2427

5-23-83

Written

AUG 1 1983

215-208-003-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fontella Sant			2. Date Of Birth (month) 5 (day) 8 (year) 19	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cleveland Bonneville	b. City or Town of Birth: CLEVELAND	
FATHER	6. Full Name of Father: Preston G. Sant			7. State or Country of Father's Birth: U.S.A	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Ransom (Libby)			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fontella Sant Fillmore		11. Present Address of Registrant: Burley Ida	
NOTARY (Seal)	Subscribed and sworn to before me on 7-21 1983	12. Signature of Notary: Paul B. Young		13. Notary Commission expires 3-31 1987	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge papers	By whom issued and signed: U.S. Coast Guard Reserve		Date Issued: June 27,1944	Date Orig. Entry: Jan.17,1944
	Date of Birth: May 8,1919	Birth Place: Cleveland, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Edgar O. Nelson		Date Issued: Apr.11,1983	Date Orig. Entry: Oct.5,1919
	Date of Birth: May 8, 1919	Birth Place: Cleveland, Idaho	Full Name of Mother: Mary E. Ransom	Name of Father: Preston G. Sant	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, J. LeRoy Pond		Date Issued: Apr.11,1983	Date Orig. Entry: Aug.3,1929
	Date of Birth: May 8, 1919	Birth Place: Cleveland, Idaho	Full Name of Mother: Mary E. Ransom	Name of Father: Preston G. Sant	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 2 1983

FORM BH 56067 4-5-83 Receipt rec # 18215

Fillmore

AUG 2 1983

... 3 1 1990

619-206-016-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-203

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LORNA WARD
2. Date Of Birth: November 6 1919
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Moroni William Ward
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Alice Lillian McBride
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorna W. Olson
11. Present Address of Registrant: 8410 Brynwood Drive

NOTARY (Seal)

Subscribed and sworn to before me on June 24, 19 83
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 20, 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - # 296840	-----	child born July 5,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20	Burley, Idaho	--------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
ertificate of Blessing	LDS Church Declo, Idaho	Blessed May 2,1920	Blessed May 2, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1919	Burley, Idaho	Alice L. McBride	Moroni Ward

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth age 74yrs	Carl W. Olson	July 26,1983	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1919	Burley, Idaho	Alice McBride Ward	Moroni W. Ward

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

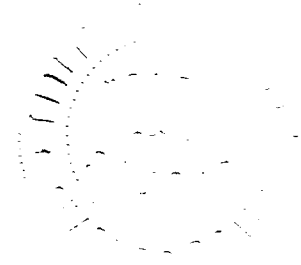
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	fc Teresa L. Cleverly	AUG 4 1983

FORM BH 56067

6-24-83

Alison

AUG 4 1983



Dag-10-010-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ronald Lewis Bird		2. Date Of Birth (month) (day) (year): July 1st 1919	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Milo Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: Lewis Richard Bird		7. State or Country of Father's Birth: Utah - United States	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Davis		9. State or Country of Mother's Birth: Idaho - America	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ronald Lewis Bird	11. Present Address of Registrant: 803 Wayne Pocatello-Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 13 1982	12. Signature of Notary: [illegible]	13. Notary Commission expires: 12-2-1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Patriarchal Blessing	By whom issued and signed: George F. Richards	Date Issued: Jan.9,1941	Date Orig. Entry: Jan. 9, 1941
	Date of Birth: July 1, 1919 / Birth Place: Milo, Idaho	Full Name of Mother: Mary Ann Davis	Name of Father: Lewis Richard Bird	
SUPPORTING RECORD 2.	Type of Document: Deacon certif. of Ordination	By whom issued and signed: LDS Church , John O.Newman	Date Issued: Aug.30,1931	Date Orig. Entry: Baptized May20,1928
	Date of Birth: July 1,1919 / Birth Place: Milo, Idaho	Full Name of Mother: Mary Ann Davis	Name of Father: Lewis R. Bird, Jr.	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certif.	By whom issued and signed: State of Idaho #61-11151	Date Issued: Sept.26,1980	Date Orig. Entry: child born Sept.13,1961
	Date of Birth: age 42yrs / Birth Place: Milo, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 8 1983

FORM BH 56067

6/16/81

SEP 8 1983

143-103-029-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-239

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Edward Jutte
2. Date Of Birth (month) (day) (year): NOV 3 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Genesee Latah
b. City or Town of Birth: Genesee

FATHER

6. Full Name of Father: Ed Jutte
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Carrie Schornhorst
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne Jutte
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on July 13 1983
12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: april 3 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother age 86yrs	Carrie Jutte	Feb.14, 1983	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.3,1919	Genesee, Idaho	Carrie C. Schornhort	Edward F. Jutte

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho#419136	child born Apr.12,1946	child born Apr.12, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 26yrs	Genesee, Idaho	------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security administration number	Social Security Admin.	July29,1983	Oct. 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.3,1919	Genesee, Idaho	Carrie Schornhorst	Ed F. Jutte

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 21 1983

FORM BH 56067

11-22-82 lccpd nv # 5524

Tufts

SEP 21 1983

757-104-004-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE83-244

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Irwin Roland Pepper			**2. Date of Birth** (month) (day) (year) March 4, 1919
	3. Color or Race White	**4. Sex** Male	**5. Place of Birth** a. County Bear Lake	b. City or Town of Birth Montpelier
FATHER	**6. Full Name of Father** Irvin Raymond Pepper			**7. State or Country of Father's Birth** Idaho
MOTHER	**8. Full Maiden Name of Mother** Vera May Jacobs			**9. State or Country of Mother's Birth** Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant** Irwin Roland Pepper		**11. Present Address of Registrant** ~~30844 [illegible]~~ P.O. Box 3554 Federal Way, Wash. 98003
NOTARY (Seal)	Subscribed and sworn to before me on August 23 1983	**12. Signature of Notary** Elizabeth H. Taylor		**13. Notary Commission expires** 2-2 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document** Certificate of Baptism		**By whom issued and signed** LDS Church, Walter N.Rose	**Date Issued** Baptized Apr.1,1928	**Date Orig. Entry** Baptized Apr.1,1928
	Date of Birth Mar.4,1919	**Birth Place** Montpelier, Idaho	**Full Name of Mother** Vera Jacobs	**Name of Father** Irvin Rulen Pepper	
SUPPORTING RECORD 2.	**Type of Document** Honorable Discharge papers		**By whom issued and signed** U.S. Navy	**Date Issued** Oct.30,1945	**Date Orig. Entry** May27,1944
	Date of Birth Mar.4,1919	**Birth Place** Montpelier,Idaho	**Full Name of Mother** ----	**Name of Father** -----	
SUPPORTING RECORD 3.	**Type of Document** V. A. Claim record		**By whom issued and signed** Veterans ADministration	**Date Issued** Oct.17, 1946	**Date Orig. Entry** Oct. 30, 1945
	Date of Birth Mar.4,1919	**Birth Place** Montpelier, Idaho	**Full Name of Mother** -----	**Name of Father** ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar Bee Biggs, R.N.	**Evidence reviewed by** tc Teresa L. Cleverly	**Date Filed** SEP 23 1983

K FORM BH 56067

Pepper

SEP 23 1983

DECEASED

415-128-003-419
(Franklin Co. 1946)

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-266

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifford Arthur Manhart
2. Date Of Birth (month) June (day) 28 (year) 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County Bannock Caribou; b. City or Town of Birth: Thatcher

FATHER

6. Full Name of Father: Arthur Robert Manhart
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Myrtle Isobell Martinsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clifford Arthur Manhart
11. Present Address of Registrant: RI Box 137 Grace Idaho

NOTARY (Seal)

Subscribed and sworn to before me on October 3, 1983

12. Signature of Notary: Clara Ann Stone
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	ertificate of Blessing	LDS Church	Blessed Aug. 3, 1919	Blessed Aug. 3, 1919
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 28, 1919 Thatcher, Idaho	Myrtle Isabell Martinson	Arthur Robert Manhart	
SUPPORTING RECORD 2.	Affidavit by mother	Myrtle Isabel M. Manhart	Sept. 27, 1983	-----
	June 28, 1919 Thatcher, Idaho	Myrtle Isabel Martinson	Arthur Robert Manhart	
SUPPORTING RECORD 3.	Application for insurance	Beneficial Life Ins. Co.	Oct. 23, 1944	Oct. 23, 1944
	June 28, 1919 Thatcher, Idaho	-----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 21 1983

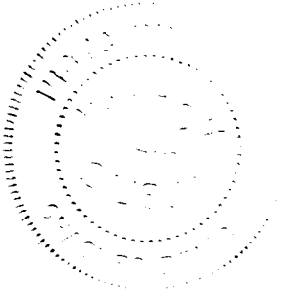
FORM BH 56067 recpd # 4387

9-9-83

Monsanto

OCT 21 1983

OCT 25 2006



655-113-010-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-270

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEALAND WEEKS			2. Date Of Birth (month) Jan (day) 13 (year) 1919
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Irwin (home) a. County: Bonneville	b. City or Town of Birth: IRWIN
FATHER	6. Full Name of Father: Thomas Henry Weeks			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Orilla Harmon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lealand Weeks		11. Present Address of Registrant: Route #2, Box 235 Preston, Idaho 83263
NOTARY (Seal)	Subscribed and sworn to before me on: October 18, 1983	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: L.D.S.Church-Historical Dept	Date Issued: May 15,1979	Date Orig. Entry: Aug 1930	
	Date of Birth: Jan.13,1919	Birth Place: Irwin,Idaho	Full Name of Mother: Arilla Harmon	Name of Father: Thomas H. Weeks	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Utah-# 50-30916	Date Issued: Oct.1950	Date Orig. Entry: child born Oct.4,1950	
	Date of Birth: Age 31	Birth Place: Irwin, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Aug 31,1930	Date Orig. Entry: Baptized Aug 30,1930	
	Date of Birth: Jan.13,1919	Birth Place: Irwin, Idaho	Full Name of Mother: Orilla Harmon	Name of Father: Thomas Henry Weeks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible], R.N.	Florence Curtright	October 25, 1983

FORM BH 56067

11-12

Weeks

OCT 25 1983

270

142-220-021-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILLIE ROSE AUSTIN			2. Date Of Birth (month) (day) (year): February 20, 1919
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Treasureton
FATHER	6. Full Name of Father: Charles R. Austin			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rose May Sant			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Millie Rose Allison		11. Present Address of Registrant: 1509 Rockland Ave Renton Wa 98056
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1983	12. Signature of Notary: Joyce Eckhardt		13. Notary Commission expires: 10-1 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth	By whom issued and signed: LDS Church,		Date Issued: July 5,1983	Date Orig. Entry: July 3, 1927
	Date of Birth: Feb.20,1919	Birth Place: Treasureton, Idaho	Full Name of Mother: Rose May Sant	Name of Father: Charles R. Austin	
SUPPORTING RECORD 2.	Type of Document: Application for Employment	By whom issued and signed: Renton Hospital, Renton, Washington		Date Issued: Sept.5,1967	Date Orig. Entry: Sept. 5, 1967
	Date of Birth: Feb.20,1919	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church membership record	By whom issued and signed: LDS Church, SLC, Utah		Date Issued: Mar.25,1981	Date Orig. Entry: May 4,1919
	Date of Birth: Feb.30,1919	Birth Place: Idaho	Full Name of Mother: Rose May Sant	Name of Father: Charles R. Austin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: NOV 30 1983

FORM BH 56067

9-23-83

Nelson

NOV 30 1983
NOV 05 1996

852-107-006-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Odean Lot Hess			2. Date Of Birth (month) June (day) 7, (year) 1919	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Lot Smith Hess			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ellen Louise Barkdull			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Odean Lot Hess	11. Present Address of Registrant: 3873 S. 4400 W Salt Lake City, Utah 84120	
NOTARY (Seal)	Subscribed and sworn to before me on 11-29 19 83		12. Signature of Notary: Marilyn Harris	13. Notary Commission expires: March 21 19 84	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Ch8rch, Bingham 2 Ward	Date Issued: Blessed Aug.3,1919	Date Orig. Entry: Blessed Aug. 3, 1919
	Date of Birth: June 7,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Ellen Louise Barkdull	Name of Father: Lot Smith Hess	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church,Bingham 2, Ward	Date Issued: Baptized July 2,1927	Date Orig. Entry: Baptized July 2, 1927
	Date of Birth: June 7,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Ellen L. Barkdull	Name of Father: Lot S. Hess	
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-brother age: 76yrs		By whom issued and signed: Vernon M. Hess	Date Issued: Oct.8,1982	Date Orig. Entry: ----
	Date of Birth: June 7,1919	Birth Place: Shelley, Idaho	Full Name of Mother: Ellen Louise Barkdull	Name of Father: Moroni Hess	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 6 1983

FORM BH 56067 10 Copies

is Delayed(CH) 11-7-83

STATE REGISTRAR, TC, & FILE DATE ADDED 11/7/2013-LLE

DEC 6 1983

155-128-001-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-315

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Eldon Jensen		2. Date Of Birth (month) Aug (day) 28 (year) 1919
	3. Color or Race: white	4. Sex: M.	5. Place of Birth a. County: Boise; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Charles Carl Jensen		7. State or Country of Father's Birth: Malad - Idaho
MOTHER	8. Full Maiden Name of Mother: Anna Schwab		9. State or Country of Mother's Birth: Berlin, Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank E. Jensen	11. Present Address of Registrant: 651 no 2nd East
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 1983	12. Signature of Notary: Dodie Larsen	13. Notary Commission expires: 7-31 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Elwood Ward	Date Issued: Baptized June 27,1929	Date Orig. Entry: Baptized June 27, 1929
	Date of Birth: Aug.28,1919	Birth Place: Boise, Idaho	Full Name of Mother: Anna Schwab	Name of Father: Charles Jensen
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army	Date Issued: Jan.26,1946	Date Orig. Entry: Jan.12,1945
	Date of Birth: Aug.28,1919	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Brigham City,UT	Date Issued: Blessed Jan.4,1920	Date Orig. Entry: Blessed Jan.4,1920
	Date of Birth: Aug.28,1919	Birth Place: Boise, Idaho	Full Name of Mother: Regina Schwab	Name of Father: Charles Carl Jensen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	DEC 23 1983

FORM BH 56067 ICOPY # 10927

11-16-83

Jensen

DEC 23 1983

DELAYED

DELAYED

dup of 1919-72215

396-230-020-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-031

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Crockett
2. Date Of Birth (month) (day) (year): Aug 30 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: King Hill Ida Elmore
b. City or Town of Birth: King Hill Idaho

FATHER

6. Full Name of Father: Alvin Daird Crockett
7. State or Country of Father's Birth: Logan Utah

MOTHER

8. Full Maiden Name of Mother: Emma Christina Jensen
9. State or Country of Mother's Birth: Preston Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Tindall
11. Present Address of Registrant: Rt. B Box 169 Burneau Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: February 23 1984
12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Tree Book	Donna Hopkins Scott	April 1968	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 30, 1919	King Hill, ID	Emma Christina Jensen	Alvin David Crockett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth certif.	State of Idaho #279104	child born Apr. 6, 1939	child born Apr. 6, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19yrs	King Hill, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 76yrs	Oleah True	Feb. 23, 1984	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 30, 1919	King Hills, Idaho	Emma Christina Crockett	Alvin David Crockett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 23 1984

FORM BH 56067

5-9-83

Tindall

FEB 23 1984

855-106-022-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-036

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucius Dayley Hendricks
2. Date Of Birth (month) (day) (year): April 6 1919
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Marysville Fremont
b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: Lucius Hale Hendricks
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Claudia Genette Dayley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: L Dayley Hendricks
11. Present Address of Registrant: 236 N 100 E St Firth Bingham Idaho 83236

NOTARY (Seal)

Subscribed and sworn to before me on: JAN. 31 1984

12. Signature of Notary: Jane C McLeay
13. Notary Commission expires: LIFETIME APP'T

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt age 88yrs	Nettie Dayley Telford	Apr.11,1983	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
apr.6,1919	Marysville, Idaho	Claudia Genette Dayley	Lucius Hale Hendricks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Blessing record	LDS Church, Phil Mecham, Ward Clerk	Blessed Aug.3,1919	Blessed Aug.3,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.6,1919	Marysville, Idaho	Claudia Genette Dayley	Lucius Hale Hendricks

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Archer Ward, ID	Aug.13,1927	Aug.6,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.6,1927	Marysville, Idaho	Claudia Dayley	Lucius H. Hendricks

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 1 1984

FORM BH 56067

MAR 1 1984

719-111-010-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Arthur Park		2. Date Of Birth (month) Sept. (day) 11 (year) 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Taylor
FATHER	6. Full Name of Father: Hugh Park		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Bertha Bolton		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Arthur Park	11. Present Address of Registrant: Rt 1, Box 132, Shelley 83274	
NOTARY (Seal)	Subscribed and sworn to before me on March 6 19 84	12. Signature of Notary: Teresa L. Christensen	13. Notary Commission expires: Continuous 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Taylor Ward, Ida.	Date Issued: Blessed Nov. 2, 1919	Date Orig. Entry: Blessed Nov. 2, 1919
	Date of Birth: Sept. 11, 1919	Birth Place: Taylor, Idaho	Full Name of Mother: Bertha Bolton	Name of Father: Hugh Park
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: Bonneville Co, Idaho	Date Issued: Nov. 16, 1949	Date Orig. Entry: Nov. 16, 1949
	Date of Birth: age 30yrs	Birth Place: Taylor, Idaho	Full Name of Mother: -------	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Discharge papers (honorable)	By whom issued and signed: United States Army	Date Issued: Nov. 22, 1946	Date Orig. Entry: Oct. 16, 1945
	Date of Birth: Sept. 11, 1919	Birth Place: Taylor, Idaho	Full Name of Mother: ----	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: APR 10 1984

FORM BH 56067 84/pcp #20277

3-2-84

Dan

APR 10 1984

217-231-021-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LASCA MATELDA BAXTER			2. Date Of Birth (month) 8 (day) 31 (year) 19	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: BANIDA	
FATHER	6. Full Name of Father: DON CARLOS BAXTER			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: OLIVE IRENE SLEIGHT			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lasca B. Johnson	11. Present Address of Registrant: 3533 S 6935 W WVC, UTAH 84120	
NOTARY (Seal)	Subscribed and sworn to before me on: 2/22 19 84		12. Signature of Notary: Dawn D. Hunt	13. Notary Commission expires: 2/14 19 87	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Banida, Idaho	Date Issued: Blessed Oct.12,1919	Date Orig. Entry: Blessed Oct.12, 1919
	Date of Birth: Aug.31,1919	Birth Place: Banida, Idaho	Full Name of Mother: Olive Sleight	Name of Father: Donald C. Baxter	
SUPPORTING RECORD 2.	Type of Document: Own son's birth certificate		By whom issued and signed: State of Utah	Date Issued: Apr.11,1945	Date Orig. Entry: child born Apr.3,1943
	Date of Birth: age:23yrs	Birth Place: Banida, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptismal		By whom issued and signed: LDS Church	Date Issued: Baptized July 10, 1928	Date Orig. Entry: Baptized July 10, 1928
	Date of Birth: Aug.31,1919	Birth Place: Banida, Idaho	Full Name of Mother: Olive Irene Sleight	Name of Father: Don Carlos Baxter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 17 1984

FORM BH 56067 $4 pd A 18570

2-16-84

Johnson

APR 17 1984

168-123-010-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-091

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eldon George Johnson
2. Date Of Birth (month) (day) (year): March 23 1919
3. Color or Race: Caucasian
4. Sex: M
5. Place of Birth a. County: Idaho Falls Id. Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: George Waldamer Johnson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ethel Leona Stoddard
9. State or Country of Mother's Birth: Idaho or Utah ?

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eldon George Johnson
11. Present Address of Registrant: 1302 E Alameda Pocatello Id 83201

NOTARY (Seal)

Subscribed and sworn to before me on: April 12 1984
12. Signature of Notary: Jaye Erickson
13. Notary Commission expires: 2-14 1988

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of marriage	Recorder Bannock County-Emmett Spraker	Aug.1,1969	Aug.1,1969
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.23,1919 / Idaho Falls, ID	------	------	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church	May 25,1928	Baptized May 20,1928
	Mar.23,1919 / Idaho Falls,ID	Ethel Leona Stoddard	George W. Johnson	
SUPPORTING RECORD 3.	Honorable Discharge	U. S. Navy	Feb.23,1946	Entered Aug.28,1944
	Mar.23,1919 / Idaho Falls, ID	------	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Peggy Dugger, R.N.	Florence Curtright	April 30,1984

FORM BH 56067

#4pd#23221

4-3-84

Johnson

APR 30 1984

DECEASED

160

491-110-019-538

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-095

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RAMON Joesph DIAZ
2. Date Of Birth (month) 10 (day) 10 (year) 19
3. Color or Race:
4. Sex: M
5. Place of Birth a. County: Custer
b. City or Town of Birth: MACKEY, IDAHO

FATHER

6. Full Name of Father: Emil DIAZ
7. State or Country of Father's Birth: SPAIN

MOTHER

8. Full Maiden Name of Mother: Beatrice Echeverra
9. State or Country of Mother's Birth: SPAIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ramon Diaz
11. Present Address of Registrant: 210 N. main Mtn Home Ida. 83647

NOTARY (Seal)

Subscribed and sworn to before me on: April 30 19 84
12. Signature of Notary: Linda L. Cleverly
13. Notary Commission expires: april 3 19 85

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	U. S. Maine Corps	Jan.23,1947	Nov.16,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.10,1919	Mackay, Idaho	----	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own daughter's birth certif.	State of Idaho #2417	born Mar.10,1952	born Mar.10, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32yrs	Mackay, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(at time of birth Affidavit by friend of family	John Chacartegui	May 1,1984	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.10,1919	Mackey, Idaho	Beatrice Echeverria	Emil Diaz

QUALIFYING INFORMATION

Baptismal record from St. Bernard's Church, Blackfoot, Idaho gives name as Ramon Diaz born Oct. 1919 to Emil Diaz and Beatrice Echeveria. Baptized Oct. 25,1919. Copy made July 21, 1975.

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

State Registrar	Evidence reviewed by	Date Filed
Lee Riggs, R.N.	tc Florence Curtright	May 1, 1984

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FORM BH 56067

3-30 84

Diaz

MAY 1 1984
JUN 2 8 1988

DECEASED

560

236-122-015-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-112

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert William Stoor
2. Date of Birth (month) (day) (year): April 22, 1919
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Caribou
   b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Mathias Stoor
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Sarah Elizabeth Lewis
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert W Stoor
11. Present Address of Registrant: Wayan, Idaho 83285

NOTARY (Seal)

Subscribed and sworn to before me on: April 22, 1984
12. Signature of Notary: Marilyn G. Swain
13. Notary Commission expires: April 15, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Oct.11,1945	Nov.6,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Soda Springs, ID	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church membership record	LDS Church, SLC, Utah	July 6,1974	July 2, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Soda Springs, ID	Sarah Elizabeth Lewis	Mathias Stoor

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by family friend age 78	Oscar Vias	Apr.23,1984	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.22,1919	Soda Springs, ID	Sarah Elizabeth Lewis	Mathias Stoor

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Clverly	MAY 14 1984

FORM BH 56067

7-2081

STOW

MAY 14 1984

866-223-005-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-139

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellah Mae Howe (Blaschke)
2. Date Of Birth: October 23, 1919
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Benewah; b. City or Town of Birth: Plummer

FATHER

6. Full Name of Father: Orville Kingston Howe
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Elva Johanna Hansen
9. State or Country of Mother's Birth: Washington Spokane County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellah Mae Howe Blaschke
11. Present Address of Registrant: 7635 N E Sacramento

NOTARY (Seal)

Subscribed and sworn to before me on: June 23rd 1983

12. Signature of Notary: Colleen Janam
13. Notary Commission expires: My Commission Expires Aug 31, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt age 88	Christine Pottratz	Sept.24,2983	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.23,1919	Plummer	Elva Hansen Howe	Orville H. Howe

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
College Transcript	University of Idaho	Apr.28,1964	Graduated H.S. 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.23,1919	Plummer, Idaho	Elva Hanson	Ernest F.Gaffney(stepfather)

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Marshal Report	Auditor Benewah County	Oct.27,1983	Census taken 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.23,1919	Idaho	Elva Howe	Orville Howe

QUALIFYING INFORMATION

Marriage record of parents shows names as Orville Howe married to Elva Hansen on December 6, 1917, in Spokane, Washington.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible], R.N.	Florence Curtright	June 12,1984

FORM BH 56067 1-13-83 (copd rev # 8950

Blaschke

JUN 12 1984

613-222-015-657

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hermina Alberta Falkenberg		2. Date Of Birth (month) (day) (year): July 22 1919	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Herman Adelbert Falkenberg		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Besse Elizabeth M. Wegener		9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alberta H. Schuchardt	11. Present Address of Registrant: 12800 West 15th Drive Golden, Colorado 80401	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary: Shirley A. Riedel	13. Notary Commission expires: My Commission Expires Nov. 27, 1986 10403 West Colfax Avenue Lakewood, Colorado 80215 19 84	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle age 71yrs	By whom issued and signed: William G. Wegerner	Date Issued: Aug17, 1973	Date Orig. Entry: ----
	Date of Birth: July22,1919	Birth Place: Soda Springs, ID	Full Name of Mother: Elizabeth Wegener	Name of Father: Herman A. Falkenberg
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: USN	Date Issued: 11-5-45	Date Orig. Entry: 11-5-45
	Date of Birth: 7-22-19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Application for Social Security	By whom issued and signed: Social Security Admn.	Date Issued: 3-18-38	Date Orig. Entry: 3-18-38
	Date of Birth: 7-22-19	Birth Place: Soda Springs ID	Full Name of Mother: Bessie Elizabeth Wegner	Name of Father: Herman Adelbert Falkenberg
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Peo Driggs, R.M.	Evidence reviewed by: James J. Stewart	Date Filed: 10-25-84

FORM BH 56067

ICcpd # 33611 (1968)

2-7-83

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OCT 25 1984

652-203-040-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-259

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ethleen Webb
2. Date Of Birth (month) (day) (year): February 3, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Kellog, Idaho — a. County: Shoshone — b. City or Town of Birth: Kellog, Idaho

FATHER

6. Full Name of Father: Fred L. Webb
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Nellie Isabel Goodrich
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret E. Webb Thompson
11. Present Address of Registrant: 5301 Morris Ave. Fort Worth Tex 76112

NOTARY (Seal)

Subscribed and sworn to before me on: January 25 19 84
12. Signature of Notary: Marilyn Lee
13. Notary Commission expires: 6-30 19 84

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother age 97yrs	Nellie Isabel Goodrich Webb	Jan.13, 1984	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1919	Kellogg, Idaho	Nellie Isabel Goodrich	Fred L. Webb

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage affidavit	Erie Co, Pennsylvania	Dec.14,1983	Oct.23,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1919	Kellogg, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security	Treasury Department	---	June 15, 39

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb 3, 19	Kellog ID	Nellie Isabel Goodrich	Fred Webb

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Driggs, R.N.	tc James J. stewart	12-18-84

FORM BH 56067

Receipt #12838

12-8-83

Webb

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-009

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Hans Nelson
2. Date Of Birth (month) (day) (year): July 7, 1919
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Cleveland

FATHER

6. Full Name of Father: Anthon Nelson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Effie G. Jensen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd H. Nelson
11. Present Address of Registrant: 818 So 129th Pl Seattle, Wa 98168

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 11, 1985
12. Signature of Notary: Bernard Lam
13. Notary Commission expires: 11/22 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church Cleveland Ward, ID	Blessed Aug. 3, 1919	Blessed Aug. 3, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7, 1919	Cleveland, Idaho	Effie G. Jensen	Anthon Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Gooding Ward, ID	Aug. 7, 1927	Baptized ~~Aug. 4, 1919~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7, 1919	Cleveland, ID	Effie Jensen	Anthon Nelson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Jan. 20, 1946	Oct. 20, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7, 1919	Cleveland, Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JAN 17 1985

FORM BH 56067

Delayed F.L. 12-6-84

JAN 17 1985

FEB 1 1985

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-087

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rhoda Leigh Johnson
2. Date Of Birth (month) (day) (year): Nov. 19 1919
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Shelley Idaho
b. City or Town of Birth: Shelley Idaho

FATHER

6. Full Name of Father: Wilma Harmon Johnson
7. State or Country of Father's Birth: Utah County Utah

MOTHER

8. Full Maiden Name of Mother: Fern Ann Gough
9. State or Country of Mother's Birth: Utah County Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rhoda J. Edwards
11. Present Address of Registrant: 445 W. 1200 No. Lehi Utah 84043

NOTARY (Seal)

Subscribed and sworn to before me on Sept 19 1984

12. Signature of Notary: Marilyn Schiess
13. Notary Commission expires: 6-7 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Shelley 2nd Ward, Idaho	Blessed Feb. 1, 1920	Blessed Feb. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 19, 1919	Shelley, Idaho	Fern Gough	Wilma Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Sealing of children to parents	LDS Church(Salt Lake City,UT	May 27,1936	May 27, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.19,1919	Shelley, Idaho	Fern Ann Gough	Wilma Harmon Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Utah	May 16, 1985	child born Dec.31,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20 yrs.	Idaho	----	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 21 1985

FORM BH 56067 Rev 4/84 8702

8-10-89

Edwards

MAY 2 1 1985

533-203-036-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-126

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie C. Ellis
2. Date Of Birth (month) (day) (year): July 3, 1919
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Stone

FATHER

6. Full Name of Father: Leslie Alonzo Ellis
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Marthella May Clayton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie C. Ellis
11. Present Address of Registrant: 150 Kern #22 Salinas, Ca.

NOTARY

Subscribed and sworn to before me on: June 18 1985

12. Signature of Notary: Alice Atwood
13. Notary Commission expires: April 4 1988

OFFICIAL SEAL ALICE ATWOOD NOTARY PUBLIC-CALIFORNIA MONTEREY COUNTY My Commission Expires Apr. 4, 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by uncel age 72yrs	Donald N. Clayton	Apr.24,1985	-----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 3, 1919 Stone, Idaho	Marthella May Clayton	Leslie Alonzo Ellis	
SUPPORTING RECORD 2.	Church certificate of Birth	LDS Church, Salt Lake City, UT	June 22,1945	Oct.17, 1937
	July 3, 1919 Stone, Idaho	Marthella Clayton	Leslie A. Ellis	
SUPPORTING RECORD 3.	Own daughter's birth certif.	State of Utah	Apr.16,1948	child born June 18, 1942
	age 22yrs Stone, Idaho	----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	AUG 12 1985

FORM BH 56067

6-13-85

AUG 1 2 1985

643.209.019.689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-157

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carol Jessie Fullmer
2. Date Of Birth (month) (day) (year): December 9 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Custer
b. City or Town of Birth: Darlington, Idaho

FATHER

6. Full Name of Father: William Price Fullmer
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Fannie Verona Whiting
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carol Fullmer Christensen
11. Present Address of Registrant: Route 6, Box 188 Idaho Falls, Idaho 83401

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 15 1985
12. Signature of Notary: Lorin P. Barlow
13. Notary Commission expires: Aug 1 1989

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church Geo L. Hart	Feb 4, 28	Feb 4, 28
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 9, 19 / Idaho	Fannie V. Whiting	William P. Fullmer	
SUPPORTING RECORD 2.	Affidavit by sister	Margaret F. Barlow	Oct 9. 85	----
	Dec 9, 19 / Darlington ID	----	----	
SUPPORTING RECORD 3.	School record	Bringham Young University	Aug 18, 65	May 24 56
	Dec 9, 19 / Darlington ID	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

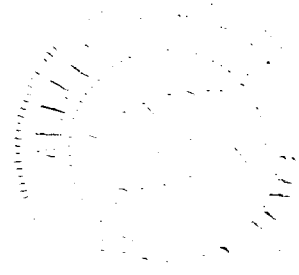
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Peggy, R.N.	James J. Stewart	Oct 29, 1985

FORM BH 56067 Rev 12-74 #51973

C. GAUSTAD

OCT 29 1985



386-117-006-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Levi Hoem Thompson		2. Date Of Birth (month) Dec (day) 17 (year) 1919
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bingham; b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: Neils Christian Thompson		7. State or Country of Father's Birth: Jutland Denmark
MOTHER	8. Full Maiden Name of Mother: Josephine Hoem.		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Levi Thompson	11. Present Address of Registrant: 75 Center Ave. Leonardo, N.J. 07737
NOTARY (Seal)	Subscribed and sworn to before me on: April 10, 19 86	12. Signature of Notary: Jean M. Durling	13. Notary Commission expires: July 14, 19 87

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: France	Date Issued: 1954	Date Orig. Entry: Sept. 1954
	Date of Birth: Dec.17,1919 / Birth Place: Basalt, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Honorabel discharge papers	By whom issued and signed: US Navy	Date Issued: Mar.10,1942	Date Orig. Entry: Jan.1946
	Date of Birth: Dec.17,1919 / Birth Place: Basalt, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Salt Lake City,UT	Date Issued: Mar.1986	Date Orig. Entry: Feb.1,1920
	Date of Birth: Dec.17,1919 / Birth Place: Basalt, Idaho	Full Name of Mother: Josephine Hoem	Name of Father: Niels C. Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible], R.N.	Teresa L. Cleverly	JUN 9 1986

FORM BH 56067

Ph 6 # 2505

3-7-86

Tyson Foods

JUN 9 1986

619-110-006-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd CHARLES WARD		2. Date of Birth (month) (day) (year): August 10 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham b. City or Town of Birth: Sterling	
FATHER	6. Full Name of Father: Richard Alvin Ward		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Miranda Irene John		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd C Ward	11. Present Address of Registrant: 13835 N. Yellowstone	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1986	12. Signature of Notary: Marilyn Halford	13. Notary Commission expires: Dec. 1986	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: age 81yrs Affidavit by older brother	By whom issued and signed: Willis R. Ward	Date Issued: Apr.14,1986	Date Orig. Entry: -----
	Date of Birth: Aug.10,1919 / Birth Place: Sterling, Idaho	Full Name of Mother: Marinda Irene John	Name of Father: Richard Alvin Ward	
SUPPORTING RECORD 2.	Type of Document: (Elder) Certificate of Ordination	By whom issued and signed: LDS Church, Pocatello, Idaho	Date Issued: May28,1939	Date Orig. Entry: June 9, 1940
	Date of Birth: Aug.10,1919 / Birth Place: Sterling, Idaho	Full Name of Mother: Marinda Irene John	Name of Father: Richard A. Ward	
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth certif.	By whom issued and signed: State of Idaho #56-3861	Date Issued: child born Mar.21,1956	Date Orig. Entry: child born Mar.21, 1956
	Date of Birth: age36yrs / Birth Place: Sterling, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Riggs, R.N.	Teresa L. Cleverly	JUN 16 1986

FORM BH 56067 ~~APR~~ 86 pd#33031

4-10-86

Wand

842-205-007-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-125

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Hubbard
2. Date Of Birth (month) (day) (year): March 5, 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Carey

FATHER

6. Full Name of Father: Jesse LeRoy Hubbard
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Estelle Beecher
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Hubbard Haggs
11. Present Address of Registrant: 25322 Bentley Lane Laguna Hills CA 92653

NOTARY (Seal) Subscribed and sworn to before me on Oct. 15 19 86

NANCY R LANCE
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. APR. 20, 1990

12. Signature of Notary: Nancy R. Lance
13. Notary Commission expires: April 20 19 90

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Baptismal record	LDS Church. Ed. H. Chambers, Bishop	Baptized Mar. 6, 1927	Baptized Mar. 6, 1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 5, 1919 / Carey, Idaho	Estella Beecher	Jesse L. Hubbard	
SUPPORTING RECORD 2.	Census record	US Census Dept.	Apr. 15, 1942	Apr. 1, 1930
	age 11yrs / Idaho	S. Estelle Hubbard	Jesse L. Hubbard	
SUPPORTING RECORD 3.	Affidavit by parent, mother	Estelle Beecher Hubbard	Aug. 20, 1986	----
	Mar5, 1919 / Carey, Idaho	Estelle Beecher	Jesse LeRoy Hubbard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Haggs, R.N.
Evidence reviewed by: tc Teresa L. Cleverly
Date Filed: OCT 20 1986

FORM BH 56067

Copy #37930 + Copy # 24175

del file 10-2-86

OCT 20 1986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-132

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLIE LEROY BOLTON			2. Date Of Birth (month) (day) (year): OCTOBER 02 1919
	3. Color or Race: CAU.	4. Sex: M	5. Place of Birth a. County: AMERICAN FALLS POWER	b. City or Town of Birth: AMERICAN FALLS, IDAHO
FATHER	6. Full Name of Father: ROSS LEE BOLTON			7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: FLORENCE ELDA ROWE			9. State or Country of Mother's Birth: SOUTH DAKOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles L. Bolton		11. Present Address of Registrant: 132 W. ALTA VIEW WAY SANDY, UTAH 84070
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1987	12. Signature of Notary: Linda M Quezada		13. Notary Commission expires: May 19 1991

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certif of Birth		By whom issued and signed: LDS Church, Salt Lake City,UT	Date Issued: Sept.21,1981	Date Orig. Entry: Mar.30,1945
	Date of Birth: Oct.2,1919	Birth Place: American Falls,ID	Full Name of Mother: Florence Rowe	Name of Father: Ross Lee Bolton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age:84yrs		By whom issued and signed: Willard A. Rowe	Date Issued: Sept.22,1981	Date Orig. Entry: ----
	Date of Birth: Oct.2,1919	Birth Place: American Falls,ID	Full Name of Mother: Florence Elda Rowe	Name of Father: Ross Lee Bolton	
SUPPORTING RECORD 3.	Type of Document: Discharge papers		By whom issued and signed: US Navy	Date Issued: Apr.4,1946	Date Orig. Entry: Apr.21,1944
	Date of Birth: Oct.2,1919	Birth Place: American Falls,ID	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

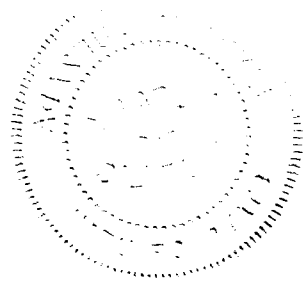
State Registrar	Evidence reviewed by	Date Filed
Bea Briggs, R.N.	Teresa L. Cleverly	NOV 25 1987

FORM BH 56067

10-30-87

Dallas

NOV 25 1987



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE88-092

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Leon Smith
2. Date of Birth: (month) Sept (day) 21 (year) 19
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County Cleveland Bannock Ida; b. City or Town of Birth Cleveland Idaho

FATHER

6. Full Name of Father: Arthur T Smith
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Carrie N. Nelson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne L Smith
11. Present Address of Registrant: 3509 No 35th A Phcary 850 18

NOTARY (Seal)

Subscribed and sworn to before me on October 3 1988

12. Signature of Notary: Qiesha L. Warner
13. Notary Commission expires: May 31 1991

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Cleveland Ward, ID	Blessed Nov. 2, 1919	Blessed Nov. 2, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1919	Cleveland, Idaho	Carrie N. Nelson	Arthur T. Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	US Army	Aug. 16, 1946	Dec. 27, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1919	Cleveland, Idaho	------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Cleveland Ward, Idaho	Jan 17, 1928	Sept. 21, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1919	Cleveland, Idaho	Carrie Nelson	Arthur T. Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Riggs, R.N.	Teresa L. Cleverly	OCT 14 1988

Bee

FORM BH 56067

$ 12 23574

Sept 30 1988

OCT 14 1988

OCT 24 1988

Smith

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE91-002

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Miles DONALD MAYNE
2. Date Of Birth (month) (day) (year): 12 11 19
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Idaho BANNOCK
b. City or Town of Birth: Grace Idaho

FATHER

6. Full Name of Father: George Edward MAYNE
7. State or Country of Father's Birth: Bingham Cayon

MOTHER

8. Full Maiden Name of Mother: Lillie ELVINA Miles
9. State or Country of Mother's Birth: Mink Creek Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: M. D. Mayne
11. Present Address of Registrant: 1360 East 3930 So

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 28 1990
12. Signature of Notary: Connie Grant
13. Notary Commission expires: 9-2 1992

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Birth Certificte	LDS Church Salt Lake City, Utah	Jan.2,1991	Feb.12,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.11,1919 / Niter, Idaho (Bannock Co.)	Alvina Miles	Edward Mayne	
SUPPORTING RECORD 2.	Own child's Birth Certificate	State of Utah	child born July 1, 1945	child born July 1, 1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age: 25yrs / Grace, Idaho	---	---	
SUPPORTING RECORD 3.	Honorable Discharge Papers	United State Navy	Dec.4,1945	Oct. 12, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.11,1919 / Grace, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Richard W. Blair	Teresa L. Cleverly	JAN 9 1991

FORM BH 56067

$8 pd # 1406

12-20-90

Wayne

JAN 9 1991

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE93-045

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANKLin M. STEVENS
2. Date Of Birth (month) (day) (year): Jan. 26 1919
3. Color or Race: CAUCASIAN
4. Sex: M
5. Place of Birth a. County: Rexburg, Id Madison
b. City or Town of Birth: Rexburg, Id

FATHER

6. Full Name of Father: Joseph FRANKLin Stevens
7. State or Country of Father's Birth: Utah U.S.A.

MOTHER

8. Full Maiden Name of Mother: MARTHA ROBENA McKINLEY
9. State or Country of Mother's Birth: Utah U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Franklin M Stevens
11. Present Address of Registrant: 955 E 2000 N Rexburg Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 2 1993

12. Signature of Notary: Jason C. Nielson
13. Notary Commission expires: 5-30 1994

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Older Sister Age: 85yrs	Rula Stevens Hinckley	Aug.2,1993	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan 26,1919	Rexburg, Idaho	Martha R McKinley	Joseph Franklin Stevens

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Rexburg 18th Ward Rexburg Ida.N. Stake, Idaho	Blessed Mar. 1,1919	Blessed Mar. 1, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan26,1919	Rexburg, Idaho	Marth R. McKinley	Jospeh F Stevens

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own daughter's birth Certif.	State of Idaho #55-13552	child born Oct.6,1955	Child born Oct. 6, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 36yrs	Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L Cleverly	AUG 3 1993

FORM HW 0610

$8 pd # 122357

Stevens

AUG 3 1993

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE95-007

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERNA ROSLIE NELSON
2. Date of Birth (month) (day) (year): DEC 3 1919
3. Color or Race: W
4. Sex: FE
5. Place of Birth a. County: BINGHAM
b. City or Town of Birth: FIRTH

FATHER

6. Full Name of Father: FRANS EDWARD NELSON
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: RUBY MARY JOHSON
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna M Nickell
11. Present Address of Registrant: 1451 NORTH 750E SHELLEY IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: January 18 1995
12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: April 3 1997

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Blessing Record	LDS Church	Blessed Feb.1,1920	Blessed Feb. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.3,1919	Bingham Co. Idaho	Ruby Johnson	Frans E Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Computer print out of original application foe Soc. Sec. No.	Social Security Admin.	Jan.17,1995	April 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.3,1919	Firth, Idaho	Ruby M Johnson	Edward Nelson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #265848	child born Mar.1,1938	child born Mar. 1, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18yrs	Firth, Idaho	---	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L Cleverly	JAN 18 1995

FORM HW 0610

JAN 18 1995

MAY 24 2004

DECEASED
UT 06-10455
ID 06-90334

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE95-086

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: KEITH WILBUR HAYBALL
2. Date Of Birth (month) 11 (day) 19 (year) 1919
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Idaho Falls Idaho Bonneville
b. City or Town of Birth: IDAHO FALLS IDAHO

FATHER

6. Full Name of Father: FLOYD W. HAYBALL
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ~~AB~~ ETTA CLARK
9. State or Country of Mother's Birth: ~~IDA~~ UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: * Keith W. Hayball
11. Present Address of Registrant: 320 Greenmoss Way Roseville Ca

NOTARY (Seal)

Subscribed and sworn to before me on November 7 19 95

12. Signature of Notary: Arthur G. Circle II

13. Notary Commission expires 95 ~~19~~ ____

ARTHUR G. CIRCLE II
COMM. # 1057041
Notary Public — California
PLACER COUNTY
My Comm. Expires AUG 12 1999

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Military Discharge Papers	US Army		June 19, 1942
	Date of Birth Nov.19,1919 / **Birth Place** Idaho Falls, ID	**Full Name of Mother** ---	**Name of Father** ----	
SUPPORTING RECORD 2.	Own daughter's birth certif.	State of Utah	child born Mar.21,1946	child born Mar. 21, 1946
	Date of Birth Age: 26yrs / **Birth Place** Idaho Falls, ID	**Full Name of Mother** ---	**Name of Father** --	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Utah	child born Mar.21,1946	child born Mr. 21, 1946
	Date of Birth age: 26yrs / **Birth Place** Idaho Falls, ID	**Full Name of Mother** ---	**Name of Father** ---- -	

QUALIFYING INFORMATION

Transcript of Grades the First Grade, School District #91, State of Idaho gives name as Keith Hayball born NOvember 19, 1919. parent's name given as F W Hayball.
Enterd first grade September 3, 1925.

REGISTRAR'S CERTIFICATION (seal)

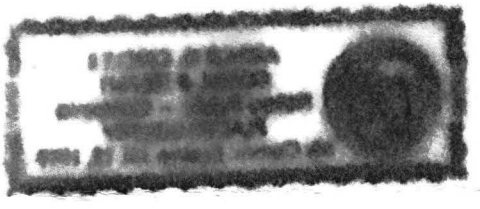
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane A. Smith	tlc Teresa L. Cleverly	NOV 27 1995

FORM BH 56067 86 #17416 8-11-86

NOV 2 7 1995

Hayfall



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE96-017

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ila or (Thla) or Ilah Peterson
2. Date Of Birth (month) (day) (year): 10 21 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: (Lago) Trout Creek, Bannock
b. City or Town of Birth: (LAGO) Trout Creek

FATHER

6. Full Name of Father: Nephi Peterson
7. State or Country of Father's Birth: U.S.

MOTHER

8. Full Maiden Name of Mother: Ida Hubbard
9. State or Country of Mother's Birth: U.S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ila Peterson Wolsten
11. Present Address of Registrant: 1481 Fisher Rd. Bancroft, Id. 83217

NOTARY (Seal)

Subscribed and sworn to before me on: April 8, 1996
12. Signature of Notary: Darlene A. Hardy
13. Notary Commission expires: 2-27 1998

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own son's birth certificate	State of Idaho #326251	child born Nov.2,1941	child born Nov. 2, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22yrs	Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Grace Ward Bannock Stake	Blessed Dec.7,1919	Blessed Dec.7, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.21,1919	Trout Creek, ID	Ida Hubbard	Nephi Peterson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Membership Record	LDS Church, Bench Ward Bannock Stake	Mar.24,1925	March 24, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.21,1919	Trout Creek, Idaho	Ida Hubbard	Nephi Peterson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane A. Smith	tlc Teresa L Cleverly	APR 16 1996

FORM HW 0610

$8 pd # 252916

4-1-96

Holsten

APR 16 1990

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEON ARTHUR VAN SLYKE
2. Date of Birth (month) (day) (year): AUGUST 28 1919
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: CANYON
b. City or Town of Birth: CALDWELL

FATHER

6. Full Name of Father: DEBOISE CHAUNCEY VAN SLYKE
7. State or Country of Father's Birth: MINNESOTA

MOTHER

8. Full Maiden Name of Mother: VIVA CONKLIN
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Leon A Van Slyke
11. Present Address of Registrant: 20384 Haneda Ln Wilder Ida

NOTARY (Seal)

Subscribed and sworn to before me on: June 16 1997
12. Signature of Notary: Glenda V. Close
13. Notary Commission expires: 11-18 1997

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Census Record
By whom issued and signed: U S Census Bureau Washington, D. C.
Date Issued: June19,1997
Date Orig. Entry: Jan.1,1920
Date of Birth: Age: 4 mos.
Birth Place: Idaho
Full Name of Mother: Ellen B. Vanslyke
Name of Father: Caleb M. Vanslyke

SUPPORTING RECORD 2.

Type of Document: Affidavit by Aunt Age: 85yrs
By whom issued and signed: Phyllis Gertrude VanSlyke
Date Issued: June9,1997
Date Orig. Entry: ----
Date of Birth: Aug.28,1919
Birth Place: Caldwell, Idaho
Full Name of Mother: Viva Conklin VanSlyke
Name of Father: Deboise Chauncey VanSlyke

SUPPORTING RECORD 3.

Type of Document: Daughter's birth certificate
By whom issued and signed: State of Idaho #43-368351
Date Issued: child born Feb.23,1943
Date Orig. Entry: child born Feb. 23, 1943
Date of Birth: Age: 23yrs
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: -----

QUALIFYING INFORMATION

COMPUTER PRINTOUT FROM THE SOCIAL SECURITY OFFICE SHOWS LEON ARTHUR VANSLYKE

BORN AUG. 28, 1919 IN CALDWELL (CANYON) ID TO VIVA CONKLIN AND DUBOIS C VANSLYKE
INTERNAL DATE 9/1938 ISSUED 7/2/1997

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Britt
Evidence reviewed by: MARY SCHNEIDER
Date Filed: 7-2-1997

FORM HW 0610

delfile 6-12-97

JUL 02 1997

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 98-007

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Checketts
2. Date of Birth (month) (day) (year): Nov. 16 1919
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Weston

FATHER

6. Full Name of Father: Andrew Norell Checketts
7. State or Country of Father's Birth: Utah Cache County

MOTHER

8. Full Maiden Name of Mother: Dora Taylor Wanda C. Palmer
9. State or Country of Mother's Birth: Idaho Oneida County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda C. Palmer
11. Present Address of Registrant: Preston Idaho 242 E 200 So

NOTARY (Seal)

Subscribed and sworn to before me on: January 14 1998

12. Signature of Notary: Shauna Tyeddes
13. Notary Commission expires: 11-3 2000

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Blessing Record	LDS Church	Sept. 30, 1997	Blessed Feb. 1, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 16, 1920 / Weston, Idaho	Dora Taylor	Andrew N. Checketts	
SUPPORTING RECORD 2.	Hospital Admission Report	Franklin Co. General Memorial Hospital, Preston, Idaho	Apr. 29, 1955	Apr. 29, 1955
	Nov. 16, 1919 / Weston, Idaho	--	--	
SUPPORTING RECORD 3.	Baptismal Record	LDS Church	Baptized June 28, 1928	Baptized June 28, 1928
	Nov. 16, 1919 / Weston, Idaho	Dora Taylor	Andrew N. Checketts	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Jane A. Smith
Evidence reviewed by: Teresa L. Cleverly
Date Filed: JAN 23 1998

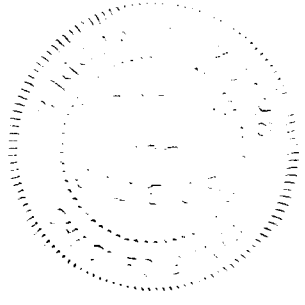
FORM HW 0610

#10 00 pd # 312868

11-17-97

Palmer

JAN 30 1998



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE98-0050

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donna Jean Aland

2. Date Of Birth: (month) 3 (day) 15 (year) 1919

3. Sex: F

4. Place of Birth: a. County: Pegram Id Bear Lake

b. City or Town of Birth: Pegram Id.

FATHER

5. Full Name of Father: George Clarence Aland

6. State or Country of Father's Birth: Idaho

MOTHER

7. Full Maiden Name of Mother: Harriet J Minich

8. State or Country of Mother's Birth: Penn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Donna Jean Clark

10. Present Address of Registrant: 200 East St Blackfoot Id 83221

NOTARY (Seal)

Subscribed and sworn to before me on: 10 (mo.) 14 (day) 1998 (yr.)

11. Signature of Notary: Gloria J. Rowley

12. Notary Commission expires: 6 (mo.) 28 (day) 1999 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church	Aug.28,1927	Blessed July 20, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1919	Pegram, Idaho	Harriet Minich	Geo. Clarence Aland

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Appplication	Supreme Forest Woodmen Circle Omaha, Nebr.	July21,1958	July 21, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1919	Pegram, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Son's Idaho Birth Record	State of Idaho #48-14423	child born Dec.21,1948	child born Dec. 21, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:29yrs	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith

Evidence reviewed by: Teresa L. Cleverly

Date Filed: OCT 26 1998

K FORM HW 0610 #10.00 pd. 364266 10-8-98

Clark

OCT 28 1998

DECEASED

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. #98-0054

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: June MARION Watson

2. Date Of Birth: (month) 6 (day) 16 (year) 19

3. Sex: F

4. Place of Birth: Pocatello, ID — a. County: Bannock — b. City or Town of Birth: Pocatello -

FATHER

5. Full Name of Father: Frank Milton Watson

6. State or Country of Father's Birth: Wyoming

MOTHER

7. Full Maiden Name of Mother: Jenny MAE Thompson

8. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: X [signature]

10. Present Address of Registrant: 5316 Manbrisa, Idaho Falls, ID

NOTARY (Seal)

Subscribed and sworn to before me on: October (mo.) 29th (day) 1998 (yr.)

11. Signature of Notary: [signature]

12. Notary Commission expires: November (mo.) 1, (day) 1998 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Sister Age: 89yrs
By whom issued and signed: Alice F. Dissault
Date Issued: Oct.27,1998
Date Orig. Entry: ----

Date of Birth: June16,1919
Birth Place: Pocatello,Idaho
Full Name of Mother: Jenny Thompson Watson
Name of Father: Frank Milton Watson

SUPPORTING RECORD 2.

Type of Document: School Transcript
By whom issued and signed: Independent School District#1 Pocatello, Idaho
Date Issued: Oct.29,1998
Date Orig. Entry: 1932

Date of Birth: June16,1919
Birth Place: Pocatello, Idaho
Full Name of Mother: ---
Name of Father: F. M. Watson

SUPPORTING RECORD 3.

Type of Document: Computer Print Out of Orig. Request for Soc. Sec. Card
By whom issued and signed: Social Security Admin.
Date Issued: Nov.20,1998
Date Orig. Entry: March 1952

Date of Birth: June16,1919
Birth Place: Pocatello, Idaho
Full Name of Mother: Jennie M Thompson
Name of Father: Frank M Watson

QUALIFYING INFORMATION

Certificate of Baptism from St. Anthony of Padua Church, Pocatello, Idaho gives name as June Marian Watson born June 16, 1919 to Frank Watson and Jennie Thompson.

Baptized Aug. 20, 1922 by Father H. L. Hermann. Issued June 2, 1998.

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]

Evidence reviewed by: tlc Teresa L. Cleverly

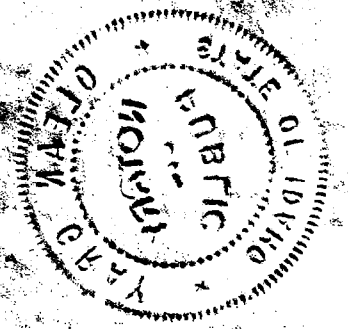
Date Filed: NOV 20 1998

FORM HW 0610 $10.00 PD# 360947

9-29-98

alright

NOV 2 0 1998



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE98-0056

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melba Harris

2. Date Of Birth: (month) 8 (day) 24 (year) 19

3. Sex: F

4. Place of Birth: St. Anthony, Idaho — a. County: Fremont — b. City or Town of Birth: St. Anthony

FATHER

5. Full Name of Father: William A Harris

6. State or Country of Father's Birth: USA

MOTHER

7. Full Maiden Name of Mother: Cumorah Lowe

8. State or Country of Mother's Birth: Utah USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Melba Walters by Margo McDonald (POA)

10. Present Address of Registrant: 3656 Macintosh SLC 84117

NOTARY (Seal)

NOTARY PUBLIC
MARY ANDERSON
431 South Highland Dr.
S.L.C. UT. 84117
COMMISSION EXPIRES
JUNE 20, 1999
STATE OF UTAH

Subscribed and Sworn to before me on: 16th day, 1998 yr.

11. Signature of Notary: Mary Anderson

12. Notary Commission expires: 06 mo. 20 day 99 yr.

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Older Sister Age: 90yrs	Mary Irene Harris Nash	Nov.16,1998	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.24,1919	St. Anthony,Idaho	Cumorah Lowe	William A. Harris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	LDS Church	Baptized Sept.1,1928	Baptized Sept. 1, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.24,1919	St.Anthony,Idaho	Cumorah Lowe	William A. Harris

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #42-342138	child born Mar.11,1942	child born March 11, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23yrs	Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	NOV 30 1998

FORM HW 0610 $10 ea Rec # 365324

11-4-98

McDonald

NOV 30 1998

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE98-0060

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: William Dale Beus
2. Date of Birth (month) April (day) 11 (year) 1919
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Hollister

FATHER

6. Full Name of Father: William Ariel Beus 11-26-1890 Weber Co.
7. State or Country of Father's Birth: Hooper, Utah

MOTHER

8. Full Maiden Name of Mother: Lovina Jane Hiskey
9. State or Country of Mother's Birth: Mona, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 4320 Denton Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Dec 22 1998

12. Signature of Notary: Rachel E. Martinez
13. Notary Commission expires: 4-17-2002

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother Age: 85yrs	Lovina Jane Beus	Dec.10,1980	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.11,1919 / Hollister, Idaho	Lovina Jane (Hiskey) Beus	William Ariel Beus	
SUPPORTING RECORD 2.	Certificate of Blessing	LDS Church	Blessed Sept.7,1919	Blessed Sept. 7, 1919
	Apr.11,1919 / Hollister, Idaho	Lovina J. Hiskey	W. A. Beus	
SUPPORTING RECORD 3.	Certificate of Baptism	LDS Church	Baptized June12,1927	Baptized June 12, 1927
	Apr.11,1919 / Hollister, Idaho	Lavina Jane Hiskey	William E. Beus	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Teresa L. Cleverly
Date Filed: DEC 22 1998

FORM BH 56067

5-8-79

DEC 2 2 1998

PLACED ON FILE PURSUANT TO COURT ORDER DATED FEBRUARY 2, 1999

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE99-0008

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HARRY GEORGE PHILLIRS
2. Date Of Birth (month) (day) (year): FEBRUARY 21, 1919
3. Sex: M
4. Place of Birth — a. County: LEWISTON, IDAHO NEZ PERCE — b. City or Town of Birth: LEWISTON

FATHER

5. Full Name of Father: WILLIAM HARRY PHILLIRS
6. State or Country of Father's Birth: INDIANA

MOTHER

7. Full Maiden Name of Mother: ORA FAYE PARKS
8. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Harry G Phillips
10. Present Address of Registrant: 1146 DUFORT RD EAGLE, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: January 21, 1999 (mo. day yr.)

11. Signature of Notary: Linda K. Dunn
12. Notary Commission expires: Dec. 7, 2000 (mo. day yr.)

LINDA K. DUNN NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military Discharge Papers		By whom issued and signed: U S Army	Date Issued: Sept30,1945	Date Orig. Entry: Jan. 8, 1942
	Date of Birth: Feb.21,1919	Birth Place: Lewiston, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Bonner County, Idaho	Date Issued: Married June28,1948	Date Orig. Entry: Married June 28, 1948
	Date of Birth: Age: 29yrs	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Placed on file pursuant to Court Order dated February 2, 1999listing name as Harry George Phillips born February 21, 1919 in Lewiston, Idaho to Ora Faye Phillips (nee Parks) and William Harry Phillips.

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly tlc	FEB 9 1999

FORM HW 0610

Phillips

RECEIVED
VITAL STATISTICS
99 FEB -8 PM 2:59

FILED
FIRST JUDICIAL DISTRICT
99 FEB -8 A 10:57
CLERK DISTRICT COURT
DEPUTY

Harry G. Phillips
1146 Dufort Road
Sagle, ID 83860
(208) 263-3894

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNER
MAGISTRATE DIVISION

In the Matter of HARRY GEORGE PHILLIPS, Petitioner,	CASE NO. SP-99-00048 ORDER BASED ON IDAHO CODE §39-267

BE IT REMEMBERED that the Petition of the Petitioner herein was filed in the above-entitled action, praying for an Order of this Court that a delayed certificate of birth be established with the State of Idaho of the date and place of birth and the parentage of the Petitioner.

NOW, THEREFORE, the Court hereby finds as follows:

1. That the Petitioner is HARRY GEORGE PHILLIPS;

2. That the Petitioner is a resident of the County of Bonner, State of Idaho;

3. That the Petitioner was born in Lewiston, Idaho, Nez Perce County, at St. Joseph's Hospital, on February 21, 1919.

COPY

4. That the Petitioner was born the legitimate child of Ora Faye Phillips (nee Parks) and William Harry Phillips.

5. That a birth certificate was not filed with the State of Idaho by the attending physician (Exhibit 1, Certificate of Birth, signed by the attending physician upon my entry into the Army, January 27, 1942).

BASED ON the foregoing findings of fact, the Court hereby orders that a record of the date and place of birth and parentage of Petitioner shall be established.

DATED this 2 day of February, 1999.

/s/ DEBRA A. HEISE

Magistrate of the District Court

Certificate of Mailing

I hereby certify that a true and correct copy of the foregoing instrument was (___) transmitted by facsimile; (___) hand delivered; (X) mailed, postage prepaid, this 4 day of February, 1999, to:

Harry G. Phillips
1146 Dufort Road
Sagle, ID 83860

Bureau of Vital Statistics
PO Box 83720
Boise, ID 83720-0036

z:hphillips.ord

STATE OF IDAHO
County of Bonner
I, Marie Scott, Clerk of the District Court of the
First Judicial District of the State of Idaho, in and
for the County of Bonner, do hereby certify that
the foregoing instrument is a true and correct copy
of the original thereof now on file in this office.
Witness my hand and seal of said Court on this,
the 4 day of February 1999.
MARIE SCOTT, Clerk
By Deputy

EXHIBIT "1"

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No._____
Local Reg. No._____
Reg. Dist. No._____

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No._____
   (d) Name of Hospital or Maternity Home: St. Joseph's Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home_____days.
   In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 0211-25th.St.
   (e) How long has MOTHER lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice):
   _____ (Street or R. F. D.) _____ (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harry George Phillips

5. Date of Birth (Month, day, year) Feb.21,1919

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William H. Phillips

11. Color or Race W.

12. Age at time of THIS birth 33 yrs.

13. Birthplace Indiana
(City or Town) (State or foreign country)

14. Exact Occupation Railroad Engineer

15. Industry or Business Railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Parks

17. Color or Race W.

18. Age at time of THIS birth 19 yrs.

19. Birthplace Washington
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum_____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ora Parks (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Carl W. Johnson M.D. (D.O., Midwife, etc.)
and address Lewiston Ida. Date 1-27-42

26. (a)_____ (Date received) (b)_____ (Registrar's signature)

27. Given name added on_____ by_____ (Registrar's Signature)

FEB 9 1999

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE99-0023

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Julia Marie Nelson
2. Date Of Birth (month) (day) (year): 12 17 1919
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Ada — Homestead At Black Creek near Boise
b. City or Town of Birth: near Boise, between Boise & Mountain Home

FATHER

6. Full Name of Father: Christ F. Nelson
7. State or Country of Father's Birth: Battle Lake, Minnesota

MOTHER

8. Full Maiden Name of Mother: Alice Rosella Tranno
9. State or Country of Mother's Birth: Henning, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia M. Daniel
11. Present Address of Registrant: 3551 S. Mitchell St. Boise, Id

NOTARY (Seal)

Subscribed and sworn to before me on ~~March~~ April 13 19 99

12. Signature of Notary: Robert J. [illegible]
13. Notary Commission expires: Nov. 18 ~~19 9~~ 2003

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance	Metropolitan Life Ins. Co. New York	Mar.18,1926	Mar.18,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6yrs	Idaho	Alice R. Nelson	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	State of Washington	May 13,1963	child born Dec.14.1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 36yrs	Boise, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Computer print out of Orig. Request for Soc. Sec. Card	Social Security Admin.	May 20,1999	July 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17,1919	Boise, Idaho	Alice R. Tranno	Christ P. Nelson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

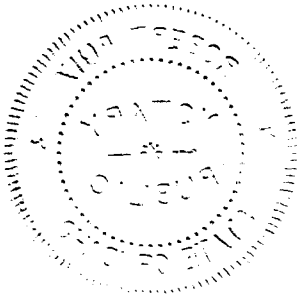
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	MAY 25 1999

FORM HW 0610

$10.00 pd # 335466

3-31-98

Nelson

MAY 25 1999